2016 CoC Application and Attachments
Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC’s project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:
- Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions while completing the application in e-snaps.
- Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:

  - This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.
  - For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.
  - For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.
  - Some questions require the Collaborative Applicant to attach a document to receive credit. This will be identified in the question.
  - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click here.
1A. Continuum of Care (CoC) Identification

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: CA-502 - Oakland, Berkeley/Alameda County CoC

1A-2. Collaborative Applicant Name: Alameda County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Alameda County
1B. Continuum of Care (CoC) Engagement

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC’s geographic area.

<table>
<thead>
<tr>
<th>Organization/Person Categories</th>
<th>Participates in CoC Meetings</th>
<th>Votes, including electing CoC Board</th>
<th>Sits on CoC Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Government Staff/Officials</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CDBG/HOME/ESG Entitlement Jurisdiction</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Local Jail(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Hospital(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>EMT/Crisis Response Team(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Mental Health Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Substance Abuse Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Affordable Housing Developer(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Public Housing Authorities</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>CoC Funded Youth Homeless Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-CoC Funded Youth Homeless Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>School Administrators/Homeless Liaisons</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>CoC Funded Victim Service Providers</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Non-CoC Funded Victim Service Providers</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Street Outreach Team(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Youth advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Agencies that serve survivors of human trafficking</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Other homeless subpopulation advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Homeless or Formerly Homeless Persons</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Operators of Permanent Supportive Housing</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Veteran Serving Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.
1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.

The CoC solicits input through CoC meetings, focus groups, committees, online surveys, and participation in other planning bodies. Membership is open to anyone. Invitations/agendas are issued to a 2,000 name list of consumers, providers, jurisdictional staff and elected officials. Becoming a voting member requires completing a simple form on-line or in person. System design work is often done through open committees/work groups. Over 50 members shaped the CES design approved by the CoC Board including victim services, veteran, and youth providers. Victim service providers helped design a screening tool to assess for caller safety and route service requests appropriately. In 2016 the CoC has worked closely with affordable housing operators, both those with and without homeless specific units, to streamline referral procedures for CH persons from the by-name prioritized registry. Procedures ensure only eligible persons with correct, current documents are referred to open PSH units.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC’s geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

<table>
<thead>
<tr>
<th>Youth Service Provider (up to 10)</th>
<th>RHY Funded?</th>
<th>Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.</th>
<th>Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Place for Youth</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Covenant House</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Dream Catcher</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Fred Finch Youth Center</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Abode Services</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>East Oakland Community Project</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Youth Engagement Advocacy and Housing (YEAH!)</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC’s geographic area.
Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

<table>
<thead>
<tr>
<th>Victim Service Provider for Survivors of Domestic Violence (up to 10)</th>
<th>Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016</th>
<th>Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Futures with Women and Children</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Safe Alternatives to Violent Environments (SAVE)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Ruby’s Place</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Tri-Valley Haven</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>A Safe Place</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Family Violence Law Center</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Family Justice Center</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)

Since the FY 2013 NOFA round, the CoC submission has included new projects created through reallocation and/or bonus funds. The CoC announces the funding opportunity electronically to its own and HCD’s listservs (2000+ names); publishes the application, instructions and FAQs on its website; and holds a widely publicized bidders’ conference to review the local process and requirements. The local RFP explicitly states: “Applicants do not need to be current grantees in order to apply for reallocated or bonus funds.” Prior to the NOFA period, providers that express an interest in applying are offered an informal capacity review and direction on improving qualifications, such as enrolling in HMIS, compliance with the housing first and low barrier models, and partnering with current recipients/sub-recipients. The current submission includes a bonus project with a new applicant. Another new applicant applied to be a sub-recipient for the reallocation to a project for CES.

1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation? Monthly
1C. Continuum of Care (CoC) Coordination

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Does the CoC coordinate with Federal, State, Local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

<table>
<thead>
<tr>
<th>Funding or Program Source</th>
<th>Coordinates with Planning, Operation and Funding of Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Opportunities for Persons with AIDS (HOPWA)</td>
<td>Yes</td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families (TANF)</td>
<td>Yes</td>
</tr>
<tr>
<td>Runaway and Homeless Youth (RHY)</td>
<td>Yes</td>
</tr>
<tr>
<td>Head Start Program</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and service programs funded through Federal, State and local government resources.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

1C-2. The McKinney-Vento Act, requires CoC's to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program Interim rule at 24 CFR 578.7 (c) (4) requires the CoC to provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110 (b)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Con Plan jurisdictions with whom the CoC geography overlaps</td>
<td>10</td>
</tr>
<tr>
<td>How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?</td>
<td>10</td>
</tr>
<tr>
<td>How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?</td>
<td>10</td>
</tr>
<tr>
<td>How many of the Con Plan jurisdictions are also ESG recipients?</td>
<td>3</td>
</tr>
<tr>
<td>How many ESG recipients did the CoC participate with to make ESG funding decisions?</td>
<td>3</td>
</tr>
<tr>
<td>How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?</td>
<td>3</td>
</tr>
</tbody>
</table>
1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC’s geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

All ten Con Plan jurisdictions are active, serving on committees such as Performance Management, Funders’ Collaborative, and CoC NOFA, which meet at least quarterly. Four serve on the CoC Board, which meets monthly. All work on the PIT Count, recruiting volunteers and enrolling services sites. Eight (7 cities and the Urban County) make up the HOME Consortium for which Alameda County HCD coordinates development of the Con Plan and Annual Action Plans. CoC policies and programs are discussed at bi-monthly meetings. CoC HMIS, PIT, and performance data are utilized in planning, contracting and reporting. Jurisdiction, HOME Consortium and CoC staff consult each other regularly. Sheltered data is provided to each jurisdiction annually. 2015 unsheltered PIT Counts were done for the entire CoC, Oakland and Berkeley. Unsheltered estimates for others were extrapolated by multiplying the CoC PIT by the proportion of clients in HMIS during 2015 who reported a jurisdiction as their last address.

1C-2b. Based on the response in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

All 3 local ESG jurisdictions have representatives on the CoC Board, which meets monthly. The Board establishes funding priorities for use of ESG and CoC funds. Priorities are updated annually and project scoring always includes performance to HUD and CoC benchmarks. CoC staff serve as application readers for local ESG funding allocations. All recipients utilize performance data from HMIS. CoC outcome measures and benchmarks are used for the evaluation of ESG funded activities. ESG project grantees participate in Coordinated Entry (CES) as a requirement of funding. Staff of all local ESG recipients participate in CoC CES oversight as well as the Performance Management Committee; both meet monthly. As of 2016, the State of California now allocates CoCs a pro-rata shares of the “ESG Balance of State” to be awarded by a local administrative entity, Alameda County HCD. CoC staff conferred with the State and the local administrator in crafting the program and setting funding priorities.

1C-3. Describe how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)
The two centralized intake hubs and the 211 referral line conduct brief safety screenings on the phone and offer to transfer calls to victim services agencies. The DV hotline has also adjusted its screening to align with the CES. DV providers are trained to administer the prioritization tool to match a family to the appropriate housing resources. The three CoC-funded family rapid rehousing collaborations include victim service providers and non-victim service providers. Victims need not come through shelter but can be re-housed directly from an unsafe situation. Client choice is maximized by enabling clients to change providers within the collaborative if safety or services needs change. Families fleeing domestic violence also receive safety screening and planning when choosing their permanent housing. DV occurrences in housing are addressed with established protocols: rapid relocation, removing perpetrator’s name from lease, and/or having landlords heighten safety measures.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC’s geographic area. If there are more than 5 PHAs within the CoC’s geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

<table>
<thead>
<tr>
<th>Public Housing Agency Name</th>
<th>% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry</th>
<th>PHA has General or Limited Homeless Preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oakland Housing Authority</td>
<td>1.00%</td>
<td>Yes-HCV</td>
</tr>
<tr>
<td>Housing Authority of the County of Alameda</td>
<td>21.00%</td>
<td>Yes-HCV</td>
</tr>
<tr>
<td>City of Alameda County</td>
<td>8.00%</td>
<td>Yes-Public Housing</td>
</tr>
<tr>
<td>Berkeley Housing Authority</td>
<td>9.00%</td>
<td>Yes-HCV</td>
</tr>
<tr>
<td>Livermore Housing Authority</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness.

(limit 1000 characters)

Multiple sources are used to create both units and subsidies targeted to those experiencing homelessness. Since the 2013 NOFA, federal HOME funds in all jurisdictions have supported the development of 144 units, the rehab of 74 units, and 90 RRH subsidies. State Mental Health Services Act funding has built 151 units and funds approximately 400 ongoing subsidies for persons with SMI. In 2014 California created a rapid re-housing program for homeless families on TANF, serving approximately 120 families annually. Alameda County uses property tax revenue to fund a RRH program for approximately
105 households. The County's Probation Department created a rapid re-housing program for individuals on supervised probation with housing needs, some of whom are homeless. The program served 498 persons in FY2015-16. Finally, disabled homeless persons on General Assistance applying for SSI are provided a $318 monthly housing supplement; 330 persons were served last year.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply.

| Engaged/educated local policymakers: | X |
| Engaged/educated law enforcement: | X |
| Implemented communitywide plans: | X |
| No strategies have been implemented | |
| Other:(limit 1000 characters) | 

The CoC has two PSH subsidy programs targeted to chronically homeless persons identified by law enforcement as having problematic street behavior and high volumes of contact with local police departments. Rather than getting tickets, fines or arrests, individuals are connected to street outreach and offered permanent housing. The two programs have a combined 60 subsidies distributed to Berkeley, Oakland, Hayward, Fremont and Livermore. Those housed have seen dramatic drops in law enforcement contacts since being housed.

The CoC and its providers are also active in the monthly Multi-Disciplinary Forensic Task Force convened by public transit police officers and attended by city police departments and the County Sheriff’s Department as well as Mental Health Mobile Crisis and street outreach providers. The goal of the group is to identify by name persons in crises on the streets and connect them to services and permanent housing rather than criminalizing their conduct, which is likely a result of their homeless status and/or their disability.
1D. Continuum of Care (CoC) Discharge Planning

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Select the system(s) of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

<table>
<thead>
<tr>
<th>System</th>
<th>Mark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care</td>
<td>X</td>
</tr>
<tr>
<td>Health Care</td>
<td>X</td>
</tr>
<tr>
<td>Mental Health Care</td>
<td>X</td>
</tr>
<tr>
<td>Correctional Facilities</td>
<td>X</td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

1D-2. Select the system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

<table>
<thead>
<tr>
<th>System</th>
<th>Mark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care</td>
<td>X</td>
</tr>
<tr>
<td>Health Care</td>
<td>X</td>
</tr>
<tr>
<td>Mental Health Care</td>
<td>X</td>
</tr>
<tr>
<td>Correctional Facilities</td>
<td>X</td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons
discharged are not discharged into homelessness. (limit 1000 characters)
N/A
1E. Centralized or Coordinated Assessment  
(Coordinated Entry)

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.  
(limit 1000 characters)

The CES is designed to have regional hubs to screen, divert from homelessness whenever possible, assess and match those with a housing crises to both interim and permanent housing and supportive services. Two hubs are fully operational, one for families in Oakland and one for all populations in Berkeley. Another 2-4 hubs will open in South and East county within a year. 211 now functions as the countywide call center, screening and referring persons. Home Stretch, the prioritized registry of homeless, disabled people matches the most vulnerable chronically homeless persons with housing navigators and PSH slots. As of July 2016 all CoC and State Mental Health funded PSH slots fill openings with referrals from Home Stretch. Outreach teams now cover the entire CoC geography, locating those determined by administrative data to be high need individuals and helping them access housing and services. Workers can register enroll and permanently house people directly from the streets.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC’s coordinated entry process. If there are other organizations or persons who participate but are not on this list,
enter the information in the blank text box, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

<table>
<thead>
<tr>
<th>Organization/Person Categories</th>
<th>Participate in Ongoing Planning and Evaluation</th>
<th>Makes Referrals to the Coordinated Entry Process</th>
<th>Receives Referrals from the Coordinated Entry Process</th>
<th>Operates Access Point for Coordinated Entry Process</th>
<th>Participate in Case Conferencing</th>
<th>Does not Participate</th>
<th>Does not Exist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Government Staff/Officials</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDBG/HOME/Entitlement Jurisdiction</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Law Enforcement</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Jail(s)</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital(s)</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMT/Crisis Response Team(s)</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Service Organizations</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse Service Organizations</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affordable Housing Developer(s)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Housing Authorities</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Non-CoC Funded Youth Homeless Organizations</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Administrators/Homeless Liaisons</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-CoC Funded Victim Service Organizations</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Outreach Team(s)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Homeless or Formerly Homeless Persons</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support Services for Veteran Families Providers</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC’s review of the Annual Performance Report(s).

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many renewal project applications were submitted in the FY 2016 CoC Program Competition?</td>
<td>47</td>
</tr>
<tr>
<td>How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?</td>
<td>8</td>
</tr>
<tr>
<td>How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?</td>
<td>39</td>
</tr>
<tr>
<td>Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC’s publicly announced Rating and Review procedure must be attached.

<table>
<thead>
<tr>
<th>Performance outcomes from APR reports/HMIS:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>% permanent housing exit destinations</td>
<td>X</td>
</tr>
<tr>
<td>% increases in income</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monitoring criteria:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilization rates</td>
<td>X</td>
</tr>
<tr>
<td>Drawdown rates</td>
<td>X</td>
</tr>
<tr>
<td>Frequency or Amount of Funds Recaptured by HUD</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Need for specialized population services:</th>
<th></th>
</tr>
</thead>
</table>
### 1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

Project application priority is determined using a 100-point scale, up to 10 points of which can be awarded to projects serving those with more severe need or vulnerability. Only PSH projects serving 100% chronically homeless households earn the full 10 points. PSH projects that fill all turn over with referrals from Home Stretch, the prioritized registry of chronically homeless people, can earn 8 points, as can rapid rehousing for families or programs that 75% or more of their participants enter the project from places not meant for human habitation. Programs serving transition age youth, vets not eligible for VA housing or persons fleeing domestic violence or human trafficking can earn up to 6 points. Up to 10 additional points can be awarded for demonstrated housing first and low barrier practice. Thus those serving the highest need households in the lowest barrier programs earn up to 20 points in determining the application priority. Scoring criteria are included as attachments.

#### 1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. Evidence of the public posting must be attached. (limit 750 characters)

The CoC held two open meetings on 6/21 and 7/7/16 to solicit community input on strategy and process. Presentations from both were posted to the CoC website. Local RFPs for renewing and new projects were released at a 7/19/16 bidder’s conference, both in person to attendees, and via the CoC website. Invitations with agendas for all three meetings were issued electronically to the CoC’s and HCD’s list serves (2000+ names). Post the RFP release applicants had two weeks to submit questions in writing. FAQs were posted weekly to the website. Rankings for all projects types were released to applicants and posted to the website on 8/30/26. An electronic notice went to the entire CoC membership, informing them of the Ranking List’s posting.
1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC’s full membership must be attached).

09/12/2016

1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)

Yes

1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)

08/30/2016

1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW?

Yes
1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)
This responsibility is shared between Alameda County HCD, the Collaborative Applicant, and EveryOne Home, the CoC Lead. HCD facilitates contract changes with the local field office and support of grantees to resolve HUD monitoring findings. EveryOne Home facilitates the local rating and ranking process, during which projects are assessed for whether the grant was fully expended (if applicable), how monitoring findings were resolved, project occupancy, housing retention, reduced lengths of stay, access to benefits, housing first compliance, and data quality. In 2016, the CoC Lead expanded its scoring criteria to include timely LOCCS draw downs and APR submissions. Neither HCD nor EveryOne Home has the capacity to conduct site visits and review client files on a yearly basis, which is a function to be funded by the CoC Planning Grant once under contract. The Performance Management Committee monitors the overall quality of data and outcomes for the Continuum as a whole.

1G-2. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?
Yes
2A. Homeless Management Information System (HMIS) Implementation

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have a Governance Charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the Charter itself or by reference to a separate document like an MOU/ MOA? In all cases, the CoC’s Governance Charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU/ MOA, must also be attached to receive credit.

Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC’s attached governance charter or attached MOU/MOA.

CoC GC: pages 24, 25, 26, 27

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.

Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organization (CHOs)?

Yes

2A-4. What is the name of the HMIS software

ServicePoint
used by the CoC (e.g., ABC Software)?

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)?

Bowman Systems
**2B. Homeless Management Information System (HMIS) Funding Sources**

**Instructions**
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Single CoC

* 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

### 2B-2.1 Funding Type: Federal - HUD

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC</td>
<td>$391,907</td>
</tr>
<tr>
<td>ESG</td>
<td>$0</td>
</tr>
<tr>
<td>CDBG</td>
<td>$0</td>
</tr>
<tr>
<td>HOME</td>
<td>$0</td>
</tr>
<tr>
<td>HOPWA</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Federal - HUD - Total Amount</strong></td>
<td><strong>$391,907</strong></td>
</tr>
</tbody>
</table>

### 2B-2.2 Funding Type: Other Federal

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Education</td>
<td>$0</td>
</tr>
<tr>
<td>Department of Health and Human Services</td>
<td>$0</td>
</tr>
<tr>
<td>Department of Labor</td>
<td>$0</td>
</tr>
<tr>
<td>Department of Agriculture</td>
<td>$0</td>
</tr>
<tr>
<td>Department of Veterans Affairs</td>
<td>$0</td>
</tr>
<tr>
<td>Other Federal</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Other Federal - Total Amount</strong></td>
<td><strong>$0</strong></td>
</tr>
</tbody>
</table>

### 2B-2.3 Funding Type: State and Local

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2016 CoC Application</td>
<td>Page 20</td>
</tr>
<tr>
<td>09/12/2016</td>
<td></td>
</tr>
<tr>
<td>Funding Source</td>
<td>Funding</td>
</tr>
<tr>
<td>--------------------</td>
<td>---------</td>
</tr>
<tr>
<td>Individual</td>
<td>$0</td>
</tr>
<tr>
<td>Organization</td>
<td>$0</td>
</tr>
<tr>
<td>Private - Total Amount</td>
<td>$0</td>
</tr>
</tbody>
</table>

**2B-2.4 Funding Type: Private**

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation Fees</td>
<td>$0</td>
</tr>
<tr>
<td>Other - Total Amount</td>
<td>$0</td>
</tr>
</tbody>
</table>

**2B-2.5 Funding Type: Other**

2B-2.6 Total Budget for Operating Year | $483,475
2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy):

05/02/2016

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Total Beds in 2016 HIC</th>
<th>Total Beds in HIC Dedicated for DV</th>
<th>Total Beds in HMIS</th>
<th>HMIS Bed Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter (ESG) beds</td>
<td>965</td>
<td>196</td>
<td>588</td>
<td>76.46%</td>
</tr>
<tr>
<td>Safe Haven (SH) beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Transitional Housing (TH) beds</td>
<td>929</td>
<td>56</td>
<td>823</td>
<td>94.27%</td>
</tr>
<tr>
<td>Rapid Re-Housing (RRH) beds</td>
<td>387</td>
<td>0</td>
<td>387</td>
<td>100.00%</td>
</tr>
<tr>
<td>Permanent Supportive Housing (PSH) beds</td>
<td>2,320</td>
<td>32</td>
<td>2,021</td>
<td>88.33%</td>
</tr>
<tr>
<td>Other Permanent Housing (OPH) beds</td>
<td>362</td>
<td>0</td>
<td>92</td>
<td>25.41%</td>
</tr>
</tbody>
</table>

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)

ES: CoC will continue attempts to coordinate with the 76 bed ES to on-board in HMIS (next 3 months). As this project receives other mainstream funding, funders will be included in the conversations. Additionally, the CoC will work with the Second Chance Shelter (39 beds) to input data into HMIS (next 3 months). These two projects would add 115 beds into HMIS (703/769 would increase to 91% bed coverage). Remaining 4 faith-based projects have limited capacity, and utilize different data systems, though the CoC will continue attempts for HMIS inclusion. OPH: CoC will initiate conversations (next 3 months) with the Housing Authority and VA to encourage HMIS entry (265 beds). CoC will outline inclusion of VASH (next 6 months) and HMIS by the next HIC. Previously, VASH-projects expressed reluctance in HMIS citing that the VA has not included additional funding. Should the projects complete HMIS, combined additions would bring the OPH coverage to 98%.
2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

<table>
<thead>
<tr>
<th>Program Type</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>VA Grant per diem (VA GPD):</td>
<td></td>
</tr>
<tr>
<td>VASH:</td>
<td>X</td>
</tr>
<tr>
<td>Faith-Based projects/Rescue mission:</td>
<td>X</td>
</tr>
<tr>
<td>Youth focused projects:</td>
<td></td>
</tr>
<tr>
<td>Voucher beds (non-permanent housing):</td>
<td>X</td>
</tr>
<tr>
<td>HOPWA projects:</td>
<td>X</td>
</tr>
<tr>
<td>Not Applicable:</td>
<td></td>
</tr>
</tbody>
</table>

2C-4. How often does the CoC review or assess its HMIS bed coverage? Semi-Annually
2D. Homeless Management Information System (HMIS) Data Quality

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.

<table>
<thead>
<tr>
<th>Universal Data Element</th>
<th>Percentage Null or Missing</th>
<th>Percentage Client Doesn't Know or Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Name</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.2 Social Security Number</td>
<td>0%</td>
<td>9%</td>
</tr>
<tr>
<td>3.3 Date of birth</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>3.4 Race</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>3.5 Ethnicity</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>3.6 Gender</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>3.7 Veteran status</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>3.8 Disabling condition</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>3.9 Residence prior to project entry</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.10 Project Entry Date</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.11 Project Exit Date</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.12 Destination</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>3.15 Relationship to Head of Household</td>
<td>9%</td>
<td>0%</td>
</tr>
<tr>
<td>3.16 Client Location</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>3.17 Length of time on street, in an emergency shelter, or safe haven</td>
<td>6%</td>
<td>0%</td>
</tr>
</tbody>
</table>

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

<table>
<thead>
<tr>
<th>Report</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC Annual Performance Report (APR):</td>
<td>X</td>
</tr>
<tr>
<td>Annual Homeless Assessment Report (AHAR) table shells:</td>
<td>X</td>
</tr>
<tr>
<td>RHY APR, PATH Reports, Data Quality, Project Demographics, HOPWA APR, HOPWA Caper</td>
<td>X</td>
</tr>
</tbody>
</table>
2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 10

2D-4. How frequently does the CoC review data quality in the HMIS? Monthly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both. Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC’s HMIS.

<table>
<thead>
<tr>
<th>Program</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>VA Supportive Services for Veteran Families (SSVF):</td>
<td>X</td>
</tr>
<tr>
<td>VA Grant and Per Diem (GPD):</td>
<td>X</td>
</tr>
<tr>
<td>Runaway and Homeless Youth (RHY):</td>
<td>X</td>
</tr>
<tr>
<td>Projects for Assistance in Transition from Homelessness (PATH):</td>
<td>X</td>
</tr>
<tr>
<td>None:</td>
<td></td>
</tr>
</tbody>
</table>

2D-6a. If any of the Federal partner programs listed in 2D-6 are not currently entering data in the CoC’s HMIS and intend to begin entering data in the next 12 months, indicate the Federal partner program and the anticipated start date. (limit 750 characters)
2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count: 01/27/2016

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: 05/02/2016

Applicant: Oakland/Alameda County CoC
Project: CA-502 CoC Registration FY2016
### 2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

**Instructions:**
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

#### 2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:

<table>
<thead>
<tr>
<th>Method</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Census Count:</td>
<td>X</td>
</tr>
<tr>
<td>Random sample and extrapolation:</td>
<td></td>
</tr>
<tr>
<td>Non-random sample and extrapolation:</td>
<td></td>
</tr>
</tbody>
</table>

#### 2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

<table>
<thead>
<tr>
<th>Method</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>HMIS:</td>
<td></td>
</tr>
<tr>
<td>HMIS plus extrapolation:</td>
<td></td>
</tr>
<tr>
<td>Interview of sheltered persons:</td>
<td>X</td>
</tr>
<tr>
<td>Sample of PIT interviews plus extrapolation:</td>
<td></td>
</tr>
</tbody>
</table>

#### 2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

The sheltered PIT methodology was based primarily on HMIS data, aggregated with administrative data for 17 DV and non-HMIS projects and extrapolated data for 3 projects. HMIS data were used for all HMIS-using projects after ensuring...
completeness and accuracy, resolving inconsistencies, and provider validation of project data. The CoC worked closely with all DV and non-HMIS projects for accurate PIT data and provided detailed guidance, definitions, samples, and a spreadsheet with validation calculations and error flags to submit data to CoC. These data were also checked for inconsistencies and accuracy. Three DV/non-HMIS projects did not provide data after numerous efforts, and data for those 3 projects (41 people, 9% of sheltered count) were extrapolated using HUD’s PIT Count Data Extrapolation Tool. This methodology was consistent with past years and chosen for its accuracy, familiarity to providers, high-coverage rate, and exceptional provider participation.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count).
(limit 1000 characters)

No changes in methodology.

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count.
(limit 750 characters)

No change in provider coverage.
2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

<table>
<thead>
<tr>
<th>Training:</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow-up:</td>
<td>X</td>
</tr>
<tr>
<td>HMIS:</td>
<td>X</td>
</tr>
<tr>
<td>Non-HMIS de-duplication techniques:</td>
<td></td>
</tr>
</tbody>
</table>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)

The 2016 sheltered PIT count increased data quality with the ongoing relationship building, expanded training for DV/non-HMIS entering projects, and a detailed spreadsheet with error flags for submission of non-HMIS PIT data. HMIS agencies were provided detailed training, utilized local and vendor-created reports for accuracy, reviewed data inconsistencies, provided explanations for occupancy over- and under-utilization, and validated their final data set. Non-HMIS and DV agencies were contacted in late summer in preparation for January’s PIT. These non-HMIS agencies were reminded of the importance of the PIT, provided trouble-shooting of definitions (such as Chronic Homelessness, Youth), given numerous reminders and contact about submission of data, and utilized a new detailed spreadsheet that included validation and error flags. Non-HMIS/non-DV agencies were also encouraged to enter data into HMIS, despite not receiving HUD funding since HMIS licenses and vendor fees are covered.
2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?

Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):

01/28/2015

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD?

Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):

05/15/2015
2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

<table>
<thead>
<tr>
<th>Method</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Night of the count - complete census:</td>
<td></td>
</tr>
<tr>
<td>Night of the count - known locations:</td>
<td></td>
</tr>
<tr>
<td>Night of the count - random sample:</td>
<td></td>
</tr>
<tr>
<td>Service-based count:</td>
<td>X</td>
</tr>
<tr>
<td>HMIS:</td>
<td></td>
</tr>
</tbody>
</table>

2I-2. Provide a brief description of your CoC’s unsheltered PIT count methodology and describe why your CoC selected this unsheltered PIT count methodology. (limit 1000 characters)

The unsheltered PIT is derived from a service-based model with a two-stage sample design. At the 1st stage of random sampling service sites used by homeless people are selected from among an exhaustive list of mobile outreach programs, drop-in centers, served meal sites, and food pantries CoC-wide. The list was prepared to ensure adequate representation of the entire CoC. Certainty sampling yielded a targeted reliable youth count. The 2nd sampling stage is the selection of service users to be interviewed at selected sites. This statistical, research-based design provides reliable estimates of the unsheltered and subpopulations. Since survey data are population-weighted and analyzed statistically the PIT is a reliable count within 95% confidence intervals. The CoC used this method to provide comparability to prior year PITs for evaluating its performance and to reach encampments as well as service sites (e.g. hot meal programs) that may serve unsheltered people who only use one program.
2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count).

(limit 1000 characters)

The only key change in the methodology was the inclusion of selecting the largest youth outreach programs with certainty, meaning, hand-picking the largest youth outreach program in a geographical area where many transitional age youth tend to congregate. Selecting this program with certainty eliminated the risk that this youth outreach program may have not been selected due to random chance. The inclusion of this youth outreach program was foundational to a reliable, robust youth count. The certainty selection of the youth program also complemented the random selection of mobile outreach programs to yield five of the top eight high-volume mobile foot- and van-based outreach programs as interview sites. The CoC also selected, enrolled, and surveyed at the highest number of sites since 2005 in order to tighten the confidence intervals of the counts (the upper and lower bound range of the count estimate) and produce the most reliable count.

2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count?

Yes

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth.

(limit 1000 characters)
2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

<table>
<thead>
<tr>
<th>Training:</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Blitz&quot; count:</td>
<td></td>
</tr>
<tr>
<td>Unique identifier:</td>
<td></td>
</tr>
<tr>
<td>Survey questions:</td>
<td>X</td>
</tr>
<tr>
<td>Enumerator observation:</td>
<td></td>
</tr>
<tr>
<td>None:</td>
<td></td>
</tr>
</tbody>
</table>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method).

Due to the expanded race and gender data, training was amended to emphasize these fields and their collection for all household members. Additional sites in the sample necessitated recruiting new site coordinators from past interviewers familiar with the fieldwork and partnered with seasoned ones to enhance data quality. This staffing allowed checking of each interviewer’s first few surveys, providing real time retraining if needed, and correcting errors. In addition, the CoC added a new partner, the Alameda County Public Health Department’s Community Assessment Planning and Evaluation (CAPE) unit.
CAPE epidemiologists participated in all planning phases and authored the community report, in anticipation of building greater county support of the PIT, bridging research support for intersections of homelessness and public health outcomes, and the direct relationship of housing solutions with other positive health and community outcomes.
3A. Continuum of Care (CoC) System Performance

Instructions
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange Ask A Question.


* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons
Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

<table>
<thead>
<tr>
<th></th>
<th>2015 PIT (for unsheltered count, most recent year conducted)</th>
<th>2016 PIT</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT Count of sheltered and unsheltered persons</td>
<td>3,980</td>
<td>4,145</td>
<td>165</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>794</td>
<td>892</td>
<td>98</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>849</td>
<td>856</td>
<td>7</td>
</tr>
<tr>
<td>Total Sheltered Count</td>
<td>1,643</td>
<td>1,748</td>
<td>105</td>
</tr>
<tr>
<td>Total Unsheltered Count</td>
<td>2,337</td>
<td>2,397</td>
<td>60</td>
</tr>
</tbody>
</table>

3A-1b. Number of Sheltered Persons Homeless - HMIS.
Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

<table>
<thead>
<tr>
<th></th>
<th>Between October 1, 2014 and September 30, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Unduplicated Total sheltered homeless persons</td>
<td>3,759</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>2,254</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>1,745</td>
</tr>
</tbody>
</table>

Describe the CoC’s efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors of becoming homeless.
Mainstream systems and the CoC have collaborated to identify risk factors for first time homeless and implemented prevention resources, which include 1) persons being discharged from residential psychiatric facilities with stays of > 90 days and no housing upon exit, subsidized by County Behavioral Health to live in licensed board and care homes; 2) families trying to reunify post-foster care, but lacking suitable housing, assisted with FUP vouchers; 3) Foster youth (13-20), assessed for risks identified through extensive local research are assisted before housing loss or foster care ineligibility; 4) During investigations of child abuse, CW workers assess housing stability and make referrals; 5) Coordinated Entry implements diversion screening, housing problem solving, and referring callers to benefits they may not be accessing. In its first quarter of operations Oakland CES diverted 41% of all families seeking shelter to other housing, 56% for those not yet literally homeless.


Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.

The CoC provides technical assistance and training to interim housing operators, building a culture of moving households quickly into permanent housing. For example, the CoC’s largest TH provider, the Housing Fast Support Network, dropped average stays from nearly two years to under seven months in just over a year’s time. Average lengths of stay in emergency shelters and TH remained the same in 2015 compared to 2014, and both sectors increased the proportion of participants exiting to PH in 90 days or less, shelters by 5%, TH by 15%. Programs accomplished this even though vouchers tied to FMRs were very difficult to use for months after HUD erroneously lowered, then after a CoC appeal, increased the FMRs. Veterans on the By-Name Registry are tracked from date of identification to housing. The initiative tracks average LOTH and sets reduction goals quarterly. The HMIS Performance Measurement Report will be reviewed quarterly to monitor length of time homeless and set reduction targets.

* 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:
Fill in the chart to indicate the extent to which projects exit program
participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent supportive housing.

<table>
<thead>
<tr>
<th>Universe: Persons in SSO, TH and PH-RRH who exited</th>
<th>Between October 1, 2014 and September 30, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of the persons in the Universe above, how many of those exited to permanent destinations?</td>
<td>873</td>
</tr>
<tr>
<td>% Successful Exits</td>
<td>65.59%</td>
</tr>
</tbody>
</table>

3A-4b. Exit To or Retention Of Permanent Housing:
In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.

<table>
<thead>
<tr>
<th>Universe: Persons in all PH projects except PH-RRH</th>
<th>Between October 1, 2014 and September 30, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?</td>
<td>1,896</td>
</tr>
<tr>
<td>% Successful Retentions/Exits</td>
<td>94.23%</td>
</tr>
</tbody>
</table>

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness.

The CoC has tracked returns to homelessness system-wide and by program type (TH, RRH, ES, PSH) since 2010 using HMIS. The locally developed report tracks persons who exited the system to PH within the last twelve months and have a new record in HMIS with a status of homelessness. In 2014, the rate of returns after 12 months was 16% system-wide. It dropped to 13.6% for 2015. The local report matches the data submitted in the new Performance Measurement Modules in HDX. Strategies used to prevent returns now and ongoing include: 1) using the CTI model, and ensuring that exited households are connected to neighborhood and mainstream supports - especially income and non-cash benefits, before exiting CoC-funded services; 2) in RRH increasing the proportion of rent participants pay gradually, versus suddenly at program end; and 3) Giving formerly homeless persons calling CES housing problem-solving counseling to prevent housing loss, whenever possible.

Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase
program participants' cash income from employment and non-employment non-cash sources.
(limit 1000 characters)

The CoC directs programs to assess income and non-cash benefits of all participants at intake to ensure they are informed of and supported to access all resources for which they are eligible. Participants are connected to non-CoC funded, homeless-specific and general employment services. Mainstream partners fund legal assistance that sends staff to housing programs to assist with benefits applications and hearings. Health Care for the Homeless funds a contract with LifeLong Medical Care for integrated primary and behavioral health care for people with serious health issues on GA while applying for SSI. Clinic staff are trained on assessing functional impairments, ensuring accurate documentation, and are oriented to the federal disability benefits application process. Recent data on families in shelter showed only 50% received TANF and SNAP at entry, which increased to 80% with assistance from program staff. 25% of adult participants increased earned/non-employment cash income in 2015.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.
(limit 1000 characters)

County Social Services and Health Care are the primary funders of employment services with whom CoC works. Social Services operates employment one-stop centers where homeless persons can attend workshops, and access computer and job boards. Both departments pair employment programs with housing supports that target homeless and at-risk households. Behavioral Health Care operates an Individualized Placement Support (IPS) program focused on helping persons with serious mental illness obtain employment. It prioritizes homeless persons and can be paired with transitional subsidies and/or serve those in PSH. The Positive Avenues to Housing (PATH) Program is designed to provide comprehensive and integrated services to homeless or at-risk TANF clients. Services include assignment of a Career Coach job training and placement. Rubicon Programs, Inc. is the contractor. Approximately 37% of CoC-funded programs regularly connect participants to these employment services.

3A-7. What was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)

Outreach to unsheltered persons are jointly-funded by cities, County Health Department, and the VA. Outreach providers have phone lines utilized by local law enforcement, city staff, hospitals and citizens to refer unsheltered persons for support. Responses involve efforts to locate and engage the person or family within 48 hours or less. The CoC continues to expand capacity; the Health Care agency recently funded two street medicine programs to cover the whole CoC, allowing health care workers to join outreach staff in encampments. Outreach workers can enroll persons directly into the Home Stretch registry, which allows them to be assessed and prioritized for permanent housing without...
having to move into interim housing first. Home Stretch facilitates regular CoC-wide meetings of outreach staff to ensure that persons on the streets remain connected and well served. High needs, priority persons for PSH are also assisted by housing navigators while still outdoors until housed.

3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)? No

3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)? (limit 1000 characters)

N/A

3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached. (mm/dd/yyyy)

08/11/2016

3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data. (limit 1500 characters)

N/A
3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Ending Chronic Homelessness

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;
2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and
3. The highest needs for new and turnover units.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

<table>
<thead>
<tr>
<th></th>
<th>2015 (for unsheltered count, most recent year conducted)</th>
<th>2016</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons</td>
<td>1,065</td>
<td>753</td>
<td>-312</td>
</tr>
<tr>
<td>Sheltered Count of chronically homeless persons</td>
<td>211</td>
<td>214</td>
<td>3</td>
</tr>
<tr>
<td>Unsheltered Count of chronically homeless persons</td>
<td>854</td>
<td>539</td>
<td>-315</td>
</tr>
</tbody>
</table>

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015. (limit 1000 characters)
The number of chronically homeless persons in the CoC reported in the 2016 PIT count decreased by 29% overall. The sheltered count was essentially the same, increasing by 3 persons. The unsheltered count dropped 37% since the 2013 PIT Count. These drops are likely the results of several factors including a CoC-wide strategy to prioritize housing chronically homeless individuals by increasing dedicated beds and filling non-dedicated turnover with chronically homeless; full lease up of two large streets to housing PSH projects; a change from assessed drug and alcohol disabilities to self-report in the homeless county; and new questions about whether medical or other conditions were disabling. All of these factors are likely to have had an effect on the chronically homeless count, however, the actual degree to which each factor influenced the count is unknown.

### 3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

<table>
<thead>
<tr>
<th>Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.</th>
<th>2015</th>
<th>2016</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>439</td>
<td>676</td>
<td>237</td>
<td></td>
</tr>
</tbody>
</table>

### 3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count. (limit 1000 characters)

The increase of 237 dedicated for use by chronically homeless persons indicated in 3B-1.3 between the 2015 HIC and the 2016 HIC is the result of 15 existing PSH projects converting all or most of their beds to serve this population. Alameda County’s S+C TRA, PRA, SRO, and SRA converted to 150, 14, 15 and 40 CH dedicated beds respectively. Walker House, Regent Street and Peter Babcock House converted all their units to CH dedicated units for an additional 17 beds. By the 2017 HIC the CoC anticipates another 110 chronically homeless dedicated beds to come on line.

### 3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status?

Yes
3B-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found.

3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017?  
Yes

This question will not be scored.

3B-1.4a. If the response to question 3B-1.4 was “Yes” what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If “No” was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017? (limit 1000 characters)

Meeting this goal by the end of 2017 is daunting in a market where landlords decline S+C and HCVs, but if all resources in the pipeline are leased up over the next 15 months, it is possible. Targeting strategies to be realized through Home Stretch, the centralized, prioritized registry of chronically homeless persons, relaunched as of July 2016, should result in an estimated 264-person reduction. Two PHAs, Oakland and Berkeley, have provided up to 90 HCVs to current S+C tenants who still need subsidies but not services, creating further PSH turnover. 110 units of already awarded PSH dedicated to CH will come on line by the 2017 HIC. Chronically homeless persons also exit the system to market housing and friends and family, with or without RRH, which could help 48-60 persons. These combined strategies could allow us to reach functional zero for CH. Barriers include a housing market in which fewer landlords take rental subsidies and the length of time it takes to execute CoC contracts.
3B. Continuum of Care (CoC) Strategic Planning Objectives

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).

<table>
<thead>
<tr>
<th>Factor</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerability to victimization:</td>
<td>X</td>
</tr>
<tr>
<td>Number of previous homeless episodes:</td>
<td>X</td>
</tr>
<tr>
<td>Unsheltered homelessness:</td>
<td>X</td>
</tr>
<tr>
<td>Criminal History:</td>
<td>X</td>
</tr>
<tr>
<td>Bad credit or rental history (including not having been a leaseholder):</td>
<td>X</td>
</tr>
<tr>
<td>Head of household has mental/physical disabilities:</td>
<td>X</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless. (limit 1000 characters)
All CoC services work to rapidly rehouse any homeless family. At the Oakland Family and Berkeley CES hubs families experiencing literal homelessness are assessed by phone and prioritized for emergency housing if they are unsheltered, have a disabled adult, and/or previous episodes of homelessness. Staff attempt to divert all families to prior housing if it is possible and safe. When required, shelter beds are booked through the CES. Initial assessments also indicate the best permanent housing option, including RRH or PSH. All CoC funded family programs are low barrier, with no income, sobriety, or treatment requirements for entry. Housing specialists work with families immediately on income/benefits strategies and getting “document ready” for housing. RRH options connected to every family shelter in the CoC include ESG, CoC, TANF, SSVF, and general funds, making it possible to match the best subsidy for the family through one intake process.

### 3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

<table>
<thead>
<tr>
<th>RRH units available to serve families in the HIC:</th>
<th>2015</th>
<th>2016</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>58</td>
<td>78</td>
<td>20</td>
</tr>
</tbody>
</table>

### 3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, gender or disability when entering shelter or housing? (check all strategies that apply)

- **CoC policies and procedures prohibit involuntary family separation:** [X]
- There is a method for clients to alert CoC when involuntarily separated: [ ]
- CoC holds trainings on preventing involuntary family separation, at least once a year: [ ]
- [ ]
- [ ]
- None: [ ]

### 3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

**PIT Count of Homelessness Among Households With Children**

| FY2016 CoC Application | Page 44 | 09/12/2016 |
3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

The total number of homeless households with children as reported in the 2016 has decreased by 8 families with the updated, 2016 sheltered PIT Count. These counts are essentially the same, since the unsheltered count was not done in 2016. The CoC has focused efforts on fully utilizing family interim housing capacity and rapidly rehousing unsheltered families. Several TH projects including Matilda Cleveland are increasing the portion of people served directly from places not meant for human habitation, up to 37%, this will increase as CES prioritizes unsheltered families for access to interim and permanent housing. There was no change to the PIT count methodology that would impact the numbers.

<table>
<thead>
<tr>
<th>Universe: Total PIT Count of sheltered and unsheltered homeless households with children:</th>
<th>2016</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheltered Count of homeless households with children:</td>
<td>277</td>
<td>269</td>
</tr>
<tr>
<td>Unsheltered Count of homeless households with children:</td>
<td>47</td>
<td>47</td>
</tr>
</tbody>
</table>

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human trafficking and other forms of exploitation?</td>
<td>Yes</td>
</tr>
<tr>
<td>LGBTQ youth homelessness?</td>
<td>Yes</td>
</tr>
<tr>
<td>Exits from foster care into homelessness?</td>
<td>Yes</td>
</tr>
<tr>
<td>Family reunification and community engagement?</td>
<td>Yes</td>
</tr>
<tr>
<td>Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?</td>
<td>Yes</td>
</tr>
<tr>
<td>Unaccompanied minors/youth below the age of 18?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

| | 
|-----------------------------|------|
| Diversion from institutions and decriminalization of youth actions that stem from being trafficked: | 
| Increase housing and service options for youth fleeing or attempting to flee trafficking: | X |
| Specific sampling methodology for enumerating and characterizing local youth trafficking: | 

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3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

<table>
<thead>
<tr>
<th>Factor</th>
<th>FY 2014</th>
<th>FY 2015</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerability to victimization</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of time homeless</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Unsheltered homelessness</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of access to family and community support networks</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:</td>
<td>121</td>
<td>139</td>
<td>18</td>
</tr>
</tbody>
</table>

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why.
3B-2.9. Compare funding for youth homelessness in the CoC’s geographic area in CY 2016 and CY 2017.

<table>
<thead>
<tr>
<th></th>
<th>Calendar Year 2016</th>
<th>Calendar Year 2017</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):</td>
<td>$6,889,170.00</td>
<td>$6,889,170.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>CoC Program funding for youth homelessness dedicated projects:</td>
<td>$2,419,170.00</td>
<td>$2,419,170.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):</td>
<td>$4,470,000.00</td>
<td>$4,470,000.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other’s meetings between July 1, 2015 and June 30, 2016?

<table>
<thead>
<tr>
<th>Cross-Participation in Meetings</th>
<th># Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC meetings or planning events attended by LEA or SEA representatives:</td>
<td>2</td>
</tr>
<tr>
<td>LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:</td>
<td>4</td>
</tr>
<tr>
<td>CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):</td>
<td>7</td>
</tr>
</tbody>
</table>

3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts.

The County Office of Education works with the CoC, as do the school districts. Family serving agencies attend the quarterly providers’ meetings for several school districts to make sure that children receive necessary services – educational and otherwise, on and off campus, and that the connection between school-based and community-based services is as seamless as possible. The CoC also attends foster care and ILSP meetings throughout the County, and Student Attendance Review Board (SARB) hearings within school districts to support students who may be experiencing homelessness, acting as liaison with school officials to educate on how a given family’s housing situation can impact their child’s attendance records. A representative from the County Department of Education was present at CoC’s most recent Annual Meeting, at which they, as a member of the continuum, participated in the voting for appointments to several committees, including the Continuum Leadership Board.
3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow.

(limit 2000 characters)

It is CoC policy that all school-aged children will be enrolled within five days of program entry. Staff assess educational needs of school-aged children and pre-school children at intake, completing developmental screenings to identify areas of concern. Providers work with parents to identify additional services needed and to inform them what the family may be eligible for. Referrals are made to Regional Centers or the assigned school district. Families are given a letter of homelessness verification and are assisted with enrollment in the respective school district's free lunch programs, school site resources (e.g. tutoring and counseling services, Head Start services, transportation assistance, assistance transferring or obtaining medical and immunization records), and any other services needed to protect the educational rights of the child. Agencies also meet directly with school staff and teachers to develop and evaluate the student's IEP, parental consent permitting.

3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?

(limit 1000 characters)

Yes.
Head Start
Maternal and Child Health (State Funding)
First Five California (State Funding)
Objective 3: Ending Veterans Homelessness

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

<table>
<thead>
<tr>
<th></th>
<th>2015 (for unsheltered count, most recent year conducted)</th>
<th>2016</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT count of sheltered and unsheltered homeless veterans:</td>
<td>388</td>
<td>401</td>
<td>13</td>
</tr>
<tr>
<td>Sheltered count of homeless veterans:</td>
<td>157</td>
<td>170</td>
<td>13</td>
</tr>
<tr>
<td>Unsheltered count of homeless veterans:</td>
<td>231</td>
<td>231</td>
<td>0</td>
</tr>
</tbody>
</table>

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

The 2016 PIT count indicated an increase of 13 homeless vets because sheltered vets increased by 13, and a 2016 unsheltered PIT was not conducted. The CoC does maintain a by-name registry that includes HMIS and VA data as well as data from vet serving agencies outside HMIS. The registry had 325 homeless vets as of 6/30/16, with 193 sheltered and 132 unsheltered. Partners in Operation Vets Home, the initiative to end veterans’ homelessness, focus on reaching and housing unsheltered vets and moving more vets indoors while they search for permanent housing. The registry indicates the CoC is moving closer to functional zero more quickly than the PIT Count numbers do. Several factors contributed to this significant decrease. 1) The number of VASH vouchers available and in use both increased. By January 2016, 296 of 357 available VASH vouchers were in use. Targeting to chronically homeless and
unsheltered vets has improved. Alameda County has also benefited from SSVF surge funding.

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veteran's Affairs services and housing to appropriate resources such as HUD-VASH and SSVF.

(limit 1000 characters)

The CoC coordinates Operation Vets Home (OVH), which includes all SSVF grantees, the VA, and others. The four SSVF grantees have outreach capacity to cover the full CoC geography. Relationships with community resources, including cities, ensure that vet focused outreach workers are available at multi-service centers, meals and drop-in sites where vets may seek service. A published phone line allows law enforcement and others who encounter unsheltered vets, but are not equipped to complete referral paperwork, to leave info about the needs and location of the vet. An outreach worker follows up within 24 hours. Provider agencies can also complete a one-page referral form with ROI and e-fax it to the CoC who maintains a by-name Master List of all homeless veterans and will connect the vet to a SSVF provider who engages the vet, determines eligibility and best service match.

3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

<table>
<thead>
<tr>
<th></th>
<th>2010 (or 2009 if an unsheltered count was not conducted in 2010)</th>
<th>2016</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total PIT Count of sheltered and unsheltered homeless veterans:</td>
<td>561</td>
<td>170</td>
<td>-69.70%</td>
</tr>
<tr>
<td>Unsheltered Count of homeless veterans:</td>
<td>392</td>
<td>231</td>
<td>-41.07%</td>
</tr>
</tbody>
</table>

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016.

Yes

This question will not be scored.

3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016?

(limit 1000 characters)

Operation Vets Home (OVH) has implemented the system changes
recommended by HUD, VA and USICH to end veteran homelessness. It utilizes a dynamic by-name list of all homeless vets within the CoC. New referrals and permanent housing move-ins are updated bi-weekly. Broad engagement of mainstream and CoC providers who encounter homeless vets is ongoing, as is vet-specific street outreach. Offers of permanent housing are made every two weeks for vets not yet enrolled. The CoC publishes a quarterly progress dashboard as well. In August, OVH partners set new quarterly goals for increasing enrollment and exits to housing based on 6/30/16 results. The shrinking number of landlords willing to work with VASH and SSVF in this very expensive and competitive market, threaten the achievement of this goal. The rate at which vets are becoming homeless is also higher than predicted in the original plan and may also impact the goal’s timeline.
4A. Accessing Mainstream Benefits

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect homeless clients?

Yes

4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

<table>
<thead>
<tr>
<th>FY 2016 Assistance with Mainstream Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of project applications in the FY 2016 competition (new and renewal):</td>
</tr>
<tr>
<td>Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, “Yes” is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, “Yes” is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).</td>
</tr>
<tr>
<td>Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:</td>
</tr>
</tbody>
</table>

4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)

Alameda County Behavioral Health’s TRUST Clinic was created to provide health care for homeless people and to improve Social Security benefits access using approaches promoted by SOAR. This new FQHC provides integrated behavioral health and primary care services to individuals that meet the HRSA homeless definition, have disabling health conditions, and incomes at or below the County General Assistance grant. In fiscal year ending 6/30/16, the TRUST Clinic helped 338 individuals obtain Social Security disability benefits. Other programs linked with the TRUST clinic provide health care and housing.
navigation services to more than 50 chronically homeless persons at any given
time. The Health Care for the Homeless program also funds two Street
Medicine programs that provide medical outreach to homeless people living in
public places. Over the coming year, the Alameda County Health Care Services
Agency plans to link its proposed Medicaid Whole Person Care efforts to CES.

4A-4. What are the primary ways the CoC ensures that program
participants with health insurance are able to effectively utilize the
healthcare benefits available to them?

<table>
<thead>
<tr>
<th>Educational materials:</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Person Trainings:</td>
<td>X</td>
</tr>
<tr>
<td>Transportation to medical appointments:</td>
<td>X</td>
</tr>
<tr>
<td>Not Applicable or None:</td>
<td></td>
</tr>
</tbody>
</table>
4B. Additional Policies

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?

<table>
<thead>
<tr>
<th>FY 2016 Low Barrier Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):</td>
</tr>
<tr>
<td>Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected “low barrier” in the FY 2016 competition:</td>
</tr>
<tr>
<td>Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as “low barrier”:</td>
</tr>
</tbody>
</table>

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

<table>
<thead>
<tr>
<th>FY 2016 Projects Housing First Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):</td>
</tr>
<tr>
<td>Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:</td>
</tr>
<tr>
<td>Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:</td>
</tr>
</tbody>
</table>

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC’s geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing: X

Applicant: Oakland/Alameda County CoC
Project: CA-502 CoC Registration FY2016
COC_REG_2016_135758

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4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

<table>
<thead>
<tr>
<th>RRH units available to serve all populations in the HIC:</th>
<th>2015</th>
<th>2016</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>95</td>
<td>108</td>
<td>13</td>
</tr>
</tbody>
</table>

4B-5. Are any new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction? Yes

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD’s implementing rules at 24 CFR part 135? (limit 1000 characters)

The BFHP Way development team is committed to meeting or exceeding HUD’s Section 3 hiring requirements. The project’s local, state, and federal sources will carry both wage and hiring requirements. A construction contractor has not yet been selected for this development. The contractor selection process will closely evaluate the potential contractors’ capacity to comply with wage and local hire requirements. In previous contractor RFQs, we have requested prospective contractors to provide examples of HUD-funded projects where they have successfully complied with the Section 3 requirements. Once selected, the development team will work with the contractor to develop a labor needs document outlining the contractor’s hiring plan to include intensive outreach, public meetings, posting informative signage, encouragement to the subcontractors to hire locally, and working hand-in-hand with the other project
partners to open the door of opportunity to the local businesses and individuals.

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?  No

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

N/A

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC’s ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

N/A

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application. Yes

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.
CoC Governance: 

CoC Systems Performance Measurement: 

Coordinated Entry: 

Data reporting and data analysis: 

HMIS: 

Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth: ✗

Maximizing the use of mainstream resources: 

Retooling transitional housing: 

Rapid re-housing: 

Under-performing program recipient, subrecipient or project: 

Not applicable: 

### 4B-9b. Indicate the type(s) of Technical Assistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

<table>
<thead>
<tr>
<th>Type of Technical Assistance Received</th>
<th>Date Received</th>
<th>Rate the Value of the Technical Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subpopulations-veterans</td>
<td>01/13/2016</td>
<td>4</td>
</tr>
</tbody>
</table>

| Project: CA-502 CoC Registration FY2016 | COC_REG_2016_135758 |
## 4C. Attachments

**Instructions:**

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants</td>
<td>Yes</td>
<td>Evidence of CoC c...</td>
<td>09/07/2016</td>
</tr>
<tr>
<td>02. 2016 CoC Consolidated Application: Public Posting Evidence</td>
<td>Yes</td>
<td>Consolidated Appl...</td>
<td>09/12/2016</td>
</tr>
<tr>
<td>03. CoC Rating and Review Procedure (e.g. RFP)</td>
<td>Yes</td>
<td>CoC Description o...</td>
<td>08/30/2016</td>
</tr>
<tr>
<td>06. CoC's Governance Charter</td>
<td>Yes</td>
<td>Governance Charter</td>
<td>08/30/2016</td>
</tr>
<tr>
<td>07. HMIS Policy and Procedures Manual</td>
<td>Yes</td>
<td>CA-502 HMIS Polic...</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09. PHA Administration Plan (Applicable Section(s) Only)</td>
<td>Yes</td>
<td>Housing Authority...</td>
<td>09/12/2016</td>
</tr>
<tr>
<td>10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. CoC Written Standards for Order of Priority</td>
<td>No</td>
<td>CoC Written Stand...</td>
<td>09/08/2016</td>
</tr>
<tr>
<td>12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. HDX-system Performance Measures</td>
<td>Yes</td>
<td>CA-502 System Per...</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>14. Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: Evidence of CoC communication to rejected participants

Attachment Details

Document Description: Consolidated Application Proof of Public Posting

Attachment Details

Document Description: CoC Description of Local Process and Application Templates

Attachment Details

Document Description: CoC Procedure

Attachment Details

Document Description: CoC Process for Reallocating
Document Description: Governance Charter

Attachment Details


Attachment Details

Document Description:

Attachment Details

Document Description: Housing Authority Admin Plan (all)

Attachment Details

Document Description:

Attachment Details

Document Description: CoC Written Standards for Order of Priority

Attachment Details
Document Description:

Attachment Details

Document Description: CA-502 System Performance Measures

Attachment Details

Document Description: RFP Application Templates

Attachment Details

Document Description:
Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

<table>
<thead>
<tr>
<th>Page</th>
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<tbody>
<tr>
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<td>1C. Coordination</td>
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<td>1F. Project Review</td>
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<td>1G. Addressing Project Capacity</td>
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<td>2F. Sheltered Data - Methods</td>
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<td>3B. Objective 1</td>
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<td>4B. Additional Policies</td>
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<td>4C. Attachments</td>
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<td>Submission Summary</td>
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</tr>
</tbody>
</table>
FY 2016 CoC Program Competition Results—Eden I&R

EveryOne Home <info@everyonehome.org>
to Sarah, Harry, Alison, Barbara

Dear Applicant,

Please review the attached results for your submitted projects. Any questions can be directed to info@everyonehome.org.

EveryOne Home

2 Attachments

from: EveryOne Home <info@everyonehome.org>
to: Sarah Finnigan <sfinnigan@edeniir.org>, Harry, Alison, Barbara

Aug 30 (8 days ago)

People (4)

Sarah Finnigan
sfinnigan@edeniir.org

EveryOne Home <info@everyonehome.org>
to Sarah, Harry, Alison, Barbara

Dear Applicant Lead Agencies,

Today EveryOne Home received Tier 1 projects are not appealable.

It has been our historical practice to not appeal these results. It has been our historical practice process, we will respond to this in the near future.

Also attached is a corrected RaF for the error.

Thank you,

EveryOne Home

3 Attachments

from: EveryOne Home <info@everyonehome.org>
to: Sarah Finnigan <sfinnigan@edeniir.org>, Harry, Alison, Barbara

Sep 1 (6 days ago)

Re: FY 2016 CoC Program Competition Results—Eden I&R

The appeals process is attached. Please note that scores and ranks of projects are not appealable. The CoC has determined that because of the public nature of this review process, the appeal can only be for the amount of money allocated to a PSH project, when in fact it is transitional housing. Our apologies

EveryOne Home

mailed-by: everyonehome.org

Important according to our magic sauce
MEMORANDUM

To: Eden I&R
From: HUD NOFA Committee / EveryOne Home
Date: August 30, 2016
Re: Project Priority List for Submission to HUD and Rating and Ranking

Thank you for your submission to the 2016 HUD Continuum of Care Notice of Funding Availability (NOFA) local process. The NOFA Committee has completed its review work and established the project list to be submitted to HUD. On the following page you will find the list of all projects being included in the application package, indicating project rank, project types, dollar amounts, and where the HUD-established Tier 1 Line falls. Column 1 shows the rank order of projects as it will be submitted to HUD. As a separate attachment, you will find your project(s)’s total score and the sub-score for each section.

As in previous rounds, HUD requires that projects be ranked in two tiers, with funding guaranteed for those projects in Tier 1 that meet HUD’s threshold, and not for those projects in Tier 2. This year, HUD indicated a 93% Tier 1, equivalent to $26,202,373 for our CoC. This leaves a Tier 2 of $1,972,222 plus $1,404,730 in permanent housing bonus funds should we choose to request it. In this funding round, as with 2015, Tier 2 projects will be scored against one another nationally. A project’s rank within Tier 2 will carry more weight than last year, worth up to 35 out of 100 points versus 20 last year. Project type is worth up to 5 points this year versus up to 10 last year. New and renewal projects were ranked in order of score, keeping in mind the desire to ensure residential stability for those in existing projects and the overall strength of the package being submitted.

The committee also received two Coordinated Entry System proposals, one for a lead agency plus the call center, expanding intake and assessment capacity, and Housing Resource Center operating costs. The second was for a system component. The more comprehensive application will be included in the submission package.

The RFP for the Coordinated Entry System was solicited as part of an iterative process, which would require combinations and partnerships between projects and applicants. The CES application which would ultimately be chosen was required to be for a lead agency, and for the full amount of reallocated dollars ($1,000,000). The Eden I&R proposal was for neither the lead agency position, nor the full reallocated amount. Therefore, this proposal could not be submitted to HUD as the CES proposal for Alameda County, despite its strength and strong score. The NOFA Committee is in support of Eden I&R seeking partnership with the lead agency applicant for the call center activities articulated in its proposal. The application submitted to the local process has been forwarded on to the lead agency applicant for consideration.
In completing the final ranking process, the NOFA Committee exercised its discretion to adjust rankings consistent with the Guiding Principles stated at the Bidder’s Conference and in the local application instructions. Decisions will were guided by the principles of “maximizing the resources available to the community” and ensuring “the geographic and population diversity of the projects included”. Two renewing projects scored fully in Tier 2; a PSH project, and general-use Transitional Housing project. A Rapid Rehousing project straddles both Tiers with approximately half the grant in each Tier. All three will be included in the submission.

Finally, the Committee received one bonus application for new PSH. The selected CES proposal is ranked second in Tier 2, and the bonus PSH project at the bottom. We are hopeful all projects in Tier 2 will be funded.

This memo and attachments are being sent to the direct grantee only. We encourage you to forward the Project Priority List and any relevant to scoring information to your project partners. The Project Priority List and a copy of this announcement memo will be posted to the website this afternoon, and the full CoC Application will be posted to the website prior to the September 14th, 2016 deadline.

If you have questions or comments, please email info@everyonehome.org. Since HUD has made clear that all projects included in a community’s Tier 1 that meet HUD threshold can expect to be refunded, there will be no adjustments to any scores for those projects currently ranked in Tier 1.

A debriefing session of the 2016 NOFA process will be held in the coming months, at which time the community will be invited to provide comments and feedback about the NOFA process and results. A notification will be sent out closer to that date, with all pertinent information.

Thank you again for your work. Please continue to be attentive to emails from EveryOne Home and HCD as we move to complete our application to HUD.
HUD COC NOFA

EveryOne Home is responsible for facilitating Alameda County’s Continuum of Care (CoC) Program Funding Process Competition issued by the federal department of Housing and Urban Development (HUD). Each year we are responsible for rating and ranking projects currently receiving these federal dollars. Moreover, we will often invite applications for new or bonus projects—depending on the amount of funding available.

RESULTS

Download the 2016 Results for the CoC Funding Competition (8/30/16)

2016 Applications:

- Download the Housing Project Application (updated 7/21/16)
  - Supplemental Instructions
- Download the Coordinated Entry Application (7/19/16)
- Download the HMIS Application (7/19/16)

2016 Supplemental Materials:

- Bidders Conference Presentation (7/19/16)
- Frequently Asked Questions (7/25/16)
- Frequently Asked Questions (8/1/16)

On June 21st and July 7th EveryOne Home hosted community meetings to solicit input from stakeholders. You can download the materials below.

- Strategic Direction and Community Survey Analysis

DOWNLOADS

2015 NOFA Results
2015 NOFA Community Planning Process
2014 NOFA Community Planning Process
2013 NOFA Community Planning Process
2012 NOFA Community Planning Process
2015 Consolidated Application
2016 Consolidated Application 9.12.16
2016 Supplemental Materials:

- Bidders Conference Presentation (7/19/16)
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- Strategic Direction and Community Survey Analysis

July 7th Meeting:
- 2016 NOFA Stakeholder Input Session #2 Presentation

June 21st Meeting:
- 2016 HUD CoC NOFA Stakeholder Input Session #1 Presentation
- Transitional Housing Scoring Criteria 2015
- Transitional Housing Options Handout
- Staff analysis of CoC funding
HUD COC NOFA

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2016 Applications:

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- Frequently Asked Questions (7/25/16)
- Frequently Asked Questions (5/1/16)

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July 7th Meeting:
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June 21st Meeting:
2016 HUD CoC NOFA Competition
Bidders’ Conference

224 West Winton Avenue, Hayward
Public Hearing Room
July 19th, 2016
Agenda

1. Welcome
2. Strategic Direction from Hud CoC to the NOFA Committee
4. Overview of Local Renewal and New Application
5. Overview of Local CES Application
6. Q & A Session
The 2016 NOFA Committee’s Guiding Principles

• Maximize resources available to the community
• Package submitted will align with HUD priorities in order to meet local needs
• Prioritize ensuring existing residential capacity and housing stability is maintained system-wide
• Keep the renewal process as simple as possible
• Continue to emphasize project performance and the submission of projects that will meet HUD’s thresholds
• Support individual projects seeking to reallocate or reclassify where relevant
• Facilitate a clear, fair and transparent local process
Our Local Process and Key Dates

• June 2016: The NOFA Committee identified possible changes to the process and local application.

• June 21st Community Input Session #1: HUD CoC and NOFA Committees invited community input on strategies.

• June 28th FY 2016 CoC Program Competition Opens: Notice of Funding Availability (NOFA) is released

• July 7-11th Community Input Session #2 and On-line survey: Committees introduced proposed strategies for additional feedback.
Our Local Process and Key Dates

- **July 19th** Bidders Conference: Committee finalized local process and application and releases it to applicants.
- **July 19th – August 1st:** Staff and NOFA Committee will address applicant questions. Answers to all questions will be published on the EveryOne Home website.
- **August 9th**: 12:00pm Renewal Applications due.
- **August 30th**: Renewal rankings and Scores released.
- **September 14th**: Consolidated Application due to HUD
Strategic Direction for 2016 NOFA

The HUD CoC Committee considered several factors and sources in the development of the strategic direction given to the HUD NOFA sub-committee, including:

- Reviewing the NOFA issued 6/28/16: [https://www.hudexchange.info/resources/documents/FY-2016-CoC-Program-NOFA.pdf](https://www.hudexchange.info/resources/documents/FY-2016-CoC-Program-NOFA.pdf)
- Reviewing our 2015 score and HUD’s feedback
- Soliciting community input at two open meetings
  - 6/21/16 and 7/7/16
  - attended by 45 stakeholders in total
- Conducting an anonymous online survey,
  - completed by 36 respondents.

Strategic Direction

Strategic Reallocation

HUD CoC direct the HUD NOFA Committee to pursue reallocation that strengthens our system and application package and is aligned with our guiding principles.

Inviting a CES Application

HUD CoC Committee directs the NOFA Sub-Committee to invite proposals for operating a Coordinated Entry System.
Strategic Direction

Transitional Housing

HUD CoC Committee directs the NOFA Sub-committee to ensure renewal application scoring values the general TH programs that are in line with the approach below and improve Continuum performance, such that these projects can score well enough to rank competitively.

To score and rank competitively, general use Transitional Housing must follow a model inclusive of the following:

- Shorter stays;
- no barriers to entry;
- housing first;
- services minimal, voluntary, and focused on getting residents housed as quickly as possible
Strategic Direction

Ranking New/Bonus Projects in Tier 1

HUD CoC recommends that the NOFA Sub-Committee rank both new and renewing projects together and ensure that existing residential capacity is appropriately valued in the scoring and ranking of projects.
2016 HUD CoC NOFA: The Basics

- Due September 14, 2016 by 8:00p.m. PST
- Requires projects to be submitted in rank order in two tiers
  A. Tier 1 = 93% of a CoC’s Annual Renewal Demand (ARD)
  B. Tier 2 = 7% of a CoC’s ARD + 5% of ARD for Permanent Housing Bonus projects
  C. Tier 1 funding amount is assured, Tier 2 is not
- Tier 2 Projects will Compete Nationally
  A. 100 points total
  B. 50 pts CoC score; 35 pts rank in package; 5 pts project type; 10 pts Housing 1st
2016 HUD CoC NOFA: Funds Available

- Current Annual Renewal Demand (ARD) for Alameda County = $28,293,885
- Tier 1 = 93% ARD = $26,313,313 (est)
- Tier 2 = balance of ARD + bonus amount = $3,395,266
  - 7% = $1,980,572 (est)
  - 5% = $1,414,694

- Total estimated amount that can be requested = $29,708,579
2016 HUD CoC NOFA: Submission Requirements

• Due to EveryOne Home Electronically on Tuesday, August 9, 2016 at noon
• Include Application and all mandatory attachments
• Send submissions in PDF form to info@everyonehome.org
• Projects must submit a local application in order to be part of CoC submission
• Due in e-snaps by 8/18/16 at 5:00 p.m.
• If selected, the CES application is due in e-snaps by 9/7/16
Combined Renewal and New Application
Changes to Application: Project Types

- A single application for renewing projects and new projects funded with reallocated or bonus funds for the following project types:
  - Renewing and Proposed Permanent Supportive Housing
  - Renewing and Proposed Rapid Rehousing
  - General and Youth Serving TH

- Existing SSO projects not tied to permanent housing will not be included in the 2016 application package. The funds will be available for reallocation.

- HMIS and SSO for operating a Coordinated Entry System projects will complete a different local application form.
Changes to Application: Required Attachments

*Indicates a new attachment

- Reports should be run for the federal fiscal year October 1, 2014 – September 30, 2015.
  - Demographics Report
  - APR
  - System Performance Measurement*
  - Data Completeness

**Additional Mandatory Attachments:**
- Program participant agreement; lease, and/or “House Rules”*
- Eligibility Criteria and/or a housing application*

- Policy on basis for eviction or involuntary program termination*
- Grievance Policy*
- Evidence of site control if applicable*
- Proof of submission of last 3 APRs
- Proof of LOCCS draws for last two grant cycles*
- Most recent annual audit with Management Letter (no earlier than FYE 12/31/14) – Agencies can link to an online audit if available in that format.
- Proof of 501 © 3 standing if applicable*
- Proof of Site Control*
Changes to Application: Scoring Criteria

• Additional performance based scoring criteria have been added:
  • Existing scored criteria
    • Increased housing stability
    • Exit destination—including returns to homelessness
    • Increasing income
    • Connecting participants to mainstream benefits
  • Added scored criteria
    • Utilization rates
    • Length of Time Homeless (Length of Stay)
    • Timely submission of APRs
    • Timely draws from LOCCS
    • Participant Eligibility

• Applicants are encouraged to review the scoring grid in the local application for further detail.
Changes to Application: Scoring

PROJECTS CAN SCORE UP TO A TOTAL OF 100 POINTS

• Project Type—Up to 5 points
• Alignment with HUD and CoC Priorities—Up to 25 Points
• Outcome Performance—Up to 32 points
• Grant Management—Up to 25 Points
• Organizational Capacity—Up to 13 Points
Project Type and Meeting CoC and HUD Priorities (5 & 25 Points)

- Project Type – up to 5 points
  - 5 points for existing PH, youth serving TH, SSO for CES, & HMIS
  - 3 points for general TH proposed new PH
- CoC and HUD’s priorities -- up to 25 points
  - Target Populations and Severity of Need – 10 pts.
  - Housing First and Low Barrier – 10 points
  - Cost Effectiveness – 5 points
    Asked last year, now scored this year.
Target Population and Severity of Need

• Starts on page 8 of application
• Has new elements since last year
  ▫ Like last year points for providing PSH for serving chronically homeless or RRH for families
  ▫ This year can also get points for serving majority of persons who are vets, youth, directly from the streets or fleeing domestic violence
• Check all that apply
• Will get the point value of the highest scoring box that is verified for a maximum of 10.
Outcome Measures (32 Points)

- Uses information APR’s, complete outcomes measure charts for the project types.
- Measures required and benchmarks vary depending on program type
  A. Obtains or Retains Permanent Housing (10 pts)
  B. Adults who maintain or increase Income (7 pts)
  C. Obtains/Maintains non-cash Mainstream Benefits (7 pts.)
  D. Exits or Returns to Homelessness OR length of time homeless (8 pts)
Outcome A: Info from APR (PSH Only)

### Length of Participation by Exit Status

<table>
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<th>Number of Persons</th>
<th>Total</th>
<th>Leavers</th>
<th>Stayers</th>
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<td>4</td>
<td>40</td>
</tr>
<tr>
<td>31 to 60 days</td>
<td>38</td>
<td>0</td>
<td>38</td>
</tr>
<tr>
<td>61 to 180 days</td>
<td>91</td>
<td>2</td>
<td>89</td>
</tr>
<tr>
<td>181 to 365 days</td>
<td>174</td>
<td>24</td>
<td>150</td>
</tr>
<tr>
<td>366 to 730 Days (1-2 Yrs)</td>
<td>348</td>
<td>58</td>
<td>290</td>
</tr>
<tr>
<td>731 to 1095 Days (2-3 Yrs)</td>
<td>294</td>
<td>25</td>
<td>269</td>
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<tr>
<td>1096 to 1460 Days (3-4 Yrs)</td>
<td>167</td>
<td>20</td>
<td>147</td>
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<tr>
<td>1461 to 1825 Days (4-5 Yrs)</td>
<td>138</td>
<td>18</td>
<td>120</td>
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<td>More than 1825 Days (&gt;5 Yrs)</td>
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<td>682</td>
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### Average and Median Length of Participation in Days

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<td>Stayers</td>
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### Length of Participation by Exit Status

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<th></th>
<th>Total</th>
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<th>Stayers</th>
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<tr>
<td>31 to 60 days</td>
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<td>I</td>
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</tr>
<tr>
<td>61 to 180 days</td>
<td>C</td>
<td>J</td>
<td></td>
</tr>
<tr>
<td>181 to 365 days</td>
<td>D</td>
<td>K</td>
<td></td>
</tr>
<tr>
<td>366 to 730 days (1-2 Yrs)</td>
<td>E</td>
<td>F</td>
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<tr>
<td>731 to 1095 days (2-3 Yrs)</td>
<td>G</td>
<td>H</td>
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<tr>
<td>1096 to 1460 days (3-4 Yrs)</td>
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<td>1461 to 1825 days (4-5 Yrs)</td>
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<tr>
<td>Total</td>
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</table>

Housing Retention >6 months:  \( \frac{(P - H - I - J - K + G) - A - B - C - D}{P - H - I - J - K + G} \) = % of persons
## Outcome A: Info from APR (RRH, Youth-serving TH, general TH)

29a1. Destination by Household Type and Length of Stay (All Leavers who Stayed More than 90 Days)

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<th>With Children and Adults</th>
<th>With Only Children</th>
<th>Unknown HH Type</th>
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<td>Rental by Client, with VASH Subsidy</td>
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<td>Rental by Client, with other Ongoing subsidy</td>
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<td>Living with Friends, Permanent Tenure</td>
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<td><strong>Subtotal</strong></td>
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</table>

29a2. Destination by Household Type and Length of Stay (All Leavers who Stayed 90 Days or Less)

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<th>Permanent Destinations</th>
<th>Total</th>
<th>Without Children</th>
<th>With Children and Adults</th>
<th>With Only Children</th>
<th>Unknown HH Type</th>
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<td>Owned by Client, with Ongoing Subsidy</td>
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<tr>
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</tr>
<tr>
<td>Rental by Client, with VASH Subsidy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental by Client, with other Ongoing subsidy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSH for Homeless Persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living with Family, Permanent Tenure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living with Friends, Permanent Tenure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td><strong>B</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 7. HMIS or Comparable Database Data Quality

<table>
<thead>
<tr>
<th>Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of records for All Clients</td>
<td></td>
</tr>
<tr>
<td>Total number of records for Adults Only</td>
<td></td>
</tr>
<tr>
<td>Total number of records for Unaccompanied Youth</td>
<td></td>
</tr>
<tr>
<td>Total number of records for Leavers</td>
<td></td>
</tr>
</tbody>
</table>

Obtaining Permanent Housing: \((A + B) / C\) = % of persons obtaining permanent housing
Outcome B - Income: (PSH, RRH, TAY Serving TH, General Use TH)

24b1. Income Change by Income Category – Adult Stayers

<table>
<thead>
<tr>
<th>Income Category</th>
<th>Had Income Category at Entry and Not at Follow-up</th>
<th>Retained Income Category but Had Less $ at Follow-up</th>
<th>Retained Income Category and Same $ at Follow-up</th>
<th>Retained Income Category and Increased $ at Follow-up</th>
<th>Did not Have Income Category at Entry and Gained it at Follow-up</th>
<th>Did not Have the Income Category at Entry or at Follow-up</th>
<th>Total Adults (Including Those with no Income)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults with Earned Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avg. Change in Earned Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults with Other Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avg. Change in Other Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults Any Income</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

24b2. Income Change by Income Category – Adult Leavers

<table>
<thead>
<tr>
<th>Income Category</th>
<th>Had Income Category at Entry and Not at Exit</th>
<th>Retained Income Category but Had Less $ at Exit</th>
<th>Retained Income Category and Same $ at Exit</th>
<th>Retained Income Category and Increased $ at Exit</th>
<th>Did not Have Income Category at Entry and Gained it at Exit</th>
<th>Did not Have the Income Category at Exit or at Exit</th>
<th>Total Adults (Including Those with no Income)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults with Earned Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avg. Change in Earned Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults with Other Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avg. Change in Other Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults Any Income</td>
<td>E</td>
<td>F</td>
<td>G</td>
<td>H</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PSH and General Use TH: 
\[(A+B+C+E+F+G)/(D+H)\] = % of adults who maintained or increased income

RRH and TAY serving TH: 
\[(B+C+F+G)/(D+H)\] = % of adults who increased income
## Outcome C: Info from APR (all project types)

### 26a2. Non-Cash Benefits by Exit Status - Leavers

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Adults</th>
<th>Children</th>
<th>Age Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1+ Source(s)</td>
<td></td>
<td></td>
<td></td>
<td>B</td>
</tr>
<tr>
<td>Don't Know / Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missing this Information</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>E</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 26b2. Number of Non-Cash Benefit Sources - Stayers

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Adults</th>
<th>Children</th>
<th>Age Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1+ Source(s)</td>
<td></td>
<td></td>
<td></td>
<td>G</td>
</tr>
<tr>
<td>Don't Know / Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missing this Information</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>J</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\[
\frac{(B + G)}{(E + J)} = \% \text{ of adults non-cash mainstream benefits}
\]
Outcome D: Exits to Homelessness
Info from APR (PSH)

29a1. Destination by Household Type and Length of Stay (All Leavers who Stayed More than 90 Days)

<table>
<thead>
<tr>
<th>Temporary Destinations</th>
<th>Number of Leavers in Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter</td>
<td>A</td>
</tr>
<tr>
<td>TH for Homeless Persons</td>
<td>B</td>
</tr>
<tr>
<td>Staying with Family, Temporary Tenure</td>
<td>C</td>
</tr>
<tr>
<td>Staying with Friends, Temporary Tenure</td>
<td>D</td>
</tr>
<tr>
<td>Place Not Meant for Human Habitation</td>
<td></td>
</tr>
<tr>
<td>Safe Haven</td>
<td></td>
</tr>
<tr>
<td>Hotel or Motel, Paid by Client</td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td></td>
</tr>
</tbody>
</table>

29a2. Destination by Household Type and Length of Stay (All Leavers who Stayed 90 Days or Less)

<table>
<thead>
<tr>
<th>Temporary Destinations</th>
<th>Number of Leavers in Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter</td>
<td>E</td>
</tr>
<tr>
<td>TH for Homeless Persons</td>
<td>F</td>
</tr>
<tr>
<td>Staying with Family, Temporary Tenure</td>
<td></td>
</tr>
<tr>
<td>Staying with Friends, Temporary Tenure</td>
<td></td>
</tr>
<tr>
<td>Place Not Meant for Human Habitation</td>
<td>G</td>
</tr>
<tr>
<td>Safe Haven</td>
<td>H</td>
</tr>
<tr>
<td>Hotel or Motel, Paid by Client</td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td></td>
</tr>
</tbody>
</table>

7. HMIS or Comparable Database Data Quality

| Total number of records for All Clients     |                                 |
| Total number of records for Adults Only    |                                 |
| Total number of records for Unaccompanied Youth |                               |
| Total number of records for Leavers        | I                               |

PSH: This project types should use the following formula to calculate their measure:

Exits to Homelessness: \( \frac{(A + B + C + D) + (E + F + G + H)}{I} \)

\( I = \% \text{ of persons who exit to homelessness} \)
Outcome D: RRH / TAY Serving TH – Returns to Homelessness

Rapid Rehousing and TAY-serving Transitional Housing:

<table>
<thead>
<tr>
<th>Exit was from</th>
<th>Total # of Persons who Exited to Permanent Housing Destination (2 years prior)</th>
<th>Returns to Homelessness in less than 6 Months (0-180 days)</th>
<th>Returns to Homelessness from 6-12 Months (181-365 days)</th>
<th>Returns to Homelessness from 13 to 24 Months (366-730 days)</th>
<th>Number of Returns in 2 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>SO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL Returns to Homelessness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Rapid Rehousing use the formula below to calculate the percentage of persons returning to homelessness within two years from a RRH program:

Returns to Homelessness in two years: \( \frac{D}{B} = \% \) of persons who return to homelessness within two years

TAY Serving Transitional Housing use the formula below to determine the % of people returning to homelessness from TH within two years:

Returns to homelessness in two years from TH: \( \frac{C}{A} = \% \) of persons returning to homelessness within two years.
# Outcome D: General Use TH – Length of Stay

**General Use Transitional Housing**

<table>
<thead>
<tr>
<th>Universe (Persons)</th>
<th>Average LOT homeless (bed nights)</th>
<th>Median LOT Homeless (bed nights)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Previous FY</td>
<td>Current FY</td>
</tr>
<tr>
<td>1. Persons in ES and SH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2 Persons in ES, SH, and TH</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*General use Transitional Housing indicate the number in the yellow-shaded box above to show the average number of bed nights in your project for this fiscal year. Please round up to the nearest whole number.*

Unlike other project types, General Use TH will not use a formula to calculate the average length of stay. Instead it will use the number indicated in the yellow highlighted box, rounded up to the nearest whole number.
Grant Management (25 Points)

A. Spending (5 pts)
B. Reports and Invoicing (10 pts)
C. Proof of Eligibility (5 pts.)
B. Utilization (5 pts)
Spending (5 pts)

a. Report on amount of unspent funds for past 3 years

b. Explain unspent grant funds in most recent grant year

c. Underspending of 5% or greater in most recent year and one other in last 3 years must be explained

• Narratives with detailed explanations and corrective strategies will earn more points
Reports and Invoicing (10 pts)

• Timely Submission of APRs (*Can be verified via e-snaps. New projects can provide proof of their timely APR submissions and/or progress reports from other federal grants*)

• Timely draws from LOCCS (*can be verified via LOCCS, per the screen shot in the application*)
Proof of Eligibility (5 pts)
- Provide eligibility criteria and procedures for
  documenting.

Capacity / Utilization (5 pts)
- Looking at how many people are served by the project on an annual basis, vs. how many people the project has capacity to serve.

Utilization (5 pts)
- Proof of Eligibility (5 pts) and Capacity /
HMIS (2 pts)

• Report on data quality for required Universal data elements using Bowman “Data Completeness Report Card (EE) – v15”

• Points based on percent of data quality must be higher than 95% to get 2 points, 90% to get 1

• When prompted to include services in the report, select ‘no’
Data quality report card

![Data Completeness Report Card (EE)](image)

This is a screen shot for illustration only. Use the date ranges in the instructions (10/1/14 – 9/30/15)
Fiscal Management (4pts)

- Address any findings in the management letter or with the management of federal grants.

- Organizations whose budget size do not require an Annual Independent Audit must still submit a Financial Statement according to general accounting principles.

- Audits and reports can be for fiscal years ending no earlier than 12/31/2014.
Quality Assurance (7 pts)

- Narrative on use of best practices, customer satisfaction, performance monitoring, use of data, staff training and quality of care

- Reviewers will score on the quality and comprehensiveness of narrative as well as how specific it is to the project.
Coordinated Entry System Applications
Overview

- Coordinated Entry is a method to connect people to resources is federally required.
- The initial design for our CoC was adopted by the EveryOne Home Board and can be downloaded at www.everyonehome.org.
- EveryOne Home’s HUD CoC committee has chosen to invite local proposals for up to $1m for this purpose.
- If a competitive application is identified, the CoC will use reallocated funds for this purpose.
Scope of Work

The Coordinated Entry & Housing Resource Centers

Initial Design Plan includes*:

• multiple entry points, referred to as Housing Resource Centers (HRC’s)
• common core services
• a common initial referral point
• a "base" for mobile outreach teams
• shared eligibility criteria, protocols and outcome measures.
• access to a range of "mainstream" services.

*note some of these are still in progress
Four Components of This Coordinated Entry Project

Applicants may apply for one, two, three, or all of the components described in the scope of work below

1. **CES HUD lead agency**
   - serve the entire county and have experience administering HUD CoC grants (or comparable)
   - ensure that CES components are implemented according to Design
   - ensure that HUD funded CES components are effectively integrated with CES components funded by other non-HUD sources.
Four Components of This Coordinated Entry Project

Lead Agency (cont.)

• Partner with EveryOne Home for consistent CES implementation across the region and providing quality control for the entire CES system.

• Individual agencies may apply to function both as a lead agency and as a service delivery agent for one or more other components or agencies may apply to function solely as the lead agency with all other services to be delivered by subcontractor agencies.
Four Components of This Coordinated Entry Project

2. **Call center** must be available countywide and be staffed with trained operators able to screen, triage, and problem solve based on the resources available. Core elements include:

- Triage/Initial Screening
- Problem Solving
- Warm hand off
Four Components of This Coordinated Entry Project

3. **Assessment and Referral**
   - Every HRC will screen, assess, and refer clients with standardized protocols using standardized tools and processes. Includes a prioritization system that will govern how available resources are targeted.
   - Contractor(s) implement the assessment protocol at HRCs countywide once developed and approved.
   - Operate within HMIS and not develop separate databases.
Four Components of This Coordinated Entry Project

4. **Expanded HRC Services** will be funded only if additional funding is available once components one through three have been funded.

- Outreach
- Housing Navigation
- Employment/income services
Scoring (100 pts)

- Demonstrated Project Capacity (30 pts)
- Project Detail (25 pts)
- Project Integration (20 pts)
- Budget (15 pts)
- Match (5 pts)
- Completeness and Clarity (5 pts)
Submission Deadlines and Requirements

• All project applications are due to EveryOne Home by Noon (12:00 pm) on Tuesday August 9th, 2016—applications should be submitted electronically to info@everyonehome.org
• Include back-up documentation in a PDF – this file name must include the name of the program and agency.
• Applicants that have on-line audits may provide a link in your cover email to the online location of your documents and do not need to submit a PDF of the audit.
Resources on website

Electronic versions of the applications can be downloaded from the Everyone Home website at:

www.everyonehome.org
Questions or Comments
EveryOne Home, Alameda County’s Continuum of Care Lead Agency, is inviting local applications for renewing CoC projects and new permanent housing bonus projects and new projects created using reallocated funds from the CoC’s existing Annual Renewal Demand (ARD). The United States Department of Housing and Urban Development (HUD) requires all projects applications to be rated and ranked by the local Continuum of Care (CoC) in order to be included in the collaborative application. Without a local application, projects cannot be scored or ranked and cannot be included in the final application package.

Local application due date: 12:00 p.m. on Tuesday August 9th via email to info@everyonehome.org

The results of the local rating and ranking process will be announced on August 30, 2016.

**Project types that must submit the attached application:**

- **Renewing** Transitional Housing (TH) (both youth-serving and general-use),
- **Renewing** Permanent Supportive Housing (PSH),
- **Renewing** Rapid Rehousing (RRH),
- **New** PSH and,
- **New** RRH

In previous rounds, renewing and new projects submitted different applications. In 2016, new and renewing applications are being combined into a single project application with some questions needing to be answered differently by new or renewing applicants. For example, renewing applicants will be asked for “existing housing capacity” and new projects for “proposed housing capacity”. In cases where questions or point calculations differ between existing (renewal) and proposed (new) projects, the questions or instructions for proposed projects will be highlighted as they are here.

The CoC is not renewing Support Services Only grants not tied to permanent housing. It is inviting proposals for a new Support Services Only project for Coordinated Entry (CES). Please note new and renewing Homeless Management Information Systems (HMIS) projects and new Support Services Only for Coordinated Entry (SSO for CES) projects must submit different application forms available at the bidders’ conference and on the EveryOne Home website: www.everyonehome.org.

**Available Funds:** Alameda County’s currently approved Annual Renewal Demand (ARD) = $28,293,885. The CoC can submit renewing and reallocated projects for up to that amount plus an additional $1,414,694 for new permanent housing projects.

---

1 The ARD is still under negotiation with HUD regarding the Fair Market Rents (FMRs) used to calculate grant amounts. If Alameda County is successful in having the grants awarded at the higher FMR amount, the ARD will go up by over $4 million. Other calculations will increase as well. To be safe the CoC is budgeting using the lower/approved ARD and will adjust upward if need be.
The total funds requested from Alameda County cannot exceed the combined amounts of the ARD and the bonus funds, which currently = $29,708,579. The amount will be finalized by HUD on or after August 5, 2016.

**Eligible Applicants:**

Applicants for renewing grants must be listed as the current grant recipient on the CoC’s 2016 Grant Inventory Worksheet approved by HUD. Eligible projects for renewal must have an existing contract or expect to be under contract by 12/31/16 for funds awarded in a previous application round.

Eligible applicants for new projects to be funded by reallocated or bonus funds are nonprofit organizations, states, local governments, instrumentalities of state and local governments, and public housing agencies without limitation or exclusion (NOFA pg. 20) Applicants do not need to be current grantees in order to apply for reallocated or bonus funds. For profit entities are not eligible to apply.

**Projects that are not planning on renewing their CoC funding:**

Projects who find mainstream funders to cover project costs with resources that are a better fit, or projects that determine they are unlikely to receive the minimum score on their local application may elect not to submit an eligible project for renewal. Projects eligible to be renewed, but electing not to be included in the 2016 HUD application are being asked to indicate so by completing and submitting items a-d of the General Section of the application.

The funds for projects not electing to renew will be added to the pool of available funds for reallocation to new projects. The decision not to renew is permanent. Once eliminated from the package, the same project cannot reapply in subsequent years. Only new projects created by reallocated funds or bonus funds can get added to our package in future application rounds.

**Projects renewing for the first time that are not yet under contract, or which were not in operation for a full twelve months since 10/1/2014:**

Renewing projects without a year of operation and expenditures need only complete and submit items a-e of the General Section. They will receive the score awarded when they applied as a new project and be ranked according to that score.

**Voluntary reductions of grants:**

Projects that have consistently under spent may wish to consider reducing their renewal amounts. Question i. of the application has a space to indicate if the amount requested is less than the amount indicated on the Grant Inventory Worksheet (GIW) and by how much. Projects cannot request more than what is listed on the GIW.

**Reallocated and bonus funds available for new projects:**

Because no SSO projects not tied to Coordinated Entry or Permanent Housing will be submitted in 2016, **Alameda County CoC will have a minimum $1,038,171 available to be reallocated to fund new projects.** Additional funds may come available because projects reduce their renewal amount or elect not to submit. The CoC welcomes voluntary reallocation of HUD funds. Projects that can be funded using reallocated dollars include:
a. New permanent supportive housing (PSH) with all beds dedicated to chronically homeless individuals and families
b. New rapid rehousing (RRH) that will serve individuals and families coming directly from the streets or emergency shelters, and include persons fleeing domestic violence
c. New Supportive Services Only project for a centralized or coordinated entry system (CES)
d. New dedicated HMIS project that must be carried out by the HMIS Lead

The Continuum is inviting proposals of up to $1,000,000 for centralized or coordinated entry. Those projects will complete a different application, as will those for a new HMIS project. Those application types will not be covered by these instructions. If no qualified CES proposals are submitted, funds will be reallocated to fund new project types a, b, and d.

The Continuum is also eligible to apply for an estimated $1,414,694 million for permanent housing bonus projects. Bonus funds may only be used for project types a. and b. above.

Because any new permanent housing project can be funded using either bonus or reallocated funds, new permanent housing applications that are either PSH or RRH are strongly encouraged.

Submission Requirements:

All project types must submit their application via email to EveryOne Home at info@everyonehome.org, by 12:00 p.m. on Tuesday August 9, 2016. In addition to the completed local application form, applicants must include copies of the required back up documentation as a PDF. The file name for the attachment document should reflect the applicant and project names.

The items below are separated into categories, but can be submitted as a single PDF. All items below are required to be attached in order for applicants to receive full points on a given section of the application. There is a checklist included with the application which can be utilized to ensure that all relevant items are enclosed.

The required documents and instructions for their uses are described in greater detail in the sections below, and include:

1. HMIS Reports: Reports should be run for the federal fiscal year October 1, 2014 – September 30, 2015, not the calendar year. If the project has been operational for at least 12 months, but started after October 1, 2014 use the first 12 months of operation for the report date range (eg. Project started December 1, 2014 run a report for December 1, 2014 – November 30, 2014).
   a. The project’s InHouse Demographics Report for October 1, 2014 – September 30, 2015.
   e. Applicants proposing new projects can submit up to 3 APRs and data report cards from programs comparable as to what is being proposed. Reports should be from October 1, 2014 – September 30, 2015

2. Project management documents:
   e. Existing or Proposed program participant agreement; lease, and/or “House Rules”
   f. Existing or Proposed eligibility criteria and/or a housing application
   g. Existing or Proposed policy on basis for eviction or involuntary program termination
   h. Existing or Proposed grievance policy
Evidence of site control—this is required for any existing projects for which HUD is paying leasing, operating or rehabilitation cost on a building, both residential and service delivery sites. Without evidence of site control for renewal projects for whom the above is true, the project cannot be included in the package.

3. Grant and Fiscal Management documents
   j. Proof of submission of the last three APRs, including due date and date of submission
   k. Proof of LOCCS draws, including date of draw request, for the last two complete grant cycles.
   l. Applicants proposing new projects can include APRs and LOCCS draws for comparable projects.
   m. Most recent annual audit with Management Letter—must be from a fiscal year ending December 31, 2014 or later. Agencies not required to have an annual independent audit, must submit financial statements from the most recently ended fiscal year prepared according to Circular A-133 generally accepted accounting principles.
   n. Proof of 501c3 standing if applicable. Failure to provide standing (if applicable) can result in exclusion from the package.

Applicants responding to this RFP should be very familiar with the HUD NOFA issued June 28, 2016, and with the detailed guidance for completing new and renewing applications. Applicants are expected to know the eligible types of assistance, eligible populations, required match and other requirements from HUD. See: https://www.hudexchange.info/resources/documents/FY-2016-CoC-Program-NOFA.pdf for more information.

Projects must also complete a project application in e-snaps by close of business Thursday, August 18th, 2016. Any questions concerning e-snaps or that application process should be submitted to Riley Wilkerson at Riley.Wilkerson@acgov.org, at Alameda County Department of Housing and Community Development, who functions as the CoC Collaborative Applicant.

HUD Tiers, Project Scoring and Ranking:

As it has since the 2012 NOFA round, HUD requires CoCs to rank their projects in two tiers. Tier 1 projects are assured of funding, provided they meet HUD’s threshold. Tier 2 projects are at risk of not getting funded and must compete against all other Tier 2 projects nationally. HUD has also indicated that it is likely to have enough funds to cover every Continuum’s ARD amount. In the 2016 round, HUD has indicated that Tier 1 is 93% of the package. This is a substantially larger than in the 2015 round, and far fewer projects are expected to fall into Tier 2. Based on the currently approved ARD, the CoC’s tiers break out as follows:

<table>
<thead>
<tr>
<th>Tier</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>$26,313,313</td>
</tr>
<tr>
<td>Tier 2 ARD</td>
<td>$1,980,572</td>
</tr>
<tr>
<td>Bonus Amt.</td>
<td>$1,414,694</td>
</tr>
<tr>
<td>Total Tier 2</td>
<td>$3,395,266</td>
</tr>
<tr>
<td>Total Submission allowed</td>
<td>$29,708,579</td>
</tr>
</tbody>
</table>

HUD will fund Tier 2 projects after it has made funding awards to all Tier 1 projects nationally. This year, HUD will again rank all Tier 2 projects against all other Tier 2 projects nationwide. Projects will be scored on a 100-point scale based on the following from page 14 of the NOFA:

a. Up to 50 points in direct proportion to the score received on the CoC Application rounded to the nearest whole point. Based on Last year’s CoC score of 164 our Tier 2 projects would have received 41 points out of 50.

b. Up to 35 points based on where the project is ranked locally and the ratio of the cumulative funds requested by projects ranked above it. See the NOFA for a detailed description of the formula.
c. Up to 5 points for project type which could be submitted from our continuum
   i. 5 points for new and renewing PSH and RRH, HMIS, SSO for Centralized Entry System, and renewing TH for homeless youth
   ii. 3 points for renewing TH not for unaccompanied youth
   iii. 1 point for renewing SSO that is not for Coordinated Assessment

d. Up to 10 points for commitment to applying the Housing First model.

Tier 2s from Continuums with high scores on their CoC Application and with project types worth 5 points or more have the best chance of sustaining or increasing their ARD in this competition.

Locally, project applications will be scored on a 100 point scale in five categories:

1. Project Type = Up to 5 points
2. How Project Helps Address Local and HUD Priorities = Up to 25 points
3. Outcome Performance = 32 points
4. Grant Management = 25 points
5. Organization Capacity = 13 points

The scoring tool at the back of the application details how projects earn points in each category. Unlike past funding rounds, when renewals were automatically ranked above new projects, both new and renewing projects will be ranked together based on their application scores. In cases where questions or point calculations differ between existing (renewal) and proposed (new) projects, the questions or instructions for proposed projects will be highlighted as they are here. The application form and the scoring tool are tightly linked. As you prepare the application the scoring chart at the end of this local application can be detached and used alongside many of the sections in order to self-score.

Projects must score a minimum of 60 points to be assured inclusion in the application package. Projects scoring below that are subject to reallocation. Applicants are strongly encouraged to review the local application, and to self-score their project on the performance indicators as soon as possible in order to determine if they will meet the minimum score.

In addition to the total score projects receive, reviewers may use additional factors to break ties, adjust the final ranking in order to place the maximum dollars in Tier 1, include projects that score below 60 points, and/or meet other local objectives for a strong and balanced package that maximizes points for the entire Continuum. Factors that may be considered include:

- the geographic and population diversity of the projects included;
- the projected impact of the loss of any residential buildings on homeless people;
- the expiration date and amount of the grant

Download a Word version of this application from the EveryOne Home website at www.everyonehome.org.

Save your completed application as a PDF and attach to an email to info@everyonehome.org to submit as described on page 1.

For questions regarding the completion of the local application, please contact EveryOne Home at info@everyonehome.org. All questions received August 1, 2016 will be responded to in writing and posted to the EveryOne Home website.

All projects applications received by the deadline will be reviewed and applicants will be notified by August 30, 2016 of their score, their ranking and whether they are being included in the Consolidated Application.
ALAMEDA COUNTY CONTINUUM OF CARE LOCAL HOUSING PROJECTS APPLICATION  
(Updated 7/21/16)

GENERAL SECTION

a. Project Name: ____________________________

b. Applicant Name: ____________________________

c. □ This project is not submitting a request for HUD CoC funding in 2016.

d. Please list name and title of person authorized to submit this application or withdraw it from consideration:

If item c. was checked above, STOP. You are finished. Make a PDF of this page, and send it to EveryOne Home at info@everyonehome.org.

e. Is this a new or renewing project? □ New □ Renewing  (If renewing, please complete this section.)

Has this project been in operation since 10/1/2014? □ Yes □ No.

If yes, then all reports submitted in this application should reflect a time period of 10/1/14 -9/30/15.

If no, did this project start operations after 10/1/2014? □ Yes □ No

If yes, does this project have at least one year of program data? □ Yes □ No

If yes, all reports attached to this application should be run from the start date to 12 months later.

Indicate program start date ____________________________

If no, and the program has less than one program year of data or is not yet under contract, but will be by 12/31/16, STOP. Your application is complete. Make a PDF of this page, and send it to EveryOne Home at info@everyonehome.org. You will still need to complete all required elements of e-snaps. You will receive the score your application earned when it was first submitted.

Checklist of required documentation for all projects submitting an application:

HMIS Reports:

☐ Demographics Report (10/1/14 - 9/30/15)
☐ APR from HMIS (10/1/14 – 9/30/15)
☐ Data Completeness Report Card (10/1/14 – 9/30/15)
☐ System Performance Management (10/1/2014 – 9/30/2015)

Applicants proposing new projects can submit up to 3 APRs and data report cards from programs comparable to what is being proposed. (10/1/2014 – 9/30/2015)
Project Management:
- Existing or proposed program participant agreement; lease and/or “House Rules”
- Existing or proposed eligibility criteria and/or a housing application
- Existing or proposed policy on basis for eviction or involuntary program termination
- Existing or proposed grievance policy
- Evidence of site control / N/A

Quality Assurance / Grant Management:
- Proof of submission of the last three APRs, including due date and date of submission
- Proof of LOCCS draws, including date of draw request, for the last two complete grant cycles. (click here for instructions)
- Most recent annual independent audit with Management Letter or financial statement if audit not required — must be from a fiscal year ending December 31, 2014 or later
- Proof of 501c3 non-profit status / N/A
- Applicants proposing new projects can submit proof of timely APRs and LOCCS draws on comparable HUD grants or other similar documentation for other federal grants.

f. For both renewing and newly proposed projects, please provide the General Description of your project. For new projects, identify sub-grantees, their role in the project, and the history of collaboration between proposed partners.

[Blank space for description]

g. Does this project include one or more buildings (housing or service site) that is owned or long-term leased by the grantee or a sub recipient? If so, please describe the options for the building(s) if this project were not renewed. Applicants must include proof of site control in the form of a lease, title, or other documentation.

[Blank space for description]

h. Is this project classified as Rental Assistance?
- Yes
- No

i. Amount of application: $枠
   Does this amount match what is listed in the GIW? Yes  No  N/A this is a new project
   If no what is the amount by which the request is being reduced?: $枠

j. End date of current HUD grant:

k. If renewing for a lower amount, please describe how the project will continue to be able to meet its program outcomes and performance targets:
I. Mainstream Resources: Please describe how this project systematically assists homeless persons to identify and apply for mainstream benefits with other federal agency program such as TANF, Medicaid, Food Stamps, SCHIP, WIC, etc. New projects should use the space below to outline how the proposed project will assist homeless persons with those elements above.

1. PRIMARY ACTIVITY TYPE (5 points):

- [ ] PSH
- [ ] RRH
- [ ] General TH
- [ ] Transition Aged Youth Serving TH

Renewing and new HMIS projects and SSO tied to CES must complete different application forms, available on the EveryOne Home website.

2. HUD PRIORITIES (25 points):

a. Target Populations and Severity of Need (up to 10 points)

i. Ending Chronic Homelessness: If project is Permanent Supportive Housing or Services tied to Permanent Supportive Housing how does it serve chronically homeless individuals and families?

- [ ] Existing project that serves 100%, all units in project are dedicated to the chronically homeless
- [ ] Proposed PSH project for 100% chronically homeless households from Home Stretch registry

- [ ] Not all units are dedicated, but by policy and practice a portion of turnover units are prioritized to chronically homeless: [ ] 100% [ ] 85%

Is this policy:

- [ ] In place and operational
- [ ] In place and will be operationalized within 6 months
- [ ] Under consideration

What percent of clients served in the last year were chronically homeless? [ ]

(Must be verifiable in attached HMIS demographics report from 10/1/2014 - 9/30/2015)

- [ ] N/A, this is not a PSH project and/or this is not a specific target population for this project.

ii. Rapidly Rehousing Families:

- [ ] Existing Rapid Rehousing for Families? [ ] Yes [ ] No
- [ ] Is this project proposing RRH for families and/or individuals? [ ] Yes [ ] No
iii. **Youth (individuals and families with TAY as head of household):**

- 50% or more of heads of household are TAY

  If yes, what percentage of clients were TAY? Must be verified by attached Demographics Report from 10/1/2014 - 9/30/2015

iv. **Veterans**

- 50% or more of heads of household are Veterans

  What percentage of clients were Veterans? Must be verified by attached Demographics Report from 10/1/2014 - 9/30/2015

v. **Those coming directly from the streets:**

- 50% or more of those served entered the program directly from the streets

  What percentage of clients entered directly from the streets? Must be verified by attached Demographics Report from 10/1/2014 - 9/30/2015

vi. **Domestic Violence or human trafficking:**

- 50% or more of heads of household are fleeing Domestic Violence or human trafficking

  What percentage of clients were survivors of domestic violence? Must be verified by attached Demographics Report from 10/1/2014 - 9/30/2015

b. **Utilizing a Housing First Approach (up to 10 points)**

HUD defines Housing First as; “a model of housing assistance that is offered without preconditions (such as sobriety or a minimum income threshold) or service participation requirements and rapid placement and stabilization in permanent housing are primary goals.” For both new and proposed projects, please describe how the project employs or will employ a Housing First approach. These principles can be applied to TH projects as well as PH and all projects can earn points for this narrative. To receive full points, applicants will have attached the full list of backup documentation as described on page one and cite, in the narrative below, from those documents which support their claims to being in compliance with the Housing First philosophy. For proposed projects, please include backup documentation as indicated for a comparable project.

*All projects are required to submit the materials indicated under Project Management Materials on page one as backup documentation* to score full points on this section.
c. **Cost Effectiveness (up to 5 points)**

Actual Cost per year of housing retention or cost per permanent housing exit for existing projects.

*Projects should note that for scoring, they will only be compared to the average of their sector (TH will only be compared to the average for TH, etc.)*

- Number of households who exited to permanent housing in 2015
- Number of households who retained permanent housing in 2015

Total project budget (HUD dollars + match) = $\text{ } / \text{Total # of households from i. or ii. above} = \text{cost per outcome}

Cost per year of housing retention or cost per permanent housing exit for proposed new projects based on proposed project budget.

*Projects should note that for scoring, they will only be compared to the average of their sector (TH will only be compared to the average for TH, etc.)*

- Proposed number of households who will exit to Permanent Housing
- Proposed number of households who will retain Permanent Housing

Total project budget = $\text{ } / \text{Total # of proposed households from i. or ii. above} = \text{projected cost per outcome}

3. **PERFORMANCE OUTCOMES (32 Points):**

The following section is related to project performance on local and HUD required outcomes. Please read the instructions carefully. Renewal projects should complete Tables 1, 2, or 3, depending on project type. New projects should complete tables 4 or 5 depending on project type. Proposed projects may submit up to three (3) APRs from comparable projects. If your project started on or before 10/1/2014, you must attach a copy of your APR for 10/1/2014 – 9/30/2015. If your project has a start date later than 10/1/2014 and has one full year of program data, please run your APR from your start date to 12 months later.

**INSTRUCTIONS**

**Outcome A: Housing (up to 10 points)**

**PSH:** Permanent Supportive Housing Projects must produce the Housing Retention information from 10/1/2014 -9/30/2015 (see notes above for projects with a different start date) APR, Question 27. Using the formula below and the sample table identifying each cell value, calculate the 12 month retention rate.
### 27. Length of Participation by Exit Status

#### Length of Participation by Exit Status

<table>
<thead>
<tr>
<th>Number of Persons</th>
<th>Total</th>
<th>Leavers</th>
<th>Stayers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 30 days</td>
<td>A</td>
<td></td>
<td>H</td>
</tr>
<tr>
<td>31 to 60 days</td>
<td>B</td>
<td></td>
<td>I</td>
</tr>
<tr>
<td>61 to 180 days</td>
<td>C</td>
<td></td>
<td>J</td>
</tr>
<tr>
<td>181 to 365 days</td>
<td>D</td>
<td></td>
<td>K</td>
</tr>
<tr>
<td>366 to 730 days (1-2 Yrs)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>731 to 1095 days (2-3 Yrs)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1096 to 1460 days (3-4 Yrs)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1461 to 1825 days (4-5 Yrs)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than 1825 Days (&gt;5 Yrs)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information Missing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>G</td>
<td></td>
<td>P</td>
</tr>
</tbody>
</table>

**Housing Retention > 12 months:** \((P - H - I - J-K + G) - (A - B - C - D) / (P - H - I - J-K + G)\) = % of persons retaining permanent housing for 12 months or more.
RRH, general TH, and youth-serving Transitional Housing: Rapid Re-housing, general Transitional Housing, and youth-serving Transitional Housing must produce the Obtaining Permanent Housing information from the APR, Question 29a1 and 29a2, and Question seven (7). If your project started on or before 10/1/2014, you must attach a copy of your APR for 10/1/2014 – 9/30/2015. If your project has a start date later than 10/1/2014 and one full year or program data, please run your APR from your start date to 12 months later. Using the formula below and the sample tables identifying each cell value, calculate obtaining permanent housing rate.

29a1. Destination by Household Type and Length of Stay (All Leavers who Stayed More than 90 Days)
Number of Leavers in Households

<table>
<thead>
<tr>
<th>Permanent Destinations</th>
<th>Total</th>
<th>Without Children</th>
<th>With Children and Adults</th>
<th>With Only Children</th>
<th>Unknown HH Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owned by Client, no Ongoing Subsidy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owned by Client, with Ongoing Subsidy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental by Client, no Ongoing subsidy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental by Client, with VASH Subsidy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental by Client, with other Ongoing Subsidy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSH for Homeless Persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living with Family, Permanent Tenure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living with Friends, Permanent Tenure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>A</strong></td>
</tr>
</tbody>
</table>

29a2. Destination by Household Type and Length of Stay (All Leavers who Stayed 90 Days or Less)
Number of Leavers in Households

<table>
<thead>
<tr>
<th>Permanent Destinations</th>
<th>Total</th>
<th>Without Children</th>
<th>With Children and Adults</th>
<th>With Only Children</th>
<th>Unknown HH Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owned by Client, no Ongoing Subsidy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owned by Client, with Ongoing Subsidy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental by Client, no Ongoing subsidy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental by Client, with VASH Subsidy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental by Client, with other Ongoing Subsidy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSH for Homeless Persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living with Family, Permanent Tenure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living with Friends, Permanent Tenure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>B</strong></td>
</tr>
</tbody>
</table>

7. HMIS or Comparable Database Data Quality

| Total number of records for All Clients         |       |                  |                          |                   |                 |
| Total number of records for Adults Only        |       |                  |                          |                   |                 |
| Total number of records for Unaccompanied Youth|       |                  |                          |                   |                 |
| Total number of records for Leavers            |       |                  |                          |                   | **C**           |

Obtaining Permanent Housing: \((A + B) / C\) = % of persons obtaining permanent housing
**Outcome B: Income (up to 7 pts)**

**PSH, RRH, general TH, and transition aged youth-serving Transitional Housing:** For PSH and general Transitional Housing the Income Outcome measure is Adult Stayers and Leavers Who Maintain or Increase Income. For Rapid Re-Housing and transition aged youth-serving TH, the Income Outcome measure is Adult Stayers and Leavers Who Increase Income. Use the APR, Question 24b1 and 24b2. If your project started on or before 10/1/2014, you must attach a copy of your APR for 10/1/2014 – 9/30/2015. If your project has a start date later than 10/1/2014 and one full year or program data, please run your APR from your start date to 12 months later. Using the formula below and the sample tables, identify each cell value to calculate the percentage of adults who obtained or maintained earned income.

**24b1. Income Change by Income Category – Adult Stayers**

<table>
<thead>
<tr>
<th>24.b.1 Income Change by Income Category (Universe: Adult Stayers with Income Info at Entry and Follow-up)</th>
<th>Had Income Category at Entry and Not at Follow-up</th>
<th>Retained Income Category but Had Less $ at Follow-up</th>
<th>Retained Income Category and Same $ at Follow-up</th>
<th>Retained Income Category and Increased $ at Follow-up</th>
<th>Did not Have Income Category at Entry or at Exit</th>
<th>Did not Have the Income Category at Entry or at Exit and Gained it at Exit</th>
<th>Total Adults (Including Those with no Income)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults with Earned Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avg. Change in Earned Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults with Other Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avg. Change in Other Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults Any Income</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avg. Change in Overall Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**24b2. Income Change by Income Category – Adult Leavers**

<table>
<thead>
<tr>
<th>24.b.1 Income Change by Income Category (Universe: Adult Stayers with Income Info at Entry and Follow-up)</th>
<th>Had Income Category at Entry and Not at Exit</th>
<th>Retained Income Category but Had Less $ at Exit</th>
<th>Retained Income Category and Same $ at Exit</th>
<th>Retained Income Category and Increased $ at Exit</th>
<th>Did not Have Income Category at Entry or at Exit</th>
<th>Did not Have the Income Category at Entry or at Exit and Gained it at Exit</th>
<th>Total Adults (Including Those with no Income)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults with Earned Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avg. Change in Earned Income</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults with Other Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avg. Change in Other Income</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults Any Income</td>
<td>E</td>
<td>F</td>
<td>G</td>
<td>H</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avg. Change in Overall Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PSH and general TH** use the following formula:
Adults Who Maintained or Increased Income: \((A+B+C+E+F+G)/(D+H)\) = % of adult stayers and leavers who maintained or increased income

**RRH and TAY serving TH** use the following formula:
Adults Who Increased Income: \((B+C+F+G)/(D+H)\) = % of adult stayers and leavers who increased income

### Outcome C: Benefits (up to 7 points)

All project types: produce the Access to Mainstream Benefits information from the APR, Questions 26a2 and 26b2. If your project started on or before 10/1/2014, you must attach a copy of your APR for 10/1/2014 – 9/30/2015. If your project has a start date later than 10/1/2014 and one full year or program data, please run your APR from your start date to 12 months later. Calculate use of mainstream benefits as follows.

#### 26a2. Non-Cash Benefits by Exit Status - Leavers

Client Non-Cash Benefits by Exit Status  
Number of Non-Cash Benefits by Number of Persons - Leavers

<table>
<thead>
<tr>
<th>Source Description</th>
<th>Total</th>
<th>Adults</th>
<th>Children</th>
<th>Age Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1+ Source(s)</td>
<td></td>
<td></td>
<td></td>
<td>B</td>
</tr>
<tr>
<td>Don't Know / Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missing this Information</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
<td>E</td>
</tr>
</tbody>
</table>

#### 26b2. Number of Non-Cash Benefit Sources - Stayers

Client Non-Cash Benefits by Exit Status  
Number of Non-Cash Benefits by Number of Persons - Stayers

<table>
<thead>
<tr>
<th>Source Description</th>
<th>Total</th>
<th>Adults</th>
<th>Children</th>
<th>Age Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1+ Source(s)</td>
<td></td>
<td></td>
<td></td>
<td>G</td>
</tr>
<tr>
<td>Don't Know / Refused</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missing this Information</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
<td>J</td>
</tr>
</tbody>
</table>

All project types: use formula below to calculate this outcome

Adults Who Obtain or Maintain Non-Cash Mainstream Benefits: \((B + G) / (E + J)\) = % of adults with non-cash mainstream benefits
Outcome D: Varied
- PSH: Exits to Homelessness
- RRH / TAY serving TH: Returns to Homelessness (click here for instructions)
- General-use TH: Length of Stay (click here for instructions)

Please use the charts and formulas below for your project type. Regardless of project type, if your project started on or before 10/1/2014, you must attach a copy of your APR for 10/1/2014 – 9/30/2015. If your project has a start date later than 10/1/2014 and one full year or program data, please run your APR from your start date to 12 months later.

**Permanent Supportive Housing**

### 7. HMIS or Comparable Database Data Quality

<table>
<thead>
<tr>
<th>Total number of records for All Clients</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of records for Adults Only</td>
<td></td>
</tr>
<tr>
<td>Total number of records for Unaccompanied Youth</td>
<td></td>
</tr>
<tr>
<td>Total number of records for Leavers</td>
<td></td>
</tr>
</tbody>
</table>

Permanent Supportive Housing projects should use the formula below to calculate the percentage of

**29a1. Destination by Household Type and Length of Stay (All Leavers who Stayed More than 90 Days)**

```
Number of Leavers in Households
```

<table>
<thead>
<tr>
<th>Temporary Destinations</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter</td>
<td></td>
</tr>
<tr>
<td>TH for Homeless Persons</td>
<td>B</td>
</tr>
<tr>
<td>Staying with Family, Temporary Tenure</td>
<td></td>
</tr>
<tr>
<td>Staying with Friends, Temporary Tenure</td>
<td></td>
</tr>
<tr>
<td>Place Not Meant for Human Habitation</td>
<td>C</td>
</tr>
<tr>
<td>Safe Haven</td>
<td>D</td>
</tr>
<tr>
<td>Hotel or Motel, Paid by Client</td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td></td>
</tr>
</tbody>
</table>

**29a2. Destination by Household Type and Length of Stay (All Leavers who Stayed 90 Days or Less)**

```
Number of Leavers in Households
```

<table>
<thead>
<tr>
<th>Temporary Destinations</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter</td>
<td></td>
</tr>
<tr>
<td>TH for Homeless Persons</td>
<td>F</td>
</tr>
<tr>
<td>Staying with Family, Temporary Tenure</td>
<td></td>
</tr>
<tr>
<td>Staying with Friends, Temporary Tenure</td>
<td></td>
</tr>
<tr>
<td>Place Not Meant for Human Habitation</td>
<td>G</td>
</tr>
<tr>
<td>Safe Haven</td>
<td>H</td>
</tr>
<tr>
<td>Hotel or Motel, Paid by Client</td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td></td>
</tr>
</tbody>
</table>
persons exiting to homelessness.

Exits to Homelessness: \((A + B + C + D) + (E + F + G + H) / I\) = % of persons who exit to homelessness

### Rapid Rehousing and TAY-serving Transitional Housing (click here for instructions):

<table>
<thead>
<tr>
<th>Exit was from SO</th>
<th>Exit was from ES</th>
<th>Exit was from TH</th>
<th>Exit was from SH</th>
<th>Exit was from PH</th>
<th>TOTAL Returns to Homelessness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(A)</td>
<td></td>
<td>(B)</td>
<td></td>
</tr>
<tr>
<td># of Returns</td>
<td>% of Returns</td>
<td># of Returns</td>
<td>% of Returns</td>
<td># of Returns</td>
<td># of Returns</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Rapid Rehousing use the formula below to calculate the percentage of persons returning to homelessness within two years from a RRH program:

Returns to Homelessness in two years: \(D/B\) = % of persons who return to homelessness within two years

TAY Serving Transitional Housing use the formula below to determine the % of people returning to homelessness from TH within two years:

Returns to homelessness in two years from TH: \(C/A\) = % of persons returning to homelessness within two years.
**General-Use Transitional Housing** (click here for instructions):

<table>
<thead>
<tr>
<th>Universe (Persons)</th>
<th>Average LOT homeless (bed nights)</th>
<th>Median LOT Homeless (bed nights)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Previous FY</td>
<td>Current FY</td>
</tr>
<tr>
<td>1.1 Persons in ES and SH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2 Persons in ES, SH, and TH</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

General use Transitional Housing indicate the number in the yellow-shaded box above to show the average number of bed nights in your project for this fiscal year. Please round up to the nearest whole number.

Renewal projects should complete Tables 1, 2, or 3, depending on project type. New projects should complete tables 4 or 5 depending on project type. Proposed projects may submit up to three (3) APRs from comparable projects.

### 1. Permanent Supportive Housing

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Use APR for Outcomes A-D</th>
<th>Benchmark</th>
<th>Self Score: Please see scoring sheet for score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. People Retaining permanent housing &gt; 12 months</td>
<td></td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td>B. Adults stayers and leavers who maintain or increase income</td>
<td></td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>C. Adults obtaining or maintaining non-cash mainstream benefits</td>
<td></td>
<td>56%</td>
<td></td>
</tr>
<tr>
<td>D. % of person who exited to homelessness</td>
<td></td>
<td>&lt;10%</td>
<td></td>
</tr>
</tbody>
</table>
### 2. Rapid Re-Housing and Transition Aged Youth-Serving TH

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Use APR for Outcomes A-D</th>
<th>Benchmark</th>
<th>Self Score: Please see scoring sheet for score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. People Who Obtain Permanent Housing</td>
<td></td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>B. Adult Stayers and Leavers Who Increase Income</td>
<td></td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>C. Adults obtaining or maintaining non-cash mainstream benefits</td>
<td></td>
<td>56%</td>
<td></td>
</tr>
<tr>
<td>D. Returns to Homelessness</td>
<td></td>
<td>&lt;10%</td>
<td></td>
</tr>
</tbody>
</table>

### 3. General Use Transitional Housing

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>APR for Outcomes A-D</th>
<th>Benchmark</th>
<th>Self Score: Please see scoring sheet for score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. People Who Obtain Permanent Housing</td>
<td></td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>B. Adults Stayers and Leavers Who Maintained or Increased Income</td>
<td></td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>C. Adults obtaining or maintaining non-cash mainstream benefits</td>
<td></td>
<td>56%</td>
<td></td>
</tr>
<tr>
<td>D. Average Length of Stay in Program</td>
<td></td>
<td>Average LOS &lt;180 days</td>
<td></td>
</tr>
</tbody>
</table>
### 4. Proposed Permanent Supportive Housing

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Benchmark</th>
<th>APR #1 date range:</th>
<th>APR #2 date range:</th>
<th>APR #3 date range:</th>
<th>Self Score: Please see scoring sheet for score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>E. People Retaining permanent housing &gt; 12 months</strong></td>
<td>90%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>F. Adults Stayers and Leavers Who Maintained or Increased Income</strong></td>
<td>50%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>G. Adults obtaining or maintaining non-cash mainstream benefits</strong></td>
<td>56%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>H. % of person who exited to homelessness</strong></td>
<td>&lt;10%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 5. Proposed Rapid Rehousing / Permanent Supportive Housing

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Benchmark</th>
<th>APR #1 date range:</th>
<th>APR #2 date range:</th>
<th>APR #3 date range:</th>
<th>Self Score: Please see scoring sheet for score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>People who obtain permanent housing</strong></td>
<td>80%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>I. Adult stayers and leavers who increase income</strong></td>
<td>50%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>J. Adults obtaining or maintaining non-cash mainstream benefits</strong></td>
<td>56%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>K. Returns to Homelessness</strong></td>
<td>&lt;10%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. GRANT MANAGEMENT (25 Points)

a. Spending (up to 5 points):

HUD and Congress have both emphasized the importance of spending all allocated grant funds each contract year.

i. All applicants must complete this chart, even if the project had no funds remaining in the most recent grant year.

<table>
<thead>
<tr>
<th>Unspent funds</th>
<th>Dates of grant year</th>
<th>Amount of Total Grant awarded</th>
<th>Amount unspent and returned</th>
<th>% of grant award unspent (Amount unspent / Amount of Total Grant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most recently completed grant year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 years previous</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ii. Please explain any unspent grant funds in the most recent program year. Narratives with detailed explanation and strategies to reduce under-spending will be awarded more points.

iii. If in the most recent program year, and at least one other year in the last three, under-spent funds exceeded 5% or more of the grant, please provide additional detail on unspent funds in earlier years. Explain both patterns and one-time occurrences leading to this result. Describe what steps have been taken to increase expenditures in the current and coming years. Narratives with detailed explanation and strategies to reduce under-spending will be awarded more points. (limit 250 words)

b. Reports and Invoicing (up to 10 pts)

i. Timely Submission of APRs:
  Proof of timely submissions can be demonstrated via e-snaps as indicated in the screen shot below.

   End date of Grant

   Due date of APR
Submission dates of APR:

<table>
<thead>
<tr>
<th>Most Recent Year</th>
<th>Prior Year</th>
<th>Two years Prior</th>
</tr>
</thead>
</table>

Submissions must include all columns presented below. Proposed projects may submit proof of timeley submission of APRs for a comparable program and/or other federal grants and progress reports.

<table>
<thead>
<tr>
<th>Funding Opportunity Name</th>
<th>Start Date</th>
<th>End Date</th>
<th>Associate Type</th>
<th>Version</th>
<th>Date Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC Full Annual Performance Report</td>
<td>Jul 10, 2010</td>
<td>Jun 1, 2020</td>
<td>Primary Applicant</td>
<td>1</td>
<td>Jan 8, 2013 8:49:36 PM</td>
</tr>
<tr>
<td>CoC Full Annual Performance Report</td>
<td>Jul 10, 2010</td>
<td>Jun 1, 2020</td>
<td>Primary Applicant</td>
<td>2</td>
<td>Sep 18, 2015 6:45:23 PM</td>
</tr>
<tr>
<td>CoC Full Annual Performance Report</td>
<td>Jul 10, 2010</td>
<td>Jun 1, 2020</td>
<td>Primary Applicant</td>
<td>2</td>
<td>Oct 18, 2011 5:26:05 PM</td>
</tr>
<tr>
<td>CoC Full Annual Performance Report</td>
<td>Jul 10, 2010</td>
<td>Jun 1, 2020</td>
<td>Primary Applicant</td>
<td>1</td>
<td>Mar 11, 2015 2:10:14 PM</td>
</tr>
</tbody>
</table>

ii. Timely Draw Downs from LOCCS
Proof of timely draw downs can be demonstrated via LOCCS, as indicated in the screen shot below  (click here for instructions)

Grant year from to

Dates of draw requests from last two grant cycles
Submissions must include all columns as presented below. Proposed projects may submit proof of timely drawdowns for a comparable program or other federal grants and progress reports.

c. Proof of Eligibility (up to 5 points):

Describe the project’s eligibility criteria, and policy and procedures for documentation and verification of client eligibility. New projects can describe the proposed eligibility criteria, policies, and procedures.

d. Capacity and Utilization (up to 5 points):

Renewing projects should submit the information below, verifiable by their program APR. Proposed projects should submit the information below, verifiable by APR, for a comparable program.

Number of Units in project: [ ] or [ ] Not applicable

Point in Time Capacity: Persons served at a point in time [ ]
Households served at a point in time [ ]

Annual Capacity: Persons served in a year [ ]
Households served in a year [ ]

Utilization Rate = # of Households served in the program year / annual capacity = [ ]
5. ORGANIZATIONAL CAPACITY (13 points)

a. HMIS Data Quality (up to 2 points)

Please run a copy of the Data Completeness Report Card, Report 0252 (EE v.15) for 10/1/2014 - 9/30/2015. If your project started on or before 10/1/2014, you must attach a copy of your APR for 10/1/2014 – 9/30/2015. If your project has a start date later than 10/1/2014 and one full year or program data, please run your APR from your start date to 12 months later. Proposed projects please submit a Data Quality report card from a comparable project. For non-HMIS using entities, a Data Quality report card from a comparable database is required. For report prompt ‘Include Services in Report Card’, select ‘no’.

Attach a copy of the Tab B “Overall Report Card” page only, as a PDF. Before utilizing the formula below, remember to convert your percentages to numerical scores. Please use the screenshot of the chart below to complete the equation:
To find the average score for your project:

\[
\frac{(A + B + C + D + E + F + G + H + I + J + K + L + M + N)}{14} = \% \text{ that will serve as the project grade for the Data Completeness Report Card.}
\]

Insert your average percentage here:  \(\%\) (from the equation above)

The Data Completeness Report Card can be found here in the InHOUSE HMIS Reporting:
b. Fiscal Management (up to 4 points)

Does this project or the applicant agency have any of the following issues: 1) Any audit or monitoring findings from any HUD source (these could include, but are not limited to: ESG, HOPWA, HOME, CDBG as well as CoC funding) that have not been satisfactorily resolved; 2) A current outstanding obligation to HUD which is in arrears or for which a payment schedule has not been agreed upon; 3) Audit findings from your Annual Independent Audit that have not been resolved?

☐ No  ☐ Yes

If yes, explain status of issues:

Attach a copy of the direct grantee’s most recent Annual Independent Audit / Financial Statement from no earlier than 12/31/2014. Audits from sub-grantees are not required. Applicants who are able to provide a link to an on-line version of your audit may do so for ease of submission by including the link in your cover email. All other applicants please submit your documents in PDF form attached to your submission email. Explain if the audit is not for the most recently finished fiscal year. All applicants must include a copy of their Annual Independent Audit regardless of answer to any of the questions in this section.
c. Quality Assurance Narrative (up to 7 points)

*Narrative:* Please use the space below to describe policies, procedures and actions the project and its sponsor take to ensure continuous quality improvement. How does the agency stay abreast of and implement best practices in the field? How is quality of service, consumer satisfaction and program performance assessed and maintained? Please address how data is used in planning and program management as well as how often it is updated and data quality reports run and errors corrected. How is staff trained and managed to ensure high quality of care? New projects may respond to this question with examples from comparable programs and projected quality assurance policies for the proposed project.
## Points for Rating and Ranking of Renewal Projects and Self Score Chart

Total points available = 100

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Primary Activity type – 5 Points maximum</td>
<td></td>
</tr>
<tr>
<td>- Existing Permanent Housing (PH), RRH, Youth-Serving TH = 5 Points</td>
<td></td>
</tr>
<tr>
<td>- Proposed new permanent (PSH and RRH) = 3 Points</td>
<td></td>
</tr>
<tr>
<td>- General use (non-youth serving) Transitional Housing = 3 Points</td>
<td></td>
</tr>
</tbody>
</table>

<p>| <strong>2</strong> How Project helps address Local and HUD Priorities = 25 Points maximum |
| 2.a Target populations and severity of need = (up to 10 points)            |
| Check any boxes that are true and can be verified by back up documentation. Project will receive the score from the highest single point value that can be verified, section is not cumulative. |
| - Provides PSH to 100% of chronically homeless households as evidenced by contract language or demographics report and a written agreement to utilize the Home Stretch prioritized by-name Registry = 10 Points |
| - Proposes to provide PSH to 100% of chronically homeless households as evidenced by a written agreement to utilize the Home Stretch prioritized by-name Registry = 8 Points |
| - Provides PSH and fills 100% of turnover with chronically homeless households as evidenced by contract language, demographics report and a written agreement to utilize the Home Stretch prioritized by-name Registry = 8 Points |
| - Provides PSH and has committed to fill 85% of turnover to chronically homeless as evidenced by contract language, demographics report and a written agreement to utilize the Home Stretch prioritized by-name Registry = 6 Points |
| - Provides Rapid Rehousing to families as evidenced by contract language and APRs = 8 Points |
| - Proposes Rapid Rehousing for families or individuals = 6 Points         |
| - Project currently serves transition aged youth as evidenced by contract language and APR showing 80% plus of head of household in this category = 6 Points |
| - Project currently serves transition aged youth as evidenced by contract language and APR showing 50% plus of head of household in this category = 3 Points |
| - Project currently serves veterans as evidenced by contract language and APR showing 80% plus of head of household in this category = 6 Points |
| - Project currently serves veterans as evidenced by contract language and APR showing 50% plus of head of household in this category = 3 Points |
| - APR demonstrates that 75% or more of participants entered project from the streets or other places not meant for human habitation = 8 Points |
| - APR demonstrates that 50% or more of participants entered project from the streets or other places not meant for human habitation = 4 Points |
| - APR demonstrates that 75% or more of participants are fleeing domestic violence and/or human trafficking = 6 Points |
| - APR demonstrates that 50% or more of participants are fleeing domestic violence and/or human trafficking = 3 Points |</p>
<table>
<thead>
<tr>
<th>Section</th>
<th>Points</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.b Housing First and Low Barrier</td>
<td>10</td>
<td>Without requested program documents attached, the highest available score is 3, for narrative. All applicable boxes can be checked and points will be cumulative up to 10 points for this section.</td>
</tr>
<tr>
<td>2.c Cost Effectiveness</td>
<td>5</td>
<td>Average annual per unit/slot is 25% or more below system average = 5 pts</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Average annual per unit/slot is 1-25% or more below system average = 3 pts</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Average annual per unit/slot is at system average = 2 pts</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Average annual per unit/slot is higher than system average = 0 pts</td>
</tr>
<tr>
<td>Outcome Performance</td>
<td>32</td>
<td>See Sector Specific Benchmarks and Self Scoring Charts on the following pages.</td>
</tr>
<tr>
<td>4</td>
<td>Grant Management: Section worth up to 25 points maximum</td>
<td></td>
</tr>
<tr>
<td>4.a Spending</td>
<td>5</td>
<td>Existing project had no unexpended funds in the last grant year. = 5 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Proposed project applicant has a record of fully expending comparable grants = 5 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Proposed project applicant has a record of expending 95% of rental assistance grants in comparable projects = 3 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Existing project had unexpended funds in the last grant year of greater than 5% of grant amount and is voluntarily reducing grant to expended amount = 5 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Existing project had unexpended funds in the last grant year and has provided a reasonable explanation (as determined by application scorers) = up to 5 Points—Narratives with detailed explanation and strategies to reduce under-spending will be awarded more points.</td>
</tr>
<tr>
<td>4.b Reports and Invoicing</td>
<td>8</td>
<td>Project provided evidence of on time submission of APRs and quarterly LOCCS draws for the last three grant cycles or for as long as the project has operated if less than three years old = 8 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Proposed projects can provide evidence through three (3) maximum APRs and quarterly LOCCS draws for the last three grant cycles for a comparable program, = 8 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Project provided evidence of on-time submission of APRs and quarterly LOCCS draws for the last three grant cycles for a comparable program, = 8 Points</td>
</tr>
<tr>
<td>4.c Proof of Eligibility</td>
<td>5</td>
<td>Narrative for existing and proposed project describes adequate procedures for determining and document participant eligibility; narratives for both project types</td>
</tr>
</tbody>
</table>
| 4.d Utilization = 5 points maximum (question h in application) | ☐ The project was fully utilized during the program year = 5 pts.  
☐ The existing project was utilized to 90% during the program year. Proposed projects who were fully utilized during the program year in a comparable program = 4 pts.  
☐ The project was utilized to 80% during the program year = 2 pts.  
☐ The project was utilized at less than 80% for the program year = 0 pts. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Organizational Capacity = 13 points maximum for entire section</td>
<td></td>
</tr>
</tbody>
</table>
| 5.a HMIS: Data Completeness Report Card = 2 Points maximum | ☐ Exiting project’s data quality score is greater than or equal to 95%. Proposed projects have a data quality score greater than or equal to 95% for a comparable program = 2 Points  
☐ Greater than or equal to 90% and below 95% = 1 Point  
☐ Below 90% = 0 Points |
| 5.b Fiscal Management = 4 points maximum | ☐ Existing and proposed projects provided the most recent annual independent audit (or financial statement if audit is not required) from no earlier than FYE ending December 31, 2014, that shows no findings or areas of concern in the management letter = up to 4 pts. |
| 5.c Quality Assurance = 7 Points maximum | ☐ Existing or proposed project will be scored a maximum of 7 points for their quality assurance narrative. |
## 2016 Scoring for Outcome Measures, by Sector

### 1. Permanent Supportive Housing

<table>
<thead>
<tr>
<th>Measure</th>
<th>Benchmark</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Retains and/or exits to other Permanent Housing &gt; 12 months</td>
<td>95%</td>
</tr>
</tbody>
</table>
- Meets or exceeds local benchmark in an existing project = **10 Points**  
- Proposes to meet or exceed local benchmark in a new project and has demonstrated capacity from similar projects = **9 Points**  
- Is within 5 percentage points of the local benchmark in existing project = **8 Points**  
- Is within 10 percentage points of the local benchmark within an existing project = **4 Points**  
- Is > 10 percentage points below the local benchmark = **0 Points**  
- Project proposes outcomes that do not meet local benchmark and/or evidence from prior projects indicates that applicant cannot meet local benchmark = **0 Points** |

| B       | Adults who maintain or increase income | 50% of leavers and stayers |  
- Meets or exceeds local benchmark in existing project = **7 Points**  
- Proposes to meet or exceed local benchmark in a new project and has demonstrated capacity from similar projects = **7 Points**  
- Is within 5 percentage points of the local benchmark in existing project = **5 Points**  
- Is within 10 percentage points of local benchmark in existing project = **3 Points**  
- Is > 10 percentage points below the local benchmark in existing project = **0 Points**  
- Project proposes outcomes that do not meet local benchmark and/or evidence from prior projects indicates that applicant cannot meet local benchmark = **0 Points** |

| C       | Obtains/maintains non-cash mainstream benefits | 56% leavers and stayers |  
- Meets or exceeds local benchmark in existing project = **7 Points**  
- Proposes to meet or exceed local benchmark in a new project and has demonstrated capacity from similar projects = **7 Points**  
- Is within 5 percentage points of the local benchmark in existing project = **5 Points**  
- Is within 10 percentage points of local benchmark in existing project = **3 Points**  
- Is > 10 percentage points below the local benchmark in existing project = **0 Points**  
- Project proposes outcomes that do not meet local benchmark and/or evidence from prior projects indicates that applicant cannot meet local benchmark = **0 Points** |

| D       | Exits to Homelessness | <10% |  
- Meets or exceeds local benchmark in existing project = **8 Points**  
- Proposes to meet or exceed local benchmark in a new project and has demonstrated capacity from similar projects = **8 Points**  
- Is within 5 percentage points of the local benchmark in existing project = **6 Points**  
- Is within 10 percentage points of local benchmark in existing project = **3 Points**  
- Is > 10 percentage points below the local benchmark in existing project = **0 Points**  
- Project proposes outcomes that do not meet local benchmark and/or evidence from prior projects indicates that applicant cannot meet local benchmark = **0 Points** |
### 2. Rapid Re-housing and Youth Serving Transitional Housing

<table>
<thead>
<tr>
<th>Measure</th>
<th>Benchmark</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong> Obtains Permanent Housing</td>
<td>80%</td>
<td>- Meets or exceeds local benchmark in an existing project = 10 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Proposes to meet or exceed local benchmark in a new RRH project and has demonstrated capacity from similar projects = 9 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Is within 5 percentage points of the local benchmark in existing project = 8 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Is within 10 percentage points of the local benchmark within an existing project = 4 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Is &gt; 10 percentage points below the local benchmark = 0 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Project proposes RRH outcomes that do not meet local benchmark and/or evidence from prior projects indicates that applicant cannot meet local benchmark = 0 Points</td>
</tr>
<tr>
<td><strong>B</strong> Adults who Increase Income</td>
<td>50%</td>
<td>- Meets or exceeds local benchmark in existing project = 7 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Proposes to meet or exceed local benchmark in a new RRH project and has demonstrated capacity from similar projects = 7 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Is within 5 percentage points of the local benchmark in existing project = 5 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Is within 10 percentage points of the local benchmark in existing project = 3 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Is &gt; 10 percentage points below the local benchmark in existing project = 0 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Project proposes outcomes that do not meet local RRH benchmark and/or evidence from prior projects indicates that applicant cannot meet local benchmark = 0 Points</td>
</tr>
<tr>
<td><strong>C</strong> Obtains or Maintains non-cash Mainstream Benefits</td>
<td>56%</td>
<td>- Meets or exceeds local benchmark in existing project = 7 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Proposes to meet or exceed local RRH benchmark in a new project and has demonstrated capacity from similar projects = 7 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Is within 5 percentage points of the local benchmark in existing project = 5 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Is within 10 percentage points of the local benchmark in existing project = 3 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Is &gt; 10 percentage points below the local benchmark in existing project = 0 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Project proposes outcomes that do not meet local RRH benchmark and/or evidence from prior projects indicates that applicant cannot meet local benchmark = 0 Points</td>
</tr>
<tr>
<td><strong>D</strong> Returns to Homelessness</td>
<td>&lt;10%</td>
<td>- Meets or exceeds local benchmark in existing project = 8 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Proposes to meet or exceed local benchmark in a new RRH project and has demonstrated capacity from similar projects = 8 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Is within 5 percentage points of the local benchmark in existing project = 6 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Is within 10 percentage points of the local benchmark in existing project = 3 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Is &gt; 10 percentage points below the local benchmark in existing project = 0 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Project proposes outcomes that do not meet local RRH benchmark and/or evidence from prior projects indicates that applicant cannot meet local benchmark = 0 Points</td>
</tr>
</tbody>
</table>
### 3. General (non-youth serving) Transitional Housing Renewals Only

<table>
<thead>
<tr>
<th>Measure</th>
<th>Benchmark</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Obtains Permanent Housing</td>
<td>80%</td>
<td>☑ Meets or exceeds local benchmark* = 10 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Is within 5 percentage points of the local benchmark = 8 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Is within 10 percentage points of the local benchmark = 4 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Is &gt; 10 percentage points below the local benchmark = 0 Points</td>
</tr>
<tr>
<td>B Adults who maintain or increase income</td>
<td>50% of leavers and stayers</td>
<td>☑ Meets or exceeds f local benchmark = 7 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Is within 10 percentage points of local benchmark = 6 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Is within 15 percentage points of local benchmark = 3 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Is &gt; 15 percentage points below the local benchmark = 0 Points</td>
</tr>
<tr>
<td>C Obtains or Maintains non-cash Mainstream</td>
<td>56% leavers and stayers</td>
<td>☑ Meets or exceeds HUD benchmark = 7 Points</td>
</tr>
<tr>
<td>Benefits</td>
<td></td>
<td>☑ Is within 5 percentage points of HUD benchmark = 6 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Is within 10 percentage points of HUD benchmark = 3 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Is &gt; 10 percentage points below the local benchmark = 0 Points</td>
</tr>
<tr>
<td>D Length of Time Homeless (length of stay in</td>
<td>Average LOS &lt;180 days</td>
<td>☑ Meets or exceeds local benchmark = 8 Points</td>
</tr>
<tr>
<td>program)</td>
<td></td>
<td>☑ Is within 5% of local benchmark = 6 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Is within 10% of local benchmark = 3 Points</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑ Is &gt; 10% above local benchmark = 0 Points</td>
</tr>
</tbody>
</table>
EveryOne Home, Alameda County’s Continuum of Care Lead Agency, is inviting local applications for renewing CoC projects and new permanent housing bonus projects and new projects created using reallocated funds from the CoC’s existing Annual Renewal Demand (ARD). The United States Department of Housing and Urban Development (HUD) requires all projects applications to be rated and ranked by the local Continuum of Care (CoC) in order to be included in the collaborative application. Without a local application, projects cannot be scored or ranked and cannot be included in the final application package.

In previous rounds, renewing and new projects submitted different applications. In 2016, new and renewing applications are being combined into a single project application with some questions needing to be answered differently by new or renewing applicants. This application should be used for both Renewing and new HMIS applications. Applications for other project types are available on the EveryOne Home website: http://everyonehome.org/our-work/hud-coc-nofa/.

Local application due date: 12:00 p.m. on Tuesday August 9th via email to info@everyonehome.org

The results of the local rating and ranking process will be announced on August 30, 2016.

HMIS Applications must also be submitted in e-snaps by 5:00 p.m. on August 18, 2016. Any questions concerning e-snaps or that application process should be submitted to Riley Wilkerson at Riley.Wilkerson@acgov.org.

Available Funds:

Alameda County’s currently approved Annual Renewal Demand (ARD) = $28,293,885. The CoC can submit renewing and reallocated projects for up to that amount plus an additional $1,414,694 for new permanent housing projects.

The total funds requested from Alameda County cannot exceed the combined amounts of the ARD and the bonus funds, which currently = $29,708,579. The amount will be finalized by HUD on or after August 5, 2016.

Reallocated and bonus funds available for new projects:

Because no SSO projects not tied to Coordinated Entry or Permanent Housing will be submitted in 2016, Alameda County CoC will have a minimum $1,038,171 available to be reallocated to fund new projects.

---

1 The ARD is still under negotiation with HUD regarding the Fair Market Rents (FMRs) used to calculate grant amounts. If Alameda County is successful in having the grants awarded at the higher FMR amount, the ARD will go up by over $4 million. Other calculations will increase as well. To be safe the CoC is budgeting using the lower/approved ARD and will adjust upward if need be.
projects. Additional funds may come available because projects reduce their renewal amount or elect not to submit. The CoC welcomes voluntary reallocation of HUD funds. Projects that can be funded using reallocated dollars include:

a. New permanent supportive housing (PSH) with all beds dedicated to chronically homeless individuals and families
b. New rapid rehousing (RRH) that will serve individuals and families coming directly from the streets or emergency shelters, and include persons fleeing domestic violence
c. New Supportive Services Only project for a centralized or coordinated entry system (CES)
d. New dedicated HMIS project that must be carried out by the HMIS Lead

The Continuum is inviting proposals of up to $1,000,000 for centralized or coordinated entry. Those projects will complete a different application. Other application types will not be covered by these instructions. If no qualified CES proposals are submitted, funds will be reallocated to fund new project types a, b, and d.

Eligible Applicants:

Only the HMIS Lead Agency may apply to the HUD CoC program for operating a Homeless Management Information System (HMIS). Alameda County Department of Housing and Community Development is the HMIS Lead agency for the Continuum of Care and the only eligible applicant for this project type. Applicants for renewing grants must be listed as the current grant recipient on the CoC’s 2016 Grant Inventory Worksheet approved by HUD. Eligible projects for renewal must have an existing contract or expect to be under contract by 12/31/16 for funds awarded in a previous application round.

Submission Requirements:

All project types must submit their application via email to EveryOne Home at info@everyonehome.org, by 12:00 p.m. on Tuesday August 9, 2016. In addition to the completed local application form, applicants must include copies of the required back up documentation as a PDF. The file name for the attachment document should reflect the applicant and project names.

The required documents and instructions for their uses are described in greater detail in the sections below.

HMIS Reports—

1. HMIS report verifying bed coverage (2016 HIC)
2. HMIS report verifying ability to generate, system-wide APRs, AHAR, and the CAPER (most recent submissions)
4. HMIS generated report on data completeness as described on page 5 of this application (Federal fiscal year ending 9/30/15)
5. HMIS reports verifying ability to produce HDX tables for systemwide performance report (Federal fiscal year ending 9/30/15)
Grant and Fiscal Management documents
6. Proof of submission of the last three APRs, including due date and date of submission
7. Proof of LOCCS draws, including date of draw request, for the last two complete grant cycles.
8. Applicants proposing new projects can include APRs and LOCCS draws for comparable projects.
9. Most recent annual audit with Management Letter—must be from a fiscal year ending December 31, 2014 or later. A link to an on-line audit is acceptable.

Please ensure the PDF is titled with the name of the project.

Applicants responding to this RFP should be very familiar with the HUD NOFA issued June 28, 2016, and with the detailed guidance for completing new and renewing applications. Applicants are expected to know the eligible types of assistance, eligible populations, required match and other requirements from HUD. See: [https://www.hudexchange.info/resources/documents/FY-2016-CoC-Program-NOFA.pdf](https://www.hudexchange.info/resources/documents/FY-2016-CoC-Program-NOFA.pdf) for more information

**Ranking and Tiering**

HUD has indicated that it will still require CoCs to rank their projects in two tiers, with Tier 1 projects assured of funding and Tier 2 projects at greater risk of not getting funded. HUD has also indicated that it is likely to have enough funds to cover every Continuum’s Annual Renewal Demand amount, indicating that being ranked in Tier 2 is less risky than in prior rounds. Tier 1 is 93% of our local package—a substantially larger Tier 1 than in last year’s round.

HUD will fund Tier 2 projects after it has made funding awards to all Tier 1 projects nationally. This year, HUD will again rank all Tier 2 projects against all other Tier 2 projects nationwide. Projects will be scored on a 100-point scale based on the following from page 14 of the NOFA:

a. Up to 50 points in direct proportion to the score received on the CoC Application rounded to the nearest whole point. Based on Last year’s CoC score of 164 our Tier 2 projects would have received 41 points out of 50.

b. Up to 35 points based on where the project is ranked locally and the ratio of the cumulative funds requested by projects ranked above it. See the NOFA for a detailed description of the formula.

c. Up to 5 points for project type which could be submitted from our continuum
   i. 5 points for new and renewing PSH and RRH, HMIS, SSO for Centralized Entry System, and renewing TH for homeless youth
   ii. 3 points for renewing TH not for unaccompanied youth
   iii. 1 point for renewing SSO that is not for Coordinated Assessment

d. Up to 10 points for commitment to applying the Housing First model.

Tier 2s from Continuums with high scores on their CoC Application and with project types worth 5 points or more have the best chance of sustaining or increasing their ARD in this competition.

Locally, project HMIS projects will be score on a 100 point scale in five categories:

1. Project Type = Up to 5 points
2. Bed Coverage = Up to 15 points
3. Generating Required Reports = Up to 15 points
4. Point-In-Time Count = 15 Points
5. Ability to Generate System Performance Report = 10 points
6. Fully Expending Grant = Up to 5 points
7. Timely Submission of Grant Reports = 10 points
8. Data Quality assurance = Up to 15 points
9. Quality Assurance = Up to 10 points

The application form and the scoring tool are tightly linked. As you prepare the application you may want to detach the scoring chart at the end of this RFP and use it alongside many of the sections in order to self-score.

**Projects must score a minimum of 60 points to be assured inclusion in the application package.** Renewing projects scoring below that are subject to reallocation, new projects scoring below 60 points will not be included. Applicants are strongly encouraged to review the RFP, and to self-score their project on the performance indicators as soon as possible in order to determine if they will meet the minimum score.

In addition to the total score projects receive, reviewers may use additional factors to break ties, adjust the final ranking in order to place the maximum dollars in Tier 1, include projects that score below 60 points, and/or meet other local objectives for a strong and balanced package that maximizes points for the entire Continuum. Factors that may be considered include:

- the geographic and population diversity of the projects included;
- the projected impact of the loss of any residential buildings on homeless people;
- the expiration date and amount of the grant

Download a Word version of this application from the EveryOne Home website at [www.everyonehome.org](http://www.everyonehome.org). Save your completed application as a PDF and attach to an email to [info@everyonehome.org](mailto:info@everyonehome.org) to submit as described on page 1.
ALAMEDA COUNTY LOCAL RENEWAL APPLICATION

GENERAL SECTION (section worth up to 40 points; 18 for activity type, 22 points for alignment with HUD priorities)

a. Project Name: 

b. Applicant Name: 

c. This project is not submitting a request for HUD funding in 2016. If you are not submitting a project application please complete item d. below, make a PDF of this page and submit it via email to info@everyonehome.org

d. Please list name and title of person authorized to submit this application or withdraw it from consideration: 

e. Primary Activity Type (5 points): □ Existing HMIS □ New HMIS

f. Capacity
   Number of records in data system: 
   Annual Growth in records: # of records added in program year October 1, 2014 – September 30, 2015 
   # of active user licenses # of member agencies

g. Service Area:
   Primary location of Project (city): 
   Areas of the County served by Project (list specific cities or regions): 

h. Amount of application: $
   Does this amount match what is listed in the GIW? □ Yes □ No.
   If no what is the amount by which the request is being reduced? $

i. End date of current HUD grant: 

j. Please insert the General Description of your project 

k. Does this project or the applicant agency have any of the following issues: 1) Any audit findings from a HUD monitoring that are overdue or have not been satisfactorily resolved; 2) A current outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon; 3) Audit findings from any auditor that have not been resolved?

[ ] No  [ ] Yes

If yes, explain status of issues:

Attach a copy of the direct grantee’s most recent Annual Independent Audit. Audits from sub-grantees are not required. Applicants who are able to provide a link to an on-line version of your audit may do so for ease of submission. Include the link in your cover email. All other applicants please submit your documents in PDF form attached to your submission email. Explain if the audit is not for the most recently finished fiscal year. All applicants must include a copy of their Annual Independent Audit regardless of answer to any of the questions in this section.

PERFORMANCE OUTCOMES (Section worth up to 55 Points). The following section is related to project performance related to HMIS’s contributions to the Continuum of Care’s performance

Performance Factor A: Bed Coverage

Excluding those for victims’ services, what percentage of the C of C bed capacity is covered by HMIS? This includes all emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing.

[ ] %

Performance Factor B: Generating Required Reports

Does the HMIS system generate the following reports?

- Annual Performance Report [ ] No  [ ] Yes
- Annual Homeless Assessment Report [ ] No  [ ] Yes
- CAPER [ ] No  [ ] Yes

Performance Factor C: Point in Time Count and Sub-populations

Was the sheltered point-in-time count conducted in January of 2015? [ ] No  [ ] Yes

Was it submitted in HDX by 4/30/2015? [ ] No  [ ] Yes
Did it include all sub-population data? ☐ No ☐ Yes

**Performance Factor D: Generation of new System Performance Measure Report**

Did HMIS generate the System Performance Report? ☐ No ☐ Yes (if yes, attach it)

Was it submitted in HDX by 8/1/2016? ☐ No ☐ Yes

Did it include all requested data? ☐ No ☐ Yes

**SPENDING (Section worth up to 5 points)**

HUD and Congress have both emphasized the importance of spending all allocated grant funds each contract year.

a. All applicants must complete this chart, even if the project had no funds remaining in the most recent grant year.

<table>
<thead>
<tr>
<th>Unspent funds</th>
<th>Dates of grant year</th>
<th>Amount of Total Grant awarded</th>
<th>Amount unspent and returned</th>
<th>% of grant award unspent (Amount unspent / Amount of Total Grant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most recently completed grant year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 years previous</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. Please explain any unspent grant funds in the most recent year. Narratives with detailed explanation and strategies to reduce under-spending will be awarded more points.


c. If in the most recent year, and at least one other year in the last three, under-spent funds exceeded 5% or more of the grant, please provide additional detail on unspent funds in earlier years. Explain both patterns and one-time occurrences leading to this result. Describe what steps have been taken to increase expenditures in the current and coming years. Narratives with detailed explanation and strategies to reduce under-spending will be awarded more points.
TIMELY SUBMISSION OF APRS AND LOCCS FUND DRAWS (Up to 10 points)

i. Timely Submission of APRs:
Proof of timely submissions can be demonstrated via *e-snaps* as indicated in the screen shot below.

End date of Grant

Due date of APR

Submission dates of APR:

<table>
<thead>
<tr>
<th>Most Recent Year</th>
<th>Prior Year</th>
<th>Two years Prior</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Submissions must include all columns presented below. Proposed projects may submit proof of timely submission of APRs for a comparable program and/or other federal grants and progress reports.
ii. Timely Draw Downs from LOCCS

Proof of timely draw downs can be demonstrated via LOCCS, as indicated in the screen shot below (click here for instructions)

<table>
<thead>
<tr>
<th>Grant year from</th>
<th>to</th>
</tr>
</thead>
</table>

Dates of draw requests from last two grant cycles

Submissions must include all columns as presented below. Proposed projects may submit proof of timely draw downs for a comparable program or other federal grants and progress reports.

HMIS DATA QUALITY (Section worth up to 20 points)

a. Indicate the percent of unduplicated records with null or missing values:

   %

b. Indicate the percent of unduplicated records with refused or unknown values:

   %

Attach a data quality report as back-up documentation.
QUALITY ASSURANCE (Section worth up to 10 points)

Narrative: Please use the space below to describe policies, procedures and actions project implements to ensure valid program entry and exit dates, regular training and TA for users, continual updates to data quality, and outcome reports for programs and system.
<table>
<thead>
<tr>
<th>Item to be scored</th>
<th>201 Proposed ax value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity Type = 5 Points Maximum</td>
<td>[Renewing HMIS = 5 Points] [New HMIS = 4 Points]</td>
</tr>
<tr>
<td>Performance Factor A: Bed Coverage = 15 Points Maximum</td>
<td>[15 for bed coverage of 86% or higher] [10 points for 64% or higher] [5 points under 64% with plan to increase coverage] [0 points for coverage under 64% and no plan]</td>
</tr>
<tr>
<td>Performance Factor B: Generating required reports = 15 Points Maximum</td>
<td>[15 points if HMIS can generate APR, AHAR, CAPER] [10 points if HMIS can generate 2 of 3] [5 points if HMIS can generate 1 of 3] [0 points if HMIS cannot generate these reports]</td>
</tr>
<tr>
<td>Performance Factor C: Point in Time Count and subpopulations = 15 Points Maximum</td>
<td>[15 points if shelter PIT was conducted in Jan ’15, submitted in HDX by 4/30/2015, and included sub population data] [10 points if 2 of 3 occurred] [5 points if 1 of 3 occurred] [0 points if these tasks were not complete]</td>
</tr>
<tr>
<td>Performance Factor D: 10 points Can generate New System Performance Report</td>
<td>[10 points if HMIS generates this report and submits information in HDX by 8/1/16]</td>
</tr>
<tr>
<td>Expending the grant = 5 Points Maximum</td>
<td>[Had no unexpended funds in the last grant year = 5 Points] [Had unexpended funds in the last grant year greater than 5% of grant amount and is voluntarily reducing grant = 4 Points] [Had unexpended funds in the last grant year and has provided a reasonable explanation (as determined by application scorers) = up to 4 Points--Narratives with detailed explanation and strategies to reduce under-spending will be awarded more points.]</td>
</tr>
<tr>
<td>Grant Reports = up to 10 points</td>
<td>[Project provided evidence of on time submission of APRs and quarterly LOCCS draws for the last three grant cycles or for as long as the project has operated if less than three years old = 10 Points] [Project provided evidence of on-time submission of APRs and quarterly LOCCS draws for the last three grant cycles or for as long as the project has operated if less than three years old, at least 75% of time = 5 Points]</td>
</tr>
<tr>
<td>Data Quality = 15 Points Maximum</td>
<td>[15 points if system has below 10% of null or missing data, and below 10% or refused or unknown responses] [9 points if 1 of 2 criteria is met] [0 points if neither are met]</td>
</tr>
<tr>
<td>Quality assurance = 10 Points Maximum</td>
<td>Up to 10 points for narrative that describes clear policies to ensure valid program entry and exit dates, regular training and TA for users, continual updates to data quality, and outcome reports for programs and system</td>
</tr>
<tr>
<td>Total Possible Points</td>
<td>100</td>
</tr>
</tbody>
</table>
EveryOne Home, Alameda County’s Continuum of Care Lead Agency, is inviting applications for specific services related to the implementation of a Coordinated Entry System (CES) using reallocated funds from the CoC’s existing Annual Renewal Demand (ARD).

Coordinated Entry is a standardized method to connect people experiencing homelessness to the resources available in a community. The U.S. Department of Housing and Urban Development (HUD) and the State of California are requiring that every community that receives State or Federal funds for programs serving homeless people operate a coordinated entry system that assesses and prioritizes people experiencing homelessness for all assistance within the Continuum of Care, including Emergency Shelter, Transitional Housing, Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), and other interventions. As an initial step towards CES implementation in Alameda County, the EveryOne Home Board recently adopted a Coordinated Entry & Housing Resource Centers Initial Design Plan, described in more detail below. This plan can be found at http://everyonehome.org/wp-content/uploads/2016/02/AC-CES-Initial-Design-final.pdf.

The 2016 NOFA allows CoCs to create a new Supportive Services Only project specifically for a centralized or coordinated assessment system. EveryOne Home’s HUD CoC committee has chosen to invite local proposals for this purpose. If a competitive application is identified, the CoC will use reallocated funds in order to include a CES application to HUD with the 2016 NOFA submission. EveryOne Home is seeking an entity or entities to deliver the services outlined in the scope of work described in detail below.

**Eligible Project Types:**

This application should be used for coordinated entry implementation projects only. Applicants submitting a renewal application or who are interested in proposing a new permanent housing program should use the separate application designed for that purpose.

**Available Funds:**

Up to $1,000,000 is available for this project through reallocation.

Applicants may submit projects for the entire scope of work included in this announcement for up to the full budget amount or may submit a proposal for a subpart of the total scope. Note that proposals submitted for a subpart of the scope should take into consideration that these funds are intended to fund the entire scope, whether through a single agency or through a combination of agencies, when preparing a budget.

**Eligible Applicants:**

Eligible applicants are nonprofit organizations, states, local governments, instrumentalities of state and local governments, and public housing agencies without limitation or exclusion (NOFA pg 20). Applicants do not need to be current CoC grantees in order to apply for reallocated funds.
Applicants may submit projects for the entire scope of work included in this announcement or may submit a proposal for a subpart of the total scope. Proposals that are approved for a subpart of the scope may be required to subcontract with an identified lead agency.

**Scoring:**

A detailed scoring tool is provided on page 12. Note however that one of the primary goals of CES is to ensure that service access is available across the entire county. In order to accomplish this goal, lower scoring proposals may be funded in order ensure geographic coverage.

**Right to Request Changes:**

EveryOne Home, the Continuum of Care Lead, reserves the right to request changes to proposals submitted in order to be responsive to HUD priorities as well as to ensure that CES is implemented in concert with the structure, guiding principles and design elements adopted by the EveryOne Home Leadership Board. These may include, but are not limited to: changes to the service delivery mechanisms, requiring multiple applicants to submit a collaborative application with a designated lead entity, changes to budget amounts, changes to staffing configurations, and changes to geographic reach.

As this a new and evolving system, applicants should be aware that EveryOne Home may require additional changes to how the program is implemented during the course of and/or following the first year of implementation.

**Submission Requirements:**

Applications for coordinated assessment funds are due to EveryOne Home by 12pm (noon) on August 9th, 2016 via email at info@everyonehome.org.

Due to the competitive nature of the process and rigid HUD timing requirements, applications received after that time will not be considered. All new projects received by the deadline will be reviewed and applicants will be notified by August 30, 2016 whether they have been selected to submit a final application to HUD.

Applicants must complete and submit the application included with this RFP. It is not necessary to prepare an application in e-snaps at this time. If your application is approved for inclusion in the CoC collaborative application you will be asked to complete the e-snaps application or to provide information to a designated lead applicant for inclusion in an e-snaps application. If your project is selected, the New Project Application must be completed in e-snaps by September 7, 2016. For any questions concerning e-snaps or that application process, please contact Riley Wilkerson at Riley.Wilkerson@acgov.org

Applicants responding to this RFP should be very familiar with the HUD NOFA issued June 28th 2016, and with the detailed guidance for completing new applications. Applicants are expected to know the eligible types of assistance, eligible populations, required match and other requirements from HUD. See http://portal.hud.gov/hudportal/documents/huddoc?id=2016coccompnofa.pdf for more information.

Applicants may apply for one, two, three, or all of the components described in the scope of work below. A single application should be utilized regardless of the number of components included in the submission and/or number of collaborative partners and all components the applicant intends to cover should be detailed in the narrative sections of the application below.
You can download a Word version of this application from the EveryOne Home website at www.everyonehome.org. You will also be able to download the Fiscal Year 2016 Continuum of Care Program Competition, the e-snaps Instructional Guide for New Project Application, and the Local Addendum, as well as the Power Points from the community meetings and Bidder’s Conferences. All applicants are strongly encouraged to review the funding notice.

Applications should be submitted via email to info@everyonehome.org. Applications must include the completed form included with this RFP along with any attachments indicated on the application. Attachments should be submitted in the form of a PDF and the file name should include the agency and project name.

For questions regarding the completion of this application, please contact EveryOne Home at info@everyonehome.org. All questions received before August 1st, 2016 will be responded to in writing and posted to the EveryOne Home website.

SCOPE OF WORK

The EveryOne Home board recently adopted a Coordinated Entry & Housing Resource Centers Initial Design Plan. The plan describes a system that includes multiple entry points, referred to as Housing Resource Centers (HRC’s), to work with individuals and families experiencing homelessness in their region within the County. Each HRC will have assessors, access to shelter, rapid rehousing and other resources, and be able to provide connections to housing and community based services. Each individual HRC will be part of a network of agencies providing a set of common core services within defined geographic regions. Access to HRC services will be through a common initial referral point, such as a phone line and/or can be based on self-referral (walk-in). HRC’s will also serve as the "base" for mobile outreach teams that go out into the community to locate and engage with homeless people who are unlikely to independently access services. Each HRC will operate using shared eligibility criteria, protocols and outcome measures. In addition to the core services to address housing crises, HRCs will help clients access a range of "mainstream" services.

The development of the HRC network and CES protocols are still in process. By submitting an application, respondents are committing to implement the elements of CES for which they receive funding in a manner that is consistent with the CES Initial Design Plan and any future protocols developed and adopted by EveryOne Home to operationalize this plan.

It is anticipated that funding made available by HUD for this project will be matched to various other sources in order to provide the full complement of services described above. This may include both existing funding allocated to CES functions by local jurisdictions, as well as potential new sources such as Whole Person Care, Health Home funding, County Boomerang funds and other private and public resources.

Applicants are sought through this RFP to provide four components of CES. Applicants may submit applications as a single entity or through a collaboration of partners. Applications that include more than one entity must designate a lead applicant who will be responsible for subcontracting to other partners for specific activities. The functions included in the RFP are:

1. CES HUD lead agency
2. Central call center
3. Assessment and referral services
4. Expanded HRC services (if available funding allows)
Applicants may not submit proposals for expanded HRC services unless these activities are part of an application that includes at least one of the other functions above. Funding of expanded services will only be made if funding remains after the selection of contractors and subcontractors for items one through three.

1. **CES HUD lead agency**

The lead agency will be accountable to both the CoC and HUD and will administer multiple subcontracts that may include, but are not limited to, subcontracts for call center services, assessment services, employment/income support, and street outreach. Lead agency applicants may submit an application in coordination with subcontractors identified in their application or may be paired by EveryOne Home with other applicants with whom they will be asked to subcontract.

Applicants that wish to function as the lead agency for this submission must have the ability to serve the entire county and have experience administering HUD CoC grants or comparable system level federal grants. The successful applicant will be responsible for ensuring that CES components are implemented according to the approved CES Design Plan, and that the various CES components are effectively integrated with one another. The Lead Agency must also ensure that HUD funded CES components are effectively integrated with CES components funded by other non-HUD sources. Finally the Lead Agency will be accountable for partnering with EveryOne Home to ensure consistent CES implementation across the region and providing quality control for the entire CES system.

Individual agencies may apply to function both as a lead agency and as a service delivery agent for one or more other components or agencies may apply to function solely as the lead agency with all other services to be delivered by subcontractor agencies.

2. **Call Center**

The call center must be available countywide and be staffed with trained operators able to screen, triage, and problem solve based on the resources available. Core elements include:

**Triage/Initial Screening:** Conduct a brief initial screening with potential clients. Ask if the caller is in a safe place, screen for potential domestic violence. Provide direct referral to Domestic Violence provider or emergency services if needed. Request a verbal Release of Information. Determine whether the caller has a safe place to stay that night. Determine the appropriate regional HRC for people who need referral.

**Problem Solving:** For those who are at risk of becoming homeless and moving to streets or shelter, the center will work on problem solving to avoid having anyone lose a safe place. Well-trained staff will conduct a screening for immediate safety and homelessness and provide an initial problem solving conversation with all homeless and at-risk people seeking services to work with them to find a way to keep them in a safe place if they have one. In addition to training, staff will be resourced with sample scripts, procedures about the boundaries of diversion (e.g. what if 2nd or 3rd time calling?), and information about many other community resources.

**Warm hand off:** Where a call is appropriate to transfer to an HRC for additional support and assessment, there is interest in exploring a “warm hand off” where the call can be live transferred to the HRC in the appropriate region. Proposals should indicate the feasibility of this function.
3. **Assessment and Referral**

Once households have accessed the coordinated entry point, the system will need to be able to assess their type and level of need in order to refer them to appropriate resources. This will take place through a standard and comprehensive assessment for services in place across the entire county.

Every HRC will screen, assess, and refer clients with standardized protocols using standardized tools and processes. This will include a prioritization system that will govern how available resources are targeted based on the information gathered during the assessment process. The development of this protocol has not yet been finalized; however guiding principles that will inform the development were included in the CES Initial Design Plan (page 10). Applicants should review this section of the plan thoroughly before submitting a proposal.

A contractor or contractors are sought to implement the assessment protocol at HRCs countywide once the protocol has been developed and approved by the Continuum of Care.

The selected contractor will be required to operate within HMIS and not develop separate databases. This will include an obligation to enter into HMIS all households that are assessed regardless of whether the household does or does not subsequently enter a shelter or housing program.

4. **Expanded HRC Services**

Expanded HRC services will be funded only if additional funding is available once components one through three have been funded. Applicants may not submit proposals for expanded HRC services unless these activities are part of an application that includes at least one of the other functions above.

Services that may be included as part of expanded HRC services are; outreach, housing navigation, and/or employment/income services.

**Outreach** includes contacting people living on the streets to connect them with Coordinated Entry and provide mobile access to services. This may also include mobile outreach teams that go out into the community to locate and engage with homeless people who are unlikely to independently access services.

**Housing Navigation** includes developing housing location and stabilization plans with literally homeless clients. Services also include working with clients to access and complete housing applications and interviews and working to find housing alternatives for clients who are not able to access dedicated programs. When a consumer is in navigation services, the Navigator will coordinate regularly with other providers working with the consumer, and through HMIS notes.

**Employment/income services** include assisting clients with the development of employment plans, resume development, employment readiness, and assistance with job search activities, job application assistance, linkage to employment opportunities, and assistance to access public benefit programs.
2016 CoC HUD NOFA CES Application

SECTION 1 – PROPOSAL INFORMATION

a. Project Name: 

b. Applicant Name: 

c. Please list name and title and contact information of person authorized to submit this application:

Name and Title

Email and phone

d. Element(s) of scope included in proposal:

- CES HUD lead agency
- Call center
- Assessment services
- Expanded services: Please indicate which proposed expanded services the agency wishes to include:

e. If providing assessment services and/or expanded services, indicate region(s) in which services will be provided (see CES plan, Appendix ii, page 20 for a description of regions)

- North County
- Mid County
- South County
- East County

f. Total Request amount: $

g. List any subcontractors included in the proposal and anticipated subcontract amount:

<table>
<thead>
<tr>
<th>Subcontractor</th>
<th>Subcontract amount</th>
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<tbody>
<tr>
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SECTION 2 - DEMONSTRATED CAPACITY

a. Describe the respective roles of the lead applicant and each subcontractor listed above.

b. Has this set of partners or agencies worked together previously on a similar project? Please explain.
c. Describe the experience of the Project Applicant and potential subrecipients (if any) in effectively utilizing federal funds and performing activities similar to those proposed in the application, given funding and time limitations. *(Describe why the applicant, subrecipients, and partner organizations are the appropriate entities to receive funding. Provide concrete examples that illustrate their experience and expertise in the following: 1) working with and addressing the target population’s identified housing and supportive service needs; 2) developing and implementing relevant program systems and services; 3) identifying and securing matching funds from a variety of sources; and 4) managing basic organization operations including financial accounting systems.)*

d. If proposal includes HUD lead agency functions, describe the lead agency’s experience with leading and managing complex collaborations.

e. Describe the experience of the Project Applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

f. Describe the basic organization and management structure of the Project Applicant and subrecipients (if any). *(Include evidence of internal and external coordination and an adequate financial accounting system. Include the organization and management structure of the applicant and all subrecipients; be sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.)*

g. Provide evidence of prior performance on relevant grants. Relevant information may be described below, and if applicable, applicants should submit prior year APRs, from either their own or subrecipients’ projects of a similar type to demonstrate past relevant performance. APRs should be run for the time period of 10/1/2014-9/30/2015.

h. Quality Assurance: Please use the space below to describe policies, procedures, and actions the project and its sponsor take to ensure continuous quality improvement. How does the agency stay abreast of and implement best practices in the field? How are the quality of service, customer satisfaction, and program performance assessed and maintained? Please address how data is used in planning and programming and program management as well as how often it is updated, data quality reports run and errors corrected. How is staff trained and managed to assure high quality of care?
i. Do the lead agency or any proposed subcontractors have any unresolved monitoring findings for any HUD grants (including ESG)?

☐ Yes  ☐ No

If yes, describe below.

SECTION 3 - PROJECT DETAIL

a. Provide a clear and concise description of the scope of the project. Include a description of the role that this grant will play in supporting the overall CES process’s implementation.

b. Provide a description of the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work. Demonstrate how full capacity will be achieved over the term requested in this application.

c. Describe how your project will collaborate with any existing CES components currently in place in the proposed service region(s) and will be integrated with existing relevant infrastructure.

d. Describe your agency’s participation, if any, in the ongoing CES design process.

e. Describe how your project will be consistent with the Alameda County CES Initial Design Plan. This plan can be found at http://everyonehome.org/wp-content/uploads/2016/02/AC-CES-Initial-Design-final.pdf.

SECTION 4 – BUDGET

Please provide a separate detailed project budget below for each of the components included in this proposal. Irrelevant budget tables may be deleted.
<table>
<thead>
<tr>
<th>ITEM</th>
<th>COST</th>
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<tbody>
<tr>
<td>PERSONNEL COSTS</td>
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<td>NON PERSONNEL COSTS</td>
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<td>ADMINISTRATION (UP TO 10%)</td>
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<td>TOTAL REQUEST</td>
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**CALL CENTER BUDGET**

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<tbody>
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**ASSESSMENT SERVICES BUDGET**

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<th>ITEM</th>
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**EXPANDED SERVICES BUDGET**
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<tr>
<td>TOTAL REQUEST</td>
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</table>

**SECTION 5 - MATCH**

HUD requires that CES grants be matched by no less than 25% of the total grant amount, through cash or in-kind match. Describe below the sources that are available as match for this project. Note that applicants are not required to provide match in order to be considered, however ability to provide match is a factor in the scoring process.

**SECTION 5 – LETTERS OF REFERENCE**

If the submission includes CES HUD Lead Agency functions, please attach a minimum of two letters of reference that speak to your agency’s ability to lead complex collaborations.

If the submission includes assessment services and the service delivery organization is not a jurisdictional entity, please attach a letter of support from at least one local jurisdiction from each proposed service area.
<table>
<thead>
<tr>
<th>Criterion &amp; Source</th>
<th>Points</th>
<th>Description of basis for assigning points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrated Project Capacity (Section 2; Letters of Reference)</td>
<td>30 points</td>
<td>Applicant and any sub recipients have recent relevant experience performing similar activities; If application has sub recipients, applicant organizations have experience working together; No applicant or sub recipient has outstanding monitoring or audit issues or issues are explained. Applicant has strong quality assurance plan in place. Assessment services have the support of local jurisdictions.</td>
</tr>
<tr>
<td>2. Project Detail (Section 3, questions a-b)</td>
<td>25 points</td>
<td>Project description describes the type and purpose of project; project is well-designed to meet the identified need; services proposed are appropriate to CES goals.</td>
</tr>
<tr>
<td>3. Project Integration (Section 3, questions c-d; Jurisdictional support letters)</td>
<td>20 points</td>
<td>Project describes how collaboration and integration will occur. Project has plan for ensuring consistency with CES plan.</td>
</tr>
<tr>
<td>4. Budget</td>
<td>15 points</td>
<td>Budget is reasonable for type of project and clearly articulated; Project is cost effective in a way that is clearly articulated.</td>
</tr>
<tr>
<td>5. Match</td>
<td>5 points</td>
<td>Projects that provide match of at least 25% will receive full points, however project match is not a requirement.</td>
</tr>
<tr>
<td>6. Completeness and Clarity</td>
<td>5 points</td>
<td>Maximum points will be awarded if application is complete and all questions relevant to the project are answered.</td>
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</tbody>
</table>
2016 Applications:
- Download the Housing Project Application (updated 7/21/16)
  - Supplemental Instructions
- Download the Coordinated Entry Application (7/19/16)
- Download the HMIS Application (7/19/16)
- Bidders Conference Presentation (7/19/16)
- Frequently Asked Questions (7/25/16)
- Frequently Asked Questions (8/1/16)

On June 21st and July 7th EveryOne Home hosted community meetings to solicit input from stakeholders. You can download the materials below:

- Strategic Direction and Community Survey Analysis

- 2016 NOFA Stakeholder Input Session #2 Presentation

June 21st Meeting:
- 2016 HUD CoC NOFA Stakeholder Input Session #1 Presentation
- Transitional Housing Scoring Criteria 2015
- Transitional Housing Options Handout
- Staff analysis of CoC funding
MEMORANDUM

To: EveryOne Home Continuum of Care Membership
From: HUD CoC Committee
Date: July 18, 2016
Re: Strategic Direction for Alameda County’s Application for HUD 2016 Continuum of Care Funds

BACKGROUND

The HUD Continuum of Care (CoC) Committee has provided the strategic direction outlined below to the NOFA Sub-Committee. The NOFA Sub-Committee is made up of non-conflicted persons responsible for developing the local application process for seeking these federal funds. They score and rank all project applications to be included in the application package submitted to the United States Department of Housing and Urban Development (HUD). Strategic direction from the HUD CoC Committee on behalf of the membership guides their crafting of the application questions, instructions, and scoring.

The strategic direction was developed by the HUD CoC Committee after reviewing:

- The Notice of Funding Availability (NOFA) issued 6/28/16: https://www.hudexchange.info/resources/documents/FY-2016-CoC-Program-NOFA.pdf
- Alameda County’s scores and HUD’s feedback on the 2015 consolidated application
- Community input from two open meetings (6/21/16 and 7/7/16) attended by 45 unduplicated people
- The results of an anonymous online survey, completed by 36 respondents

These recommendations are consistent with member input. A summary of input from the community meeting and the survey are included for reference.

STRATEGIC DIRECTION FOR THE NOFA SUB-COMMITTEE

1. Strategic Reallocation:

The HUD CoC Committee directs the NOFA Sub-committee to pursue reallocation that strengthens our system and application package and is aligned with our guiding principles. Potential benefits, such as expanded capacity and resources, need to exceed potential losses of existing services and housing.

HUD CoC supports continuing to pursue strategies already in use:

1. Inviting voluntary reallocation
2. Initiating negotiated reallocation with local funders and projects
3. Establishing a minimum score threshold for inclusion in the package

HUD CoC supports pursuing the following policies:

1. Reallocate all SSO projects that are not for CES or tied to permanent housing
2. Recapture unspent grant funds that are not rental assistance dollars and have been under spent for 2 or more grant cycles
II. Inviting a proposal for Coordinated Entry:

Coordinated Entry is essential to an effective response to homelessness and is a requirement for those receiving HUD Homeless Assistance funds from the Continuum of Care and Emergency Solutions Grant programs.

Therefore, the HUD CoC Committee directs the NOFA Sub-Committee to invite proposals up to $1 million for operating a Coordinated Entry System. Those proposals need to ensure that the Continuum can implement required elements such as easy access (call center) and standard and comprehensive assessment for services across the entire county. All RFPs under consideration must be in line with the design adopted by the EveryOne Home Leadership Board. (http://everyonehome.org/wp-content/uploads/2016/02/AC-CES-Initial-Design-final.pdf)

III. Approach to Transitional Housing (TH):

Because of our large unsheltered population, the Continuum needs to protect quality residential capacity to the greatest degree possible, while maintaining overall competitiveness of the package submitted for funding. While the Continuum still values the classic transitional housing model for youth (site based, 12-24 months stays and service rich), general purpose transitional housing is evolving to:

- Shorter stays;
- no barriers to entry;
- housing first;
- services minimal, voluntary, and focused on getting residents housed as quickly as possible

HUD CoC Committee directs the NOFA Sub-committee to ensure renewal application scoring values the general TH programs that are in line with the approach above and improve Continuum performance, such that these projects can score well enough to rank competitively.

IV. Tier 1 Rankings:

The HUD CoC Committee wants our rating and ranking process and criteria to score well in the Consolidated Application, which it did not in the last round. It also values the housing stability of tenants in existing CoC funded projects. It therefore recommends that the NOFA Sub-Committee rank both new and renewing projects together and ensure that existing residential capacity is appropriately valued in the scoring and ranking of projects.

V. Guiding Principles:

The HUD CoC Committee made minor modifications to the 2015 Guiding Principles and added principle (b):

a. Maximize the resources available to community
b. Package submitted will align with HUD priorities in order to meet local needs
c. Prioritize ensuring existing residential capacity and housing stability is maintained systemwide
d. Keep the renewal process as simple as possible
e. Continue to emphasize project performance and the submission of projects that will meet HUD’s thresholds
f. Support individual projects seeking to reallocate or reclassify where relevant
g. Facilitate a clear, fair and transparent local process
ALAMEDA COUNTY EVERYONE HOME
INSTRUCTIONS and APPLICATION FORMS for
2016 CoC RENEWAL and NEW PROJECT LOCAL SUBMISSIONS

EveryOne Home, Alameda County’s Continuum of Care Lead Agency, is inviting local applications for renewing CoC projects and new permanent housing bonus projects and new projects created using reallocated funds from the CoC’s existing Annual Renewal Demand (ARD). The United States Department of Housing and Urban Development (HUD) requires all projects applications to be rated and ranked by the local Continuum of Care (CoC) in order to be included in the collaborative application. Without a local application, projects cannot be scored or ranked and cannot be included in the final application package.

Local application due date: 12:00 p.m. on Tuesday August 9th via email to info@everyonehome.org

The results of the local rating and ranking process will be announced on August 30, 2016.

Project types that must submit the attached application:

- Renewing Transitional Housing (TH) (both youth-serving and general-use),
- Renewing Permanent Supportive Housing (PSH),
- Renewing Rapid Rehousing (RRH),
- New PSH and,
- New RRH

In previous rounds, renewing and new projects submitted different applications. In 2016, new and renewing applications are being combined into a single project application with some questions needing to be answered differently by new or renewing applicants. For example, renewing applicants will be asked for “existing housing capacity” and new projects for “proposed housing capacity”. In cases where questions or point calculations differ between existing (renewal) and proposed (new) projects, the questions or instructions for proposed projects will be highlighted as they are here.

The CoC is not renewing Support Services Only grants not tied to permanent housing. It is inviting proposals for a new Support Services Only project for Coordinated Entry (CES). Please note new and renewing Homeless Management Information Systems (HMIS) projects and new Support Services Only for Coordinated Entry (SSO for CES) projects must submit different application forms available at the bidders’ conference and on the EveryOne Home website: www.everyonehome.org.

Available Funds: Alameda County’s currently approved Annual Renewal Demand (ARD) = $28,293,885.¹ The CoC can submit renewing and reallocated projects for up to that amount plus an additional $1,414,694 for new permanent housing projects.

¹ The ARD is still under negotiation with HUD regarding the Fair Market Rents (FMRs) used to calculate grant amounts. If Alameda County is successful in having the grants awarded at the higher FMR amount, the ARD will go up by over $4 million. Other calculations will increase as well. To be safe the CoC is budgeting using the lower/approved ARD and will adjust upward if need be.
The total funds requested from Alameda County cannot exceed the combined amounts of the ARD and the bonus funds, which currently = $29,708,579. The amount will be finalized by HUD on or after August 5, 2016.

**Eligible Applicants:**

Applicants for renewing grants must be listed as the current grant recipient on the CoC’s 2016 Grant Inventory Worksheet approved by HUD. Eligible projects for renewal must have an existing contract or expect to be under contract by 12/31/16 for funds awarded in a previous application round.

Eligible applicants for new projects to be funded by reallocating or bonus funds are nonprofit organizations, states, local governments, instrumentalties of state and local governments, and public housing agencies without limitation or exclusion (NOFA pg. 20) Applicants do not need to be current grantees in order to apply for reallocated or bonus funds. For profit entities are not eligible to apply.

**Projects that are not planning on renewing their CoC funding:**

Projects who find mainstream funders to cover project costs with resources that are a better fit, or projects that determine they are unlikely to receive the minimum score on their local application may elect not to submit an eligible project for renewal. Projects eligible to be renewed, but electing not to be included in the 2016 HUD application are being asked to indicate so by completing and submitting items a-d of the General Section of the application.

The funds for projects not electing to renew will be added to the pool of available funds for reallocation to new projects. The decision not to renew is permanent. Once eliminated from the package, the same project cannot reapply in subsequent years. Only **new** projects created by reallocated funds or bonus funds can get added to our package in future application rounds.

**Projects renewing for the first time that are not yet under contract, or which were not in operation for a full twelve months since 10/1/2014:**

Renewing projects without a year of operation and expenditures need only complete and submit items a-e of the General Section. They will receive the score awarded when they applied as a new project and be ranked according to that score.

**Voluntary reductions of grants:**

Projects that have consistently under spent may wish to consider reducing their renewal amounts. Question i. of the application has a space to indicate if the amount requested is less than the amount indicated on the Grant Inventory Worksheet (GIW) and by how much. Projects cannot request more than what is listed on the GIW.

**Reallocated and bonus funds available for new projects:**

Because no SSO projects not tied to Coordinated Entry or Permanent Housing will be submitted in 2016, Alameda County CoC will have a minimum $1,038,171 available to be reallocated to fund new projects. Additional funds may come available because projects reduce their renewal amount or elect not to submit. The CoC welcomes voluntary reallocation of HUD funds. Projects that can be funded using reallocated dollars include:
a. New permanent supportive housing (PSH) with all beds dedicated to chronically homeless individuals and families
b. New rapid rehousing (RRH) that will serve individuals and families coming directly from the streets or emergency shelters, and include persons fleeing domestic violence
c. New Supportive Services Only project for a centralized or coordinated entry system (CES)
d. New dedicated HMIS project that must be carried out by the HMIS Lead

The Continuum is inviting proposals of up to $1,000,000 for centralized or coordinated entry. Those projects will complete a different application, as will those for a new HMIS project. Those application types will not be covered by these instructions. If no qualified CES proposals are submitted, funds will be reallocated to fund new project types a, b, and d.

The Continuum is also eligible to apply for an estimated $1,414,694 million for permanent housing bonus projects. Bonus funds may only be used for project types a. and b. above.

Because any new permanent housing project can be funded using either bonus or reallocated funds, new permanent housing applications that are either PSH or RRH are strongly encouraged.

Submission Requirements:

All project types must submit their application via email to EveryOne Home at info@everyonehome.org, by 12:00 p.m. on Tuesday August 9, 2016. In addition to the completed local application form, applicants must include copies of the required back up documentation as a PDF. The file name for the attachment document should reflect the applicant and project names.

The items below are separated into categories, but can be submitted as a single PDF. All items below are required to be attached in order for applicants to receive full points on a given section of the application. There is a checklist included with the application which can be utilized to ensure that all relevant items are enclosed.

The required documents and instructions for their uses are described in greater detail in the sections below, and include:

1. HMIS Reports: Reports should be run for the federal fiscal year October 1, 2014 – September 30 2015, not the calendar year. If the project has been operational for at least 12 months, but started after October 1, 2014 use the first 12 months of operation for the report date range (eg. Project started December 1, 2014 run a report for December 1, 2014 – November 30, 2014).
   a. The project’s InHouse Demographics Report for October 1, 2014 – September 30, 2015.
   e. Applicants proposing new projects can submit up to 3 APRs and data report cards from programs comparable as to what is being proposed. Reports should be from October 1, 2014 – September 30 2015

2. Project management documents:
   e. Existing or Proposed program participant agreement; lease, and/or “House Rules”
   f. Existing or Proposed eligibility criteria and/or a housing application
   g. Existing or Proposed policy on basis for eviction or involuntary program termination
   h. Existing or Proposed grievance policy
ALAMEDA COUNTY EVERYONE HOME
2016 REQUEST FOR PROPOSALS AND INSTRUCTIONS
FOR COORDINATED ENTRY APPLICATIONS

EveryOne Home, Alameda County’s Continuum of Care Lead Agency, is inviting applications for specific services related to the implementation of a Coordinated Entry System (CES) using reallocated funds from the CoC’s existing Annual Renewal Demand (ARD).

Coordinated Entry is a standardized method to connect people experiencing homelessness to the resources available in a community. The U.S. Department of Housing and Urban Development (HUD) and the State of California are requiring that every community that receives State or Federal funds for programs serving homeless people operate a coordinated entry system that assesses and prioritizes people experiencing homelessness for all assistance within the Continuum of Care, including Emergency Shelter, Transitional Housing, Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), and other interventions. As an initial step towards CES implementation in Alameda County, the EveryOne Home Board recently adopted a Coordinated Entry & Housing Resource Centers Initial Design Plan, described in more detail below. This plan can be found at http://everyonehome.org/wp-content/uploads/2016/02/AC-CES-Initial-Design-final.pdf.

The 2016 NOFA allows CoCs to create a new Supportive Services Only project specifically for a centralized or coordinated assessment system. EveryOne Home’s HUD CoC committee has chosen to invite local proposals for this purpose. If a competitive application is identified, the CoC will use reallocated funds in order to include a CES application to HUD with the 2016 NOFA submission. EveryOne Home is seeking an entity or entities to deliver the services outlined in the scope of work described in detail below.

Eligible Project Types:

This application should be used for coordinated entry implementation projects only. Applicants submitting a renewal application or who are interested in proposing a new permanent housing program should use the separate application designed for that purpose.

Available Funds:

Up to $1,000,000 is available for this project through reallocation.

Applicants may submit projects for the entire scope of work included in this announcement for up to the full budget amount or may submit a proposal for a subpart of the total scope. Note that proposals submitted for a subpart of the scope should take into consideration that these funds are intended to fund the entire scope, whether through a single agency or through a combination of agencies, when preparing a budget.

Eligible Applicants:

Eligible applicants are nonprofit organizations, states, local governments, instrumentalities of state and local governments, and public housing agencies without limitation or exclusion (NOFA pg 20). Applicants do not need to be current CoC grantees in order to apply for reallocated funds.
Applicants may submit projects for the entire scope of work included in this announcement or may submit a proposal for a subpart of the total scope. Proposals that are approved for a subpart of the scope may be required to subcontract with an identified lead agency.

Scoring:

A detailed scoring tool is provided on page 12. Note however that one of the primary goals of CES is to ensure that service access is available across the entire county. In order to accomplish this goal, lower scoring proposals may be funded in order ensure geographic coverage.

Right to Request Changes:

EveryOne Home, the Continuum of Care Lead, reserves the right to request changes to proposals submitted in order to be responsive to HUD priorities as well as to ensure that CES is implemented in concert with the structure, guiding principles and design elements adopted by the EveryOne Home Leadership Board. These may include, but are not limited to: changes to the service delivery mechanisms, requiring multiple applicants to submit a collaborative application with a designated lead entity, changes to budget amounts, changes to staffing configurations, and changes to geographic reach.

As this a new and evolving system, applicants should be aware that EveryOne Home may require additional changes to how the program is implemented during the course of and/or following the first year of implementation.

Submission Requirements:

Applications for coordinated assessment funds are due to EveryOne Home by 12pm (noon) on August 9th, 2016 via email at info@everyonelhome.org.

Due to the competitive nature of the process and rigid HUD timing requirements, applications received after that time will not be considered. All new projects received by the deadline will be reviewed and applicants will be notified by August 30, 2016 whether they have been selected to submit a final application to HUD.

Applicants must complete and submit the application included with this RFP. It is not necessary to prepare an application in e-snaps at this time. If your application is approved for inclusion in the CoC collaborative application you will be asked to complete the e-snaps application or to provide information to a designated lead applicant for inclusion in an e-snaps application. If your project is selected, the New Project Application must be completed in e-snaps by September 7, 2016. For any questions concerning e-snaps or that application process, please contact Riley Wilkerson at Riley.Wilkerson@acgov.org

Applicants responding to this RFP should be very familiar with the HUD NOFA issued June 28th, 2016, and with the detailed guidance for completing new applications. Applicants are expected to know the eligible types of assistance, eligible populations, required match and other requirements from HUD. See http://portal.hud.gov/hudportal/documents/huddoc?id=2016coccompnfoa.pdf for more information.

Applicants may apply for one, two, three, or all of the components described in the scope of work below. A single application should be utilized regardless of the number of components included in the submission and/or number of collaborative partners and all components the applicant intends to cover should be detailed in the narrative sections of the application below.
Alameda County Continuum of Care/
EveryOne Home Governance Charter

Updated and Approved by the EveryOne Home Leadership
Board on June 25, 2015
Ratified by the Continuum of Care membership on October 29, 2015

Elaine de Coligny, Executive Director
EveryOne Home
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I. Overview and Purpose

EveryOne Home is a collective impact initiative founded in 2007 to facilitate the implementation of Alameda County, California’s plan to end homelessness, known as the EveryOne Home Plan. The Plan calls for ending homelessness in Alameda County by 2020, noting the need for engagement of stakeholders well beyond the homeless and housing service delivery system. To that end, the Plan has been adopted by the Alameda County Board of Supervisors, all 14 cities in the county, and over 70 non-profit homeless and housing providers.

The Everyone Home Plan envisions a system of care in Alameda County that ensures that all extremely low-income residents have a safe, supportive and permanent place to call home with services available to help them stay housed and improve the quality of their lives. The vision is ambitious, and possible. We are building a future in which there are sufficient resources, political leadership, and community involvement to erase homelessness as a permanent fixture in our social landscape. The vision focuses on quick access to permanent housing, strength-based consumer relationships, coordination and collaboration with mainstream partners, policy and resource advocacy, and comprehensive community education. We will have arrived when our community has no unsheltered or chronically homeless people, and we are returning as many people to permanent homes each month as lose them. The Plan charges us with achieving this vision by 2020.

This Governance Charter memorializes how stakeholders will govern the collective impact initiative to end homelessness, meet the federally-defined responsibilities of operating a HUD Continuum of Care as found in the Continuum of Care Program Rule at 24 CFR Part 578, direct the work of the backbone organization, and promote partnership and accountability among the various leadership bodies. This Governance Charter replaces two documents previously adopted by the EveryOne Home Leadership Board: first, the “Leadership Board Governance Policies” adopted December 4, 2008, and second, the “Alameda County Continuum of Care Interim Governance Charter” adopted on August 28, 2014. An organizational chart depicting the relationships amongst the various leadership bodies in the collective impact initiative may be found in Appendix A.


The seating of various governing bodies, as well as the staffing capacity to support them, outlined in this Governance Charter shall occur over a transitional period between July 1 and December 31, 2015, as further outlined in Appendix B. It is anticipated the EveryOne Home’s current Leadership Board, Executive Committee, and committee memberships shall remain in place through December 31, 2015.
III. Definition of Terms

NOTE: Some of the terms used in this Governance Charter are from The Homeless Emergency Assistance and Rapid Transition to Housing Continuum of Care Program Interim Final Rule at 24 CFR Part 578 (the “Interim Rule”). Those terms are denoted with an asterisk (*). Definitions in the Interim Rule can be found at §578.3. Subpart B-Establishing and Operating a Continuum of Care of the Interim Rule are may be found in Appendix C. The full Interim Rule may be found at HUD CoC Interim Rule.

Additional terms used in this Charter are also noted below.

As used in this Governance Charter:

**Backbone Organization** means the separate organization and staff that manages the collective impact initiative through ongoing facilitation, technology and communications support, data collection and reporting, and handling the myriad logistical and administrative details needed for the initiative to function smoothly. EveryOne Home, the organization, is the backbone organization for Alameda County’s initiative to end homelessness. It is also the Continuum of Care Lead (defined below).

**Centralized or coordinated assessment system** means a centralized and/or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized and/or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.

**Collaborative applicant** means the eligible applicant that has been designated by the Continuum of Care to apply for a grant for Continuum of Care planning funds on behalf of the Continuum.

**Collective impact** means the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem. Unlike most collaborations, collective impact initiatives involve a centralized infrastructure, a dedicated staff, and a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants. EveryOne Home is the name of the collective impact initiative to end homelessness in Alameda County. Additional information may be found in Appendix D.

**Continuum of Care and Continuum (CoC)** means the group organized to carry out the responsibilities required under Interim Rule. In Alameda County the CoC is part of a collective impact effort to end homelessness. It is composed of representatives of organizations including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates,
public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate. The CoC can delegate its responsibilities to a board/council, and organizations including the CoC Lead, the Collaborative Applicant, and the HMIS Lead to act on its behalf in fulfilling these responsibilities. (*text partially from §578.3.)

Continuum of Care Lead (CoC Lead) is the entity designated by the CoC to coordinate its operations and planning functions, including the submission of the CoC funding application. EveryOne Home, the organization, is both the CoC Lead and the backbone organization (as defined above).

Continuum of Care Members are persons who have joined in the collective impact initiative to end homelessness in Alameda County. They are members of EveryOne Home.

Eligible applicant means a private nonprofit organization, State, local government, or instrumentality of State and local government.

Geographic Area identifies the region(s) within a Continuum of Care. Alameda County’s CoC encompasses all 14 cities and the unincorporated County.

Homeless Management Information System (HMIS) means the information system designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD.

HMIS Lead means the entity designated by the Continuum of Care in accordance with the Interim Rule to operate the Continuum’s HMIS on its behalf.

HUD Continuum of Care Committee (HUD CoC Committee) is the name given to the board which the Interim Rule requires the CoC establish to act on its behalf. The Continuum of Care Committee of EveryOne Home is a part of the collective impact effort to end homelessness in Alameda County.

Interim Rule means the Continuum of Care Program Rule 24 CFR 578, published July 31, 2012, which details the requirements for establishing and operating a Continuum of Care. Where needed, this Governance Charter provides citations from the Interim Rule.

Leadership Board means the body leading the EveryOne Home collective impact initiative.
Program participant means an individual (including an unaccompanied youth) or family who is assisted with Continuum of Care program funds.

Project means a group of eligible activities, such as HMIS costs, identified as a project in an application to HUD for Continuum of Care funds and includes a structure (or structures) that is (are) acquired, rehabilitated, constructed, or leased with assistance provided under [the Interim Rule] or with respect to which HUD provides rental assistance or annual payments for operating costs, or supportive services under [the Interim Rule].

Recipient means an applicant that signs a grant agreement with HUD.

Subrecipient means a private nonprofit organization, State, local government, or instrumentality of State or local government that receives a subgrant from the recipient to carry out a project.

IV. Continuum of Care Membership/Collective Impact Initiative

Summary: Continuum of Care members are persons who have joined in the collective impact initiative to end homelessness in Alameda County. They are members of EveryOne Home and provide input and vote as individuals, not as representatives of a particular organization, geography or constituency. Membership meetings and activities are staffed by EveryOne Home organizational staff.

A. Continuum of Care Membership Roles and Responsibilities

The Governance Charter assigns the following roles and responsibilities to the Continuum of Care Membership:

1. Hold a minimum of two meetings per year of the full membership, one of which will be the Annual Meeting.
2. Extend an open public invitation for new members to join. Ensure that an updated membership roster is maintained.
3. Adopt and follow the written process for selecting one (1) member to the EveryOne Home Leadership Board.
4. Adopt and follow the written process for selecting three (3) members of the HUD CoC Committee, who will act on behalf of the Continuum as outlined by this Governance Charter.
5. Hold annual elections to fill vacant seats on the Leadership Board and on the HUD CoC Committee.
6. Update the Leadership Board and HUD CoC Committee selection policies no less than every five years.
7. Ratify the initial Governance Charter and approve the annual updates as developed and recommended by the HUD Continuum of Care Committee and approved by the Leadership Board.

8. Utilize the Governance Charter to delegate certain responsibilities (detailed below) for operating the Continuum of Care, designating and operating an HMIS, and Continuum of Care planning to the HUD Continuum of Care Committee, its sub-committees and workgroups, the Continuum of Care Lead Agency (EveryOne Home), the HMIS Lead and the collaborative applicant.

9. Generate ideas and provide strategic input to Leadership Board, HUD Continuum of Care Committee, other committees, workgroups and staff for the annual work plan; systems changes and improvements to be explored, designed or implemented; and updates needed to the Governance Charter.

**B. Continuum of Care Membership**

Membership will be open to any individual interested in and committed to ending homelessness in Alameda County, California. Persons will join, provide input, and vote as individuals, not as representatives of a particular organization, geography or constituency. Persons can attend meetings and provide input, but must become members to vote.

To become a member an individual will complete a brief application (available on-line or on paper) with contact information and the opportunity to indicate their experience/relationship to the collective impact initiative’s work (i.e. person with lived experience, advocate, non-profit or local government employee, geographic area of the county, type of organization, local government, etc.). This information will be collected by the Continuum of Care Lead to understand who is joining the Initiative/CoC and where more outreach can be done to ensure all stakeholders have the opportunity to engage.

EveryOne Home, the backbone organization, will maintain and update the roster on an annual basis.

**C. Continuum of Care Membership Meetings**

The Continuum of Care will host no less than two community meetings for the full membership. One will serve as the Annual Meeting and the second will serve to update the membership on work plan implementation, system change initiatives and system performance. Additional meetings may be convened as needed throughout the year.

During the Annual Meeting, the following actions will be taken:

1. Invite new members to join the Continuum.
2. Hold elections to fill one (1) CoC membership representative seat on the EveryOne Home Leadership Board.

3. Hold elections to fill open CoC membership representative seats on the HUD CoC Committee. Initially elections will be held for all three seats and then staggered so that one seat per year is up for election. If a representative leaves before the end of his/her term that seat will also be filled through election at the annual meeting.

4. Vote on recommended changes to the Governance Charter.

5. Generate ideas and provide strategic input for the Leadership Board and the CoC Committee.

Members who do not attend the annual meeting (described below) will be contacted and asked if they wish to maintain their membership. Persons who do not respond, as well as those members who wish to discontinue their membership, will be removed from the roster. Persons can join or rejoin at any time by filling out the membership form.

D. Membership Voting

Decisions will be passed by the majority present at a meeting.

E. Continuum of Care Membership Committees

Committees and workgroups can be established as needed. Membership and selection process will be determined at the time a workgroup is established.

F. Procedure for Selection of Members to the EveryOne Home Leadership Board and the HUD CoC Committee

Elections for seats on the EveryOne Home Leadership Board and the HUD CoC Committee will be held at the Annual Meeting.

Nominations will be invited through a public notice at least thirty (30) days prior to the Annual Meeting. Candidates for the elected seats (one to the Leadership Board and one of the three to the HUD CoC Committee) can be nominated by other CoC members, board members or themselves. Nominees will complete a brief application from which the EveryOne Home staff will produce a ballot of all nominees. Candidates can be nominated from the floor of the Annual Meeting and the ballot will include a space for write-in candidates. If not already a CoC member at the time of nomination, nominees must join the CoC to be elected to the Leadership Board and the HUD CoC Committee.

Open elected seats will be filled by the top vote getters and results will be tabulated at the Annual Meeting. In the case of a tie, the membership will vote again to determine the electee.
V. Leadership Board

Summary: The body leading the EveryOne Home collective impact initiative. It is staffed by EveryOne Home organizational staff.

A. Leadership Board Roles and Responsibilities

The Governance Charter assigns the following responsibilities to the Leadership Board and/or its committees and work groups.

1. Establish, launch and oversee mutually reinforcing strategies to end homelessness in Alameda County.

2. Align the activities of stakeholders through common values, goals, expectations, standards, and performance measures to that end.

3. Develop, adopt and oversee an annual work plan for EveryOne Home the collective impact effort.

4. Collaborate to find resources to fund community-wide initiatives.

5. Establish and oversee operations of a centralized assessment system.

6. Seek strategic input from the Continuum of Care Membership; ensure ongoing communications with members on the status of collective impact efforts. In cases where the Leadership Board determines that the recommendations from the membership are not feasible to pursue, the Leadership Board will provide the membership with an explanation for the basis of that determination through electronic communications and/or through updates at the membership’s next scheduled meeting.

7. Approve recommended changes to updates to the Governance Charter developed by the HUD CoC Committee before forwarding to the membership for ratification.

B. Leadership Board Membership

The Leadership Board will include high-level staff members (e.g. agency or department heads or organizational directors) who are also members of the larger Continuum of Care Membership. The Leadership Board will have a range of 17 to 25 members; three (3) appointed by the HUD CoC Committee, one (1) elected directly by the CoC Membership annually, and the remaining members appointed/recruited by the Leadership Board itself.
In addition to the four seats representing the Continuum of Care general membership and the HUD CoC Committee, the Leadership Board will have representation from organizations as identified in the Interim Final Rule as well as consumers. The Leadership will designate a nominating committee responsible for recruiting remaining open positions. There will be active recruitment if there are gaps needing to be filled.

The Leadership Board will invite the following entities to appoint representatives to serve:

1. Alameda County Community Development Agency (appointed seat)
2. Alameda County Health Care Services Agency (appointed seat)
3. Alameda County Social Services Agency (appointed seat)
4. City of Berkeley (appointed seat)
5. City of Oakland (appointed seat)
6. Veterans Affairs (appointed seat)

The nominating committee will recruit members broadly from, but not limited to, the following stakeholder groups.

- Jurisdictions within Alameda County
- School districts
- Law enforcement
- Housing Authorities
- Persons with lived experience of homelessness
- University or other researcher
- Provider organizations
- Housing developers
- Business, philanthropic and faith leaders
The membership of the Leadership Board is intended to represent the geographic, programmatic, and cultural diversity of the continuum.

It is anticipated that different levels of leadership from the same stakeholder groups will want to participate in the collective impact initiative. Therefore an entity can have representatives participate on separate bodies; for example, an agency may have one person serving as a Leadership Board member while another from that same agency could serve on a committee such as the HUD CoC Committee or the Advocacy Committee.

C. Leadership Board Terms

Terms shall be three years and will be staggered such that approximately one-third the seats shall be filled each year. There are no term limits. In order to establish this system, in calendar year 2016, one-third of the board members will serve a twelve-month term (January-December 2016), one-third will serve a twenty four-month term (January 2016-December 2017), and the remaining third will serve a full three-year term (January 2016-December 2018).

Leadership Board Officers

The Leadership Board will have two Co-Chairs to serve as its officers. They will be elected by Board members and serve for a term of one year. They are responsible for facilitating the Leadership Board meetings and Steering Committee meetings. At least one Chair will serve as Chair of the Organizational Health Committee and one as the convener of the full membership meetings.

D. Leadership Board Meetings

Board meetings will happen no fewer than four times per year and will be open to the CoC members should they wish to observe. Only board members can vote at board meetings. EveryOne Home staff will provide public notice of meeting times and locations.

A quorum is established when at least 50% +1 of the membership is in attendance at a Board meeting. Members must attend 75% percent of the meetings annually to be considered members in good standing, which shall be verified by EveryOne Home staff.

E. Leadership Board Voting

For voting matters at the Leadership Board meetings, decisions will be passed by a majority of the members present (50% plus 1).

F. Leadership Board Committees

Committees and workgroups to the Leadership Board will be established as needed. Membership and selection process will be determined at the time a workgroup is established. Committees will determine whether they will be lead by a single Chair or Co-chairs. Committee quorums will be
established as follows unless otherwise specified in committee’s charter: decisions will be passed by the majority present at a meeting when the membership is open otherwise vote carries at 50% + 1 at meetings with appointed memberships. A brief description of each committee is below;

Committees with set memberships, meaning they are seated through election or appointment

1. **Steering Committee**-new committee outlined in Section VI below; strategizes on the Leadership Board’s work; conducts board meeting planning, coordinates the work between committees and arbitrates whether decisions are being made at the appropriate level of the initiative, i.e. those requiring board action versus those delegated to committees.

2. **Organizational Health Committee**-existing committee (renamed from Executive Committee); committee outlined in Section VII below. Oversee the budget staffing and operations of EveryOne Home, the CoC lead agency. Manage the health of EveryOne Home the organization. Provide resource development strategies for the organization. Conduct performance review of the Executive Director. Provide succession planning for the organization. Coordinate and support the priority activities of EveryOne Home in terms of resources and staffing.

3. **HUD Continuum of Care Committee**-new committee outlined in Section VIII below. Functions as the Continuum of Care Board required by the Interim Rule to act on behalf of the membership to ensure the CoC responsibilities are fulfilled. Those include; operating a Continuum of Care, operating and HMIS, Continuum of Care planning, and preparing an application for Continuum of Care funds (Interim Rule §578.7 and §578.9)

4. **Nominating Committee**-new committee outlined in Section IX below; recruit new members to the Leadership Board, Organizational Health Committee, and HUD Continuum of Care Committee. Maintain Leadership Board Roster; consider applications submitted for positions to the Leadership Board and HUD Continuum of Care Committee from the CoC membership;

Committees with open membership, meaning interested persons can join at any time;

5. **Advocacy/Policy Committee**-existing committee outlined in Section X below; develop, comment on and advocate for public policies at state federal and local levels that enhance the initiative’s ability to end homelessness, particularly by adding funding resources to the effort.

6. **Home Stretch Committee**-existing committee outlined in Section XI below; implement and oversee strategy to end chronic homelessness, including the creation of a centralized registry for all persons eligible for permanent supportive housing, the delivery of housing navigation services to the most vulnerable chronically homeless.

7. **Operation Vets Home Committee**-existing committee outlined in Section XII below; implement and oversee strategy to end veteran homelessness.
8. **Coordinated Entry System Committee**—new committee outlined in Section XIII below; implement and oversee the operations of the Coordinated Entry System.

VI. **Steering Committee**

Summary: strategizes on the Leadership Board’s work; conducts board meeting planning, coordinates the work between committees, and arbitrates whether decisions are being made at the appropriate level of the initiative, i.e. those requiring board action versus those delegated to committees.

**A. Steering Committee Roles and Responsibilities**

1. Plan Leadership Board meeting agenda and oversee content development
2. Monitor and Coordinate the work of Leadership Board Committees
3. When unclear, arbitrate which decisions will be made at the committee level and which at the Leadership Board level.
4. Evaluate new governance structure prior to ratification by the membership.

**B. Steering Committee Membership**

Steering members will include the Leadership Board Co-chairs, who will also chair the Steering Committee plus a Chair and/or designee from each committee.

**C. Steering Committee Terms**

Terms shall be for one (1) year and there are no term limits.

VII. **Organizational Health Committee**

Summary: This committee is responsible for managing the fiscal and operational health of EveryOne Home the backbone and continuum of care lead organization. EveryOne Home is a project of Tides, which serves as EveryOne Home’s fiscal agent. Per Tides’ requirements, EveryOne Home is required to have an Advisory Board that interfaces with Tides on behalf of the organization. Since January 2009, EveryOne Home’s Executive Committee has served in this role. Effective January 2016, the newly-named Organizational Health Committee will serve in this capacity. This committee has the authority to review and approve the organizational budget and executive director performance review.
A. Organizational Health Committee Roles and Responsibilities

1. Oversee the budget staffing and operations of EveryOne Home, the Collective Impact backbone organization and the CoC lead agency.

2. Serve as the advisory board for EveryOne Home as a project of Tides.

3. Manage the health of EveryOne Home the organization.

4. Provide resource development strategies for the organization.

5. Coordinate and support the priority activities of the organization in terms of resources and staffing. Negotiate with the Leadership Board to create a match between priority activities and organizational resources needed to accomplish them.

6. Conduct performance review of the Executive Director.

7. Provide succession planning for the organization.

B. Organizational Health Committee Membership

Summary: The committee is small in size (3-5 members); at least 50% of the members would serve on the Leadership Board to encourage cross-representation from this body to the Leadership Board, but all members of this committee do not necessarily need to serve on the Leadership Board. Individuals who bring some experience and interest in organizational management, financial planning, legal, human resources, etc. would be encouraged to participate. At least one of Leadership Board Co-Chairs will serve on the Organizational Health Committee.

C. Organizational Health Committee Terms

Members of the committee shall be elected annually by the Leadership Board per the recommendation of the nominating committee. Terms shall be for one (1) year and there are no term limits.

VIII. HUD Continuum of Care Committee

Summary: This committee functions as the Continuum of Care Board required by the Interim Rule to act on behalf of the membership to ensure the CoC responsibilities are fulfilled. Those include; operating a Continuum of Care, operating and HMIS, Continuum of Care planning, and preparing an
application for Continuum of Care funds (Interim Rule §578.7 and §578.9)HUD Continuum of Care Committee Roles and Responsibilities

A. HUD Continuum of Care Committee Roles and Responsibilities

The Governance Charter assigns the following responsibilities to the HUD Continuum of Care Committee:

1. Appoint committees, subcommittees or workgroups pertaining to the responsibilities outlined in the Interim Final Rule.
2. Determines costs of complying with HUD mandates
3. Assumes many of responsibilities as outlined in the Interim Final Rule.
4. Develop and recommend to the Leadership Board annual updates to the Governance Charter as needed.
5. Develop recommendations for the Leadership Board to establish/update performance targets; monitor, evaluate, and take action to improve poor performance at both the system and provider levels.
6. Evaluate outcomes of Emergency Solutions Grants (ESG) and CoC projects and report to HUD.
7. Establish and ensure written standards are consistently followed for providing CoC assistance including eligibility for transitional housing and rapid rehousing; the percentage of rent each participant must pay in rapid rehousing; and determining and prioritizing which eligible households will receive permanent supportive housing.
8. In collaboration with EveryOne Home staff, conduct the biennial point-in-time count of homeless persons.
9. Conduct an annual gaps analysis of the homeless needs and services to develop recommendations for the Leadership Board. Establish and affirm priorities for funding projects with CoC funds to be approved by the Leadership Board.
10. Provide information required to complete the Consolidated Plans within the Continuum.
11. Consult with local government ESG recipients on allocation of those funds and on evaluating and reporting performance.
12. Design, operate and follow a collaborative process for applications to be submitted under the CoC NOFA.
   a. Approve the submission of the application.
13. Develop, adopt and oversee an annual work plan for the HUD CoC Committee.

The HUD Continuum of Care Committee will delegate a number of these responsibilities to Committees and Workgroups as specified in Section V.C. below.

The HUD Continuum of Care Committee will seek and utilize input from the CoC membership to:
1. Develop and recommend annual updates to the Governance Charter when needed.
2. Generate ideas and provide strategic input for the implementation of an annual work plan.
3. Conduct an annual gaps analysis.
4. Set priorities for funding projects with Continuum of Care funds.

B. HUD Continuum of Care Committee Membership

The HUD CoC Committee is a sub-committee of the Leadership Board, not a standalone group. This group meets the definition of the board required to be established per the Interim Rule at §578.5(b); and must follow conflict of interest policies outlined in the Interim Rule at §578.95(b). This group could have crossover with the Leadership Board in terms of agencies represented, but may be different levels of organizational staff. It is staffed by EveryOne Home and HMIS staff.

The HUD CoC Committee will have nine (9) members including six (6) appointed/recruited positions and three (3) elected by the CoC membership.

- The Leadership Board will seat the six members who are not elected by the CoC membership. Interested parties will be invited to submit a written statement indicating their interest in being considered for the Committee; this shall be considered by the Nominating Committee first, then approved by the Leadership Board.
- The CoC membership will seat the three remaining positions on the Committee pursuant to the written policy noted in Section III.C above.
- Once the nine-member committee is established it will designate three of its members to serve on the Leadership Board for a term of 1 year.

The 9 seats will represent the following entities:

1. Two representatives from Alameda County Departments
2. Two representatives from Cities.
3. Two representatives from homeless assistance providers.
4. Two persons with lived experience.
5. One at-large representative.

C. HUD CoC Committee Terms

Terms shall be for three (3) years. There are no term limits. In order to establish this system in calendar year 2016, one-third of the committee members will serve a twelve-month term (January-
December 2016), one-third will serve a twenty-four-month term (January 2016-December 2017), and the remaining third will serve a full three-year term (January 2016-December 2018).

**D. Subcommittees to the HUD CoC Committee**

Subcommittees and workgroups will be established as needed. Membership and selection process will be determined at the time a workgroup is established. Committee quorums will be established as follows unless otherwise specified in committee’s charter: decisions will be passed by the majority present at a meeting when the membership is open. Otherwise vote carries at 50% + 1 at meetings with appointed memberships.

1. **Homeless Count Sub-Committee** oversees the biennial homeless count.
2. **NOFA Sub-Committee** oversees the local rating and ranking process for Continuum of Care funding. Approve projects for submission in response to the CoC Notice of Funding Availability (NOFA). Members cannot be employed by or married to someone who is employed by a non-profit or government department who is a recipient of CoC or Emergency Solutions Grants (ESG) funds. Members are selected through an application process and approved by the HUD CoC Committee.
3. **Performance Management Sub-Committee** oversees the operations of the HMIS, which includes ensuring compliance with federal requirements, planning, provider participation, coordination of data resources, data integration either with outside systems or with participating agencies’ internal data collection systems, updating policies and procedures, recommendations about the software/vendor, supporting and protecting the rights and privacy of service users; review periodic outcome reports; recommend revisions to performance measures and targets; and ensure the publication of reports such as the Homeless Count and the Annual Outcomes Report. Membership is open to any stakeholders and includes EveryOne Home staff, HMIS Lead staff jurisdictional and provider agencies who are HMIS users.

**IX. Nominating Committee**

Summary: This committee will be small (3-5) members. It recruits new members to the Leadership Board, Organizational Health Committee, and HUD Continuum of Care Committee. Maintains Leadership Board Roster; considers applications submitted for positions to the Leadership Board and HUD Continuum of Care Committee.
A. **Nominating Committee Roles and Responsibilities**

1. Recruit members to the Leadership Board to fill the non-elected and non-appointed seats
2. Ensure the diverse cultures, geographies, and stakeholder areas of expertise are represented on the Leadership Board.
3. Recruit members to serve on the Organization Health Committee and the HUD Continuum of Care from within the Leadership Board and, when appropriate, from beyond its membership.
4. Maintain Leadership Board roster; implement attendance and term limit policies for the committees for which they exist.

B. **Nominating Committee Membership**

Nominating Committee members will be recruited by the co-chairs and approved by the Leadership Board.

C. **Nominating Committee Terms**

Terms shall be for one (1) year and there are no term limits.

X. **Advocacy Committee**

Summary: This committee is open to any interested stakeholders. It develops, comments on and advocates for public policies at state federal and local levels that enhance the initiative’s ability to end homelessness, particularly by adding funding resources to the effort.

A. **Advocacy Committee Roles and Responsibilities**

1. Develop an annual advocacy work plan for the Leadership to adopt, including policy development and public education at the local, state and federal levels.
2. Review requests to EveryOne Home to endorse or oppose policies and legislation. Ensure the endorsement policy is followed with regard to items that can be resolved at the Committee level and those requiring a Leadership Board decision.
3. Craft and implement advocacy campaign strategies including outreach to EveryOne Home Stakeholders
B. Advocacy Committee Membership

This committee has an open membership. Interested stakeholders can join at any time. An invitation to join the committee will be issued a minimum of once per year at the annual meeting.

C. Advocacy Committee Terms

The committee does not have terms or term limits.

XI. Home Stretch Committee

Summary: This committee is open to any interested stakeholders. It implements and oversees the strategy to end chronic homelessness, including the creation of a centralized registry for all persons eligible for permanent supportive housing, the delivery of housing navigation services to the most vulnerable chronically homeless;

A. Home Stretch Committee Roles and Responsibilities

1. Ensure the implementation of the Permanent Supportive Housing prioritization policy.
2. Monitor and revise system-wide policies and practices for locating, enrolling, serving and housing the system’s most vulnerable homeless persons.
3. Convene stakeholders as a learning community for ending chronic homelessness.

B. Home Stretch Committee Membership

This committee has an open membership. Interested stakeholders can join at any time. An invitation to join the committee will be issued a minimum of once per year at the annual meeting.

C. Home Stretch Committee Terms

The committee does not have terms or term limits.

XII. Operation Vets Home Committee

Summary: This committee is open to any interested stakeholders. It implements and oversees the strategy to end veteran homelessness.
A. **Operation Vets Home Committee Roles and Responsibilities**

1. Maintains a master list of all homeless veterans by name.
2. Monitor and revise system-wide policies and practices for locating, enrolling, serving and housing veterans.
3. Convene stakeholders as a learning community for ending chronic homelessness.

B. **Operation Vets Home Committee Membership**

This committee has an open membership. Interested stakeholders can join at any time. An invitation to join the committee will be issued a minimum of once per year at the annual meeting.

C. **Operation Vets Home Committee Terms**

The committee does not have terms or term limits.

XIII. **Coordinated Entry System Committee**

Summary: This is a new committee being established by this charter. It is open to any interested stakeholders. It will implement and oversee the operations of the Coordinated Entry System;

A. **Coordinated Entry System Committee Roles and Responsibilities**

1. Develop and recommend policies, practices, and tools for the coordinated entry system.
2. Monitor and revise system-wide policies and practices for operating the coordinated entry system to improve effective and support system outcomes.
3. Convene stakeholders as a learning community for operating an effective coordinated entry system.

B. **Coordinated Entry System Committee Membership**

This committee has an open membership. Interested stakeholders can join at any time. An invitation to join the committee will be issued a minimum of once per year at the annual meeting.

C. **Coordinated Entry System Committee Terms**

The committee does not have terms or term limits.
XIV. Standards for Providing Continuum of Care Assistance

A. General Eligibility for Assistance Policies

This CoC operates using a Housing First approach to delivering services and screening for eligibility. Programs prioritize rapid placement and stabilization in permanent housing. They do not have clinical or income thresholds for entry into their programs.

The CoC has prioritized services for those who are “literally homeless”, living in emergency shelters, on the streets and other places not meant for human habitation. The HUD definition of homelessness is included in Appendix E.

B. Policies for Determining and Prioritizing which Eligible Households Receive Transitional Housing

These policies are still under development

C. Policies for Determining and Prioritizing which Eligible Households Receive Rapid Rehousing Assistance

These eligibility standards were adopted for Rapid Rehousing funded by Emergency Solutions Grant funding. They were adopted in 2013. Additional funding sources have since become available, and policies are being updated to integrate these sources. The ESG policy manual is included as Appendix F.

1. Rapid rehousing provides financial assistance and supportive services to individuals or families that are literally homeless, staying in shelter or transitional housing or on the streets or other places not suitable for human habitation, or exiting institutions and having entered from one of these locations. Eligibility for rapid rehousing includes those fleeing domestic violence who are living in one of the places named above.

2. In keeping with the intentions of the program, rapid rehousing assistance will be used primarily to serve households that are:
   1) Adults or family households able to be rehoused rapidly without anticipation of an ongoing subsidy, with ESG financial assistance anticipated to be of six months or less duration;
   2) Adults or family households able to be rehoused rapidly with an ongoing subsidy from another source anticipated within six months of ESG program participation
   3) Transition-age youth, especially those recently discharged from foster care, who are able to be rehoused rapidly without anticipation of an ongoing subsidy, with ESG assistance of eighteen months or less duration..
D. Policies for Determining Rent Amounts Eligible Households Receiving Rapid Rehousing Assistance Must Pay

These standards for rent amounts were adopted for Rapid Rehousing funded by Emergency Solutions Grant funding. They were adopted in 2013. Additional funding sources have since become available, and policies are being updated to integrate these sources.

1. For rental assistance payments, households with any income are expected to contribute either 50% of their income, or 50% of the rent, whichever is lower. An exception to this rule may be made for persons with disabilities who are anticipated to receive a permanent subsidy within six months of their ESG program enrollment.

2. With supervisor approval, households may be permitted to contribute less toward the rent for a brief period to cover other extraordinary costs. The program may pay the entire rent on behalf of households that have no income.

E. Policies for Determining and Prioritizing which Eligible Households Receive Permanent Supportive Housing

Per the Prioritization Policy adopted by the Leadership Board in January 2015 the following individuals and families are prioritized for all permanent supportive housing, HUD and non-HUD funded. The full policy is attached as Appendix G.

1. The household meets the HUD CoC definition for “chronic homelessness” OR the household met the criteria for this definition prior to entering government-funded transitional housing for homeless persons. And,

2. The household is in at least one of the high service need groups:
   i. Frequent user of other mainstream emergency health and law enforcement, or
   ii. High health risk as verified by clinician or health record, or
   iii. A score of 4 or greater on the TAY Self Assessment Tool, or
   iv. A score of 10 or more on the VISPDAT Assessment Tool.

F. Other Standards for Providing Assistance

1. Families seeking emergency shelter, transitional housing, and permanent housing from the Continuum will not be denied admission to services or required to separate any from other members based on age, sex or gender when entering shelter or housing.

2. All school aged children residing in Continuum programs will be required to register for school within 5 business days during the school year.

3. All individuals, families, and youth exiting from Continuum programs to permanent housing, with or without ongoing services, will be encouraged by the current provider to
contact them and/or the regional Rapid Rehousing provider should the household’s housing become at risk in order to avoid future episodes of homelessness.

4. Continuum of providers will screen service users for all mainstream benefits to which they may be entitled and assist them in applying for and securing such benefits, including but not limited to health care, income supports and food assistance.

XV. Homeless Management Information System (HMIS)

A. Designated HMIS

The Alameda County Continuum of Care designates InHOUSE as its countywide Homeless Management Information System (HMIS). InHOUSE, implemented in June 2005 is an acronym for Information about Homelessness, Outcomes, and Service Engagement. The InHOUSE database system facilitates effective and streamlined services to individuals-served as well as creating information that communities can use to determine the use and effectiveness of services.

The InHOUSE system is designed to benefit multiple stakeholders, including persons using homeless and/or at-risk of homelessness-targeted services, provider agencies, jurisdictions, other systems of care, funders and the community. Improved knowledge gained from InHOUSE about various communities with special needs and their service usage aides with providing a more effective and efficient service delivery system. By community partner agreement, the InHOUSE database operates as a shared system: permission granted by an individual-served allows for all HMIS-entering Covered Homeless Organizations (CHOs) to have viewership of client level data (excluding Case Management tasks).

B. Designated HMIS Lead

The Alameda County Continuum of Care designates the Alameda County Department of Housing and Community Development (HCD) as its HMIS Lead. It administers the HMIS funds provided by Continuum of Care funding as well as the local match.

The Continuum delegates the following responsibilities to the HMIS Lead:

1. Enter into written HMIS Participation Agreements with each Contributing HMIS Organization (CHO) requiring the CHO to comply with federal regulations regarding HMIS and imposing sanctions for failure to comply; and maintain documentation of these agreements.

2. In collaboration with the Performance Management Committee and the Continuum of Care Lead Agency, EveryOne Home,
   a. Review, revise and approve the policies and plans required by federal regulation;
b. Create and update the Data Quality Plan;
c. Coordinate and submit Housing Inventory Chart, and Annual Homeless Assessment Reports; and
d. Adopt written policies and procedures for the operation of the HMIS that apply to the HMIS Lead, its CHOs, and the Continuum of Care.

3. Oversee the day-to-day operation of HMIS.

4. Provide staffing for HMIS.

5. Provide technical support to participating agencies.

6. Provide training on privacy, and software related issues.

7. Regularly review data quality (monthly) take necessary actions to maintain input of high-quality data from all HMIS-utilizing agencies.

8. In conjunction with EveryOne Home, coordinate and submit the Point in Time Count and CoC funding application.

9. Submit a security plan, an updated data quality plan, and a privacy policy to the Leadership Board for approval within 6 months after the effective date of the HUD final rule establishing the requirements of these plans. The HMIS Lead must review and update the plans and policy at least annually. During this process, the HMIS Lead must seek and incorporate feedback from the Continuum membership and the Leadership Board and applicable entities. The HMIS Lead must implement the plans and policy within 6 months of the date of approval by the Leadership Board.

10. Solicits HMIS User feedback – including operational milestones, system functionality and ease of use, and progress. Feedback will come from the following groups that are open to all CHOs:

   **HMIS Policy Group**--The HMIS Policy Group Committee will work with the HMIS Lead to:

   1. Coordinate and prepare written HMIS policies and procedures in accordance with § 580.31 for all CHO/agencies, for review, update and adoption by the Performance Management Committee/Leadership Board.
   2. Develop, annually review, and, as necessary, revise for Performance Management Committee approval a privacy plan, security plan, and data quality plan for the HMIS, as well as any other HMIS policies and procedures required by HUD.

   **The HMIS User Group**--will work with the HMIS Lead to:

   1. Provide recommendations on use of software and software enhancements.
   2. Trouble-shoot frequent data quality errors.
   3. Recommend modifications to HMIS staff created reports.
XVI. Process for responding to the Continuum of Care Notice of Funding Availability

A. The Collaborative Applicant

The Continuum of Care designates Alameda County Department of Housing and Community Development (HCD) as the Collaborative Applicant for Continuum of Care funding. The Collaborative Applicant will:

1. Review, verify and submit the Grant the Grants Inventory Worksheet.
2. Register the Continuum of Care.
3. Review the budgets and narratives of all Project Applications and facilitate the submission of all Project Applications after they have been rated, ranked and approved by the NOFA Committee.
4. Work with EveryOne Home to complete the Continuum of Care application, formerly known as Exhibit 1.
5. Approve and assist projects with making amendments to their project budgets and other assistance they may need in working with the local HUD field office.
6. Consult the Continuum of Care Lead Agency regarding negotiations with HUD on behalf of projects.

B. The Continuum of Care Lead Agency

EveryOne Home the Continuum of Care Lead Agency will:

1. Provide staff support to the NOFA Committee and the local rating, ranking and prioritization process for Continuum of Care funds.
2. Facilitate the input of the Continuum membership into establishing priorities and giving feedback on scoring criteria and the application process.
3. In partnership with the Collaborative Applicant complete the Continuum of Care application.
4. Approve all requests for amendments and/or changes to CoC projects that occur outside of the annual renewal process.
5. Staff the HUD Continuum of Care Committee and its sub-committees.

C. The Continuum of Care NOFA Committee

As noted above, the NOFA Committee will oversee the local rating and ranking process and approve the projects applications to be submitted for funding. The Committee will:

1. Seek and determine how to utilize input on the priorities, scoring criteria and application process from the CoC membership.
2. Develop a local application and scoring criteria in compliance with the requirements of the NOFA.
3. Read and score proposals.
4. Approve the final priority list of projects to be included in the CoC application package.

XVII. Conflict of Interest Requirements

All Continuum, Leadership Board, and Committee members will abide by §578.95 (Conflicts of Interest) in the Interim Rule. Members of the Organizational Health Committee, Leadership Board and all Selected membership committees will be required annually to sign the Tides Conflict of Interest form. General Continuum Membership, Leadership Board, and all Committee members (both selected and open membership) will disclose potential conflicts when the topics of funding awards or other financial benefits that could be gained or lost by an organization which they represent as an employee, agent, consultant or board member or their spouse represents are under consideration by the group in which they are participating. If a conflict of interest exists, the member(s) will recuse themselves from the discussion and any related votes that take place.

The Continuum desires that it, and those entities to which it has delegated authority, make informed as well as non-conflicted decisions. The annual gaps analysis, eligibility criteria for who gets served by what resources in the Continuum, prioritization of who gets served, performance targets, etc. are best developed and refined with broad stakeholder input. Funded projects and jurisdictions will not be deemed conflicted in discussions on these topics nor in providing input on local priorities for Continuum of Care Funding and refinements the scoring criteria for projects or the application process. The NOFA Committee will evaluate the merits of the input and will make the final determination on the scoring criteria and application process.

As noted above members of the NOFA Committee cannot be an employee, agent and consultant or board member of or married to someone who is, any non-profit or government department that is a recipient or sub-recipient of Continuum of Care Funding. The same restriction applies to the any involvement the CoC has in state or local ESG rating and ranking processes.
XVIII. Appendices

A. Organizational Chart

B. Implementation Schedule

C. 24 CFR Part 578 Subpart B – Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program; Interim Final Rule, July 31, 2012, Establishing and Operating a Continuum of Care

D. Collective Impact Background

E. HUD definition of Homelessness


G. Prioritization for Permanent Supportive Housing Policies adopted 1-24-2015.

H. Applications for Membership to Continuum; Leadership Board; HUD CoC Committee

I. Tides Project Conflict of Interest
APPENDIX A – Organizational Chart
APPENDIX B – Implementation Schedule

**Remainder of 2015**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 25, 2015</td>
<td>EveryOne Home Leadership Board Meeting - adopt Governance Charter</td>
</tr>
<tr>
<td>July-Dec 2015</td>
<td>Leadership Board Executive Committee and Board Members serve out their current terms.</td>
</tr>
<tr>
<td>July 2015</td>
<td>Nominating Committee established by staff through authorization of Leadership Board; written applications developed for Continuum Membership, HUD Continuum of Care Committee, Leadership Board, and other committees as needed; roster and membership tracking tools created.</td>
</tr>
<tr>
<td>August 2015</td>
<td>Announcement about Governance Charter released publicly; Applications released to become member of the EveryOne Home Continuum of Care.</td>
</tr>
<tr>
<td>September 24, 2015</td>
<td>EveryOne Home Leadership Board Meeting</td>
</tr>
<tr>
<td>September 2015</td>
<td>Applications available to become member of EveryOne Home; Annual Meeting notice issued (give 3 weeks notice). Draft initial staffing plan.</td>
</tr>
<tr>
<td>October 2015</td>
<td>Annual Meeting of EveryOne Home Continuum of Care Membership membership holds elections to fill Leadership Board seat and HUD CoC Committee seats with effective dates 1/1/2016; ratify Governance Charter; generate and provide strategic input for the LB and Committee.</td>
</tr>
<tr>
<td>October 2015</td>
<td>Nominating Committee work underway to seat Leadership Board, Organizational Health Committee, and HUD CoC Committee.</td>
</tr>
<tr>
<td>October 22, 2015</td>
<td>EveryOne Home Leadership Board Meeting</td>
</tr>
<tr>
<td>November 2015</td>
<td>Nominating Committee work underway to seat Leadership Board, Organizational Health Committee, and HUD CoC Committee; craft recommendations for December Board meeting.</td>
</tr>
<tr>
<td>December 10, 2015</td>
<td>EveryOne Home Leadership Board Meeting-approve recommendations for new Leadership Board, HUD Continuum of Care Committee, and Organizational Health Committee. Approve a budget that indicates new staffing plan.</td>
</tr>
</tbody>
</table>

**Calendar Year 2016**

<table>
<thead>
<tr>
<th>Committee</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership Board</td>
<td>Quarterly; 4x/year</td>
</tr>
<tr>
<td>Steering Committee</td>
<td>4-6x/year</td>
</tr>
<tr>
<td>Org Health Committee</td>
<td>2-4x/year</td>
</tr>
<tr>
<td>CoC Membership</td>
<td>At least 2x/year</td>
</tr>
<tr>
<td>HUD CoC Committee</td>
<td>At least 6x/year</td>
</tr>
<tr>
<td>Nominating</td>
<td>As needed</td>
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</tbody>
</table>
Other committees: At least quarterly in advance of Leadership Board meetings

<table>
<thead>
<tr>
<th>Month</th>
<th>Event Description</th>
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</thead>
<tbody>
<tr>
<td>March 2016</td>
<td>Quarterly Meeting of EveryOne Home Leadership Board</td>
</tr>
<tr>
<td>April 2016</td>
<td>General Meeting of EveryOne Home Continuum of Care Membership</td>
</tr>
<tr>
<td>June 2016</td>
<td>Quarterly Meeting of EveryOne Home Leadership Board</td>
</tr>
<tr>
<td>September 2016</td>
<td>Quarterly Meeting of EveryOne Home Leadership Board - approve any recommendations for changes to the Governance Charter as forwarded by HUD CoC Committee or directly from LB</td>
</tr>
<tr>
<td>October 2016</td>
<td>Annual Meeting of EveryOne Home Continuum of Care Membership - ratify updates to the Governance Charter; hold elections for vacant seats on the Leadership Board and HUD Continuum of Care Committee; generate and provide strategic input for the LB and Committee.</td>
</tr>
<tr>
<td>December 2016</td>
<td>Quarterly Meeting of EveryOne Home Leadership Board (elections</td>
</tr>
</tbody>
</table>
APPENDIX C – Interim Rule

FEDERAL REGISTER

Vol. 77 Tuesday,
No. 147 July 31, 2012

Part II

Department of Housing and Urban Development

24 CFR Part 578
Homeless Emergency Assistance and Rapid Transition to Housing:
Continuum of Care Program; Interim Final Rule
or annual payments for operating costs, or supportive services under this subtitle.

Recipient means an applicant that signs a grant agreement with HUD.

Safe haven means, for the purpose of defining chronically homeless, supportive housing that meets the following:

(1) Serves hard to reach homeless persons with severe mental illness who came from the streets and have been unwilling or unable to participate in supportive services;

(2) Provides 24-hour residence for eligible persons for an unspecified period;

(3) Has an overnight capacity limited to 25 or fewer persons; and

(4) Provides low-demand services and referrals for the residents.

State means each of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, American Samoa, Guam, the Commonwealth of the Northern Marianas, and the Virgin Islands.

Subrecipient means a private non-profit organization, State, local government, or instrumentality of State or local government that receives a subgrant from the recipient to carry out a project.

Transitional housing means housing, where all program participants have signed a lease or occupancy agreement, the purpose of which is to facilitate the movement of homeless individuals and families into permanent housing within 24 months or such longer period as HUD determines necessary. The program participant must have a lease or occupancy agreement for a term of at least one month that ends in 24 months and cannot be extended.

Unified Funding Agency (UFA) means an eligible applicant selected by the Continuum of Care to apply for a grant for the entire Continuum, which has the capacity to carry out the duties in §578.11(b), which is approved by HUD and to which HUD awards a grant.

Victim service provider means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women’s shelters, domestic vio-
(4) Appoint additional committees, subcommittees, or workgroups;

(5) In consultation with the collaborative applicant and the HMIS Lead, develop, follow, and update annually a governance charter, which will include all procedures and policies needed to comply with subpart B of this part and with HMIS requirements as prescribed by HUD; and a code of conduct and recusal process for the board, its chair(s), and any person acting on behalf of the board;

(6) Consult with recipients and sub-recipients to establish performance targets appropriate for population and program type, monitor recipient and subrecipient performance, evaluate outcomes, and take action against poor performers;

(7) Evaluate outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program, and report to HUD;

(8) In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The Continuum must develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. This system must comply with any requirements established by HUD by Notice.

(9) In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and consistently follow written standards for providing Continuum of Care assistance. At a minimum, these written standards must include:

(1) Policies and procedures for evaluating individuals’ and families’ eligibility for assistance under this part;

(11) Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;

(111) Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance;

(iv) Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance;

(v) Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance; and

(vi) Where the Continuum is designated a high-performing community, as described in subpart G of this part, policies and procedures set forth in 24 CFR 576.400(e)(3)(v1), (e)(3)(v11), (e)(3)(vii1), and (e)(3)(ix).

(b) Designating and operating an HMIS. The Continuum of Care must:

(i) Designate a single Homeless Management Information System (HMIS) for the geographic area;

(ii) Designate an eligible applicant to manage the Continuum’s HMIS, which will be known as the HMIS Lead;

(iii) Review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS;

(iv) Ensure consistent participation of recipients and sub-recipients in the HMIS; and

(v) Ensure the HMIS is administered in compliance with requirements prescribed by HUD.

(c) Continuum of Care planning. The Continuum must develop a plan that includes:

(1) Coordinating the implementation of a housing and service system within its geographic area that meets the needs of the homeless individuals (including unaccompanied youth) and families. At a minimum, such system encompasses the following:

(i) Outreach, engagement, and assessment;

(ii) Shelter, housing, and supportive services;

(iii) Prevention strategies.

(2) Planning for and conducting, at least biennially, a point-in-time count of homeless persons within the geographic area that meets the following requirements:

(i) Homeless persons who are living in a place not designed or ordinarily
§ 578.9 Preparing an application for funds.

(a) The Continuum must:

(1) Design, operate, and follow a collaborative process for the development of applications and approve the submission of applications in response to a NOFA published by HUD under §578.19 of this subpart;

(2) Establish priorities for funding projects in the geographic area;

(3) Determine if one application for funding will be submitted for all projects within the geographic area or if more than one application will be submitted for the projects within the geographic area;

(4) If more than one application will be submitted, designate an eligible applicant to be the collaborative applicant that will collect and combine the required application information from all applicants and for all projects within the geographic area that the Continuum has selected funding. The collaborative applicant will also apply for Continuum of Care planning activities. If the Continuum is an eligible applicant, it may designate itself;

(5) If only one application will be submitted, that applicant will be the collaborative applicant and will collect and combine the required application information from all projects within the geographic area that the Continuum has selected for funding and apply for Continuum of Care planning activities;

(b) The Continuum retains all of its responsibilities, even if it designates one or more eligible applicants other than itself to apply for funds on behalf of the Continuum. This includes approving the Continuum of Care application.

§ 578.11 Unified Funding Agency.

(a) Becoming a Unified Funding Agency. To become designated as the Unified Funding Agency (UFA) for a Continuum, a collaborative applicant must be selected by the Continuum to apply to HUD to be designated as the UFA for the Continuum.

(b) Criteria for designating a UFA. HUD will consider these criteria when deciding whether to designate a collaborative applicant a UFA:

(1) The Continuum of Care represents meets the requirements in §578.7;

(2) The collaborative applicant has financial management systems that meet the standards set forth in 24 CFR 84.21 (for nonprofit organizations) and 24 CFR 85.20 (for States);

(3) The collaborative applicant demonstrates the ability to monitor subrecipients; and

(4) Such other criteria as HUD may establish by NOFA.

(c) Requirements. HUD-designated UFAs shall:

(1) Apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area.

(2) Enter into legally binding agreements with subrecipients, and receive and distribute funds to subrecipients for all projects within the geographic area.

(3) Require subrecipients to establish fiscal control and accounting procedures as necessary to ensure the proper disbursement of and accounting for federal funds in accordance with the requirements of 24 CFR parts 84 and 85 and corresponding OMB circulars.

(4) Obtain approval of any proposed grant agreement amendments by the
Continuum of Care before submitting a request for an amendment to HUD.

§ 578.13 Remedial action.

(a) If HUD finds that the Continuum of Care for a geographic area does not meet the requirements of the Act or its implementing regulations, or that there is no Continuum for a geographic area, HUD may take remedial action to ensure fair distribution of grant funds within the geographic area. Such measures may include:

   (1) Designating a replacement Continuum of Care for the geographic area;
   (2) Designating a replacement collaborative applicant for the Continuum’s geographic area; and
   (3) Accepting applications from other eligible applicants within the Continuum’s geographic area.

(b) HUD must provide a 30-day prior written notice to the Continuum and its collaborative applicant and give them an opportunity to respond.

Subpart C—Application and Grant Award Process

§ 578.15 Eligible applicants.

(a) Who may apply. Nonprofit organizations, States, local governments, and instrumentalities of State or local governments are eligible to apply for grants.

(b) Designation by the Continuum of Care. Eligible applicant(s) must have been designated by the Continuum of Care to submit an application for grant funds under this part. The designation must state whether the Continuum is designating more than one applicant to apply for funds and, if it is, which applicant is being designated as the collaborative applicant. If the Continuum is designating only one applicant to apply for funds, the Continuum must designate that applicant to be the collaborative applicant.

(c) Exclusion. For-profit entities are not eligible to apply for grants or to be subrecipients of grant funds.

§ 578.17 Overview of application and grant award process.

(a) Formula. (1) After enactment of the annual appropriations act for each fiscal year, and issuance of the NOFA, HUD will publish, on its Web site, the Preliminary Pro Rata Need (PPRN) assigned to metropolitan cities, urban counties, and all other counties.

   (2) HUD will apply the formula used to determine PPRN established in paragraph (a)(3) of this section, to the amount of funds being made available under the NOFA. That amount is calculated by:

   (1) Determining the total amount for the Continuum of Care competition in accordance with section 413 of the Act or as otherwise directed by the annual appropriations act;

   (11) From the amount in paragraph (a)(2)(1) of this section, deducting the amount published in the NOFA as being set aside to provide a bonus to geographic areas for activities that have proven to be effective in reducing homelessness generally or for specific subpopulations listed in the NOFA or achieving homeless prevention and independent living goals established in the NOFA and to meet policy priorities set in the NOFA; and

   (11) Deducting the amount of funding necessary for Continuum of Care planning activities and UFA costs.

   (3) PPRN is calculated on the amount determined under paragraph (a)(2) of this section by using the following formula:

   (1) Two percent will be allocated among the four insular areas (American Samoa, Guam, the Commonwealth of the Northern Marianas, and the Virgin Islands) on the basis of the ratio of the population of each insular area to the population of all insular areas.

   (11) Seventy-five percent of the remaining amount will be allocated, using the Community Development Block Grant (CDBG) formula, to metropolitan cities and urban counties that have been funded under either the Emergency Shelter Grants or Emergency Solutions Grants programs in any one year since 2004.

   (111) The amount remaining after the allocation under paragraphs (a)(1) and (2) of this section will be allocated, using the CDBG formula, to metropolitan cities and urban counties that have not been funded under the Emergency Solutions Grants program in any year since 2004 and all other counties in the United States and Puerto Rico.
APPENDIX D—Collective Impact Background

Collective Impact
By John Kania & Mark Kramer

Stanford Social Innovation Review
Winter 2011

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Collective Impact

Large-scale social change requires broad cross-sector coordination, yet the social sector remains focused on the isolated intervention of individual organizations.

The scale and complexity of the U.S. public education system has thwarted attempted reforms for decades. Major funders, such as the Annenberg Foundation, Ford Foundation, and Pew Charitable Trusts have abandoned many of their efforts in frustration after acknowledging their lack of progress. Once the global leader—after World War II the United States had the highest high school graduation rate in the world—the country now ranks 18th among the top 24 industrialized nations, with more than 1 million secondary school students dropping out every year. The heroic efforts of countless teachers, administrators, and nonprofits, together with billions of dollars in charitable contributions, may have led to important improvements in individual schools and classrooms, yet system-wide progress has seemed virtually unobtainable.

Against these daunting odds, a remarkable exception seems to be emerging in Cincinnati. Strive, a nonprofit subsidiary of KnowledgeWorks, has brought together local leaders to tackle the student achievement crisis and improve education throughout greater Cincinnati and northern Kentucky. In the four years since the group was launched, Strive partners have improved student success in dozens of key areas across three large public school districts. Despite the recession and budget cuts, 34 of the 53 success indicators that Strive tracks have shown positive trends, including high school graduation rates, fourth-grade reading and math scores, and the number of preschool children prepared for kindergarten.

Why has Strive made progress when so many other efforts have failed? It is because a core group of community leaders decided to abandon their individual agendas in favor of a collective approach to improving student achievement. More than 300 leaders of local organizations agreed to participate, including the heads of influential private and corporate foundations, city government officials, school district representatives, the presidents of eight universities and community colleges, and the executive directors of hundreds of education-related nonprofit and advocacy groups.

These leaders realized that fixing one point on the educational continuum—such as better after-school programs—wouldn’t make much difference unless all parts of the continuum improved at the same time. No single organization, however innovative or powerful, could accomplish this alone.
Instead, their ambitious mission became to coordinate improvements at every stage of a young person’s life, from “cradle to career.”

Strive didn’t try to create a new educational program or attempt to convince donors to spend more money. Instead, through a carefully structured process, Strive focused the entire educational community on a single set of goals, measured in the same way. Participating organizations are grouped into 15 different Student Success Networks (SSNs) by type of activity, such as early childhood education or tutoring. Each SSN has been meeting with coaches and facilitators for two hours every two weeks for the past three years, developing shared performance indicators, discussing their progress, and most important, learning from each other and aligning their efforts to support each other.

Strive, both the organization and the process it helps facilitate, is an example of collective impact, the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem. Collaboration is nothing new. The social sector is filled with examples of partnerships, networks, and other types of joint efforts. But collective impact initiatives are distinctly different. Unlike most collaborations, collective impact initiatives involve a centralized infrastructure, a dedicated staff, and a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants.

Although rare, other successful examples of collective impact are addressing social issues that, like education, require many different players to change their behavior in order to solve a complex problem. In 1993, Marjorie Mayfield Jackson helped found the Elizabeth River Project with a mission of cleaning up the Elizabeth River in southeastern Virginia, which for decades had been a dumping ground for industrial waste. They engaged more than 100 stakeholders, including the city governments of Chesapeake, Norfolk, Portsmouth, and Virginia Beach, Va., the Virginia Department of Environmental Quality, the U.S. Environmental Protection Agency (EPA), the U.S. Navy, and dozens of local businesses, schools, community groups, environmental organizations, and universities, in developing an 18-point plan to restore the watershed. Fifteen years later, more than 1,000 acres of watershed land have been conserved or restored, pollution has been reduced by more than 215 million pounds, concentrations of the most severe carcinogen have been cut sixfold, and water quality has significantly improved. Much remains to be done before the river is fully restored, but already 27 species of fish and oysters are thriving in the restored wetlands, and bald eagles have returned to nest on the shores.
Or consider Shape up Somerville, a citywide effort to reduce and prevent childhood obesity in elementary school children in Somerville, Mass. Led by Christina Economos, an associate professor at Tufts University’s Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy, and funded by the Centers for Disease Control and Prevention, the Robert Wood Johnson Foundation, Blue Cross Blue Shield of Massachusetts, and United Way of Massachusetts Bay and Merrimack Valley, the program engaged government officials, educators, businesses, nonprofits, and citizens in collectively defining wellness and weight gain prevention practices. Schools agreed to offer healthier foods, teach nutrition, and promote physical activity. Local restaurants received a certification if they served low-fat, high nutritional food. The city organized a farmers’ market and provided healthy lifestyle incentives such as reduced-price gym memberships for city employees. Even sidewalks were modified and crosswalks repainted to encourage more children to walk to school. The result was a statistically significant decrease in body mass index among the community’s young children between 2002 and 2005.

Even companies are beginning to explore collective impact to tackle social problems. Mars, a manufacturer of chocolate brands such as M&M’s, Snickers, and Dove, is working with NGOs, local governments, and even direct competitors to improve the lives of more than 500,000 impoverished cocoa farmers in Cote d’Ivoire, where Mars sources a large portion of its cocoa. Research suggests that better farming practices and improved plant stocks could triple the yield per hectare, dramatically increasing farmer incomes and improving the sustainability of Mars’s supply chain. To accomplish this, Mars must enlist the coordinated efforts of multiple organizations: the Cote d’Ivoire government needs to provide more agricultural extension workers, the World Bank needs to finance new roads, and bilateral donors need to support NGOs in improving health care, nutrition, and education in cocoa growing communities. And Mars must find ways to work with its direct competitors on pre-competitive issues to reach farmers outside its supply chain. These varied examples all have a common theme: that large-scale social change comes from better cross-sector coordination rather than from the isolated intervention of individual organizations. Evidence of the effectiveness of this approach is still limited, but these examples suggest that substantially greater progress could be made in alleviating many of our most serious and complex social problems if nonprofits, governments, businesses, and the public were brought together around a common agenda to create collective impact. It doesn’t happen often, not because it is impossible, but because it is so rarely attempted. Funders and nonprofits alike overlook the potential for collective impact because they are used to focusing on independent action as the primary vehicle for social change.
ISOLATED IMPACT
Most funders, faced with the task of choosing a few grantees from many applicants, try to ascertain which organizations make the greatest contribution toward solving a social problem. Grantees, in turn, compete to be chosen by emphasizing how their individual activities produce the greatest effect. Each organization is judged on its own potential to achieve impact, independent of the numerous other organizations that may also influence the issue. And when a grantee is asked to evaluate the impact of its work, every attempt is made to isolate that grantee’s individual influence from all other variables.

In short, the nonprofit sector most frequently operates using an approach that we call isolated impact. It is an approach oriented toward finding and funding a solution embodied within a single organization, combined with the hope that the most effective organizations will grow or replicate to extend their impact more widely. Funders search for more effective interventions as if there were a cure for failing schools that only needs to be discovered, in the way that medical cures are discovered in laboratories. As a result of this process, nearly 1.4 million nonprofits try to invent independent solutions to major social problems, often working at odds with each other and exponentially increasing the perceived resources required to make meaningful progress. Recent trends have only reinforced this perspective. The growing interest in venture philanthropy and social entrepreneurship, for example, has greatly benefited the social sector by identifying and accelerating the growth of many high-performing nonprofits, yet it has also accentuated an emphasis on scaling up a few select organizations as the key to social progress.

Despite the dominance of this approach, there is scant evidence that isolated initiatives are the best way to solve many social problems in today’s complex and interdependent world. No single organization is responsible for any major social problem, nor can any single organization cure it. In the field of education, even the most highly respected nonprofits—such as the Harlem Children’s Zone, Teach for America, and the Knowledge Is Power Program (KIPP)—have taken decades to reach tens of thousands of children, a remarkable achievement that deserves praise, but one that is three orders of magnitude short of the tens of millions of U.S. children that need help.

The problem with relying on the isolated impact of individual organizations is further compounded by the isolation of the nonprofit sector. Social problems arise from the interplay of governmental and commercial activities, not only from the behavior of social sector organizations. As a result, complex problems can be solved only by cross-sector coalitions that engage those outside the nonprofit sector.
We don’t want to imply that all social problems require collective impact. In fact, some problems are best solved by individual organizations. In “Leading Boldly,” an article we wrote with Ron Heifetz for the winter 2004 issue of the *Stanford Social Innovation Review*, we described the difference between *technical problems* and *adaptive problems*. Some social problems are technical in that the problem is well defined, the answer is known in advance, and one or a few organizations have the ability to implement the solution. Examples include funding college scholarships, building a hospital, or installing inventory controls in a food bank. Adaptive problems, by contrast, are complex, the answer is not known, and even if it were, no single entity has the resources or authority to bring about the necessary change. Reforming public education, restoring wetland environments, and improving community health are all adaptive problems. In these cases, reaching an effective solution requires learning by the stakeholders involved in the problem, who must then change their own behavior in order to create a solution.

Shifting from isolated impact to collective impact is not merely a matter of encouraging more collaboration or public-private partnerships. It requires a systemic approach to social impact that focuses on the relationships between organizations and the progress toward shared objectives. And it requires the creation of a new set of *nonprofit management* organizations that have the skills and resources to assemble and coordinate the specific elements necessary for collective action to succeed.

**THE FIVE CONDITIONS OF COLLECTIVE SUCCESS**

Our research shows that successful collective impact initiatives typically have five conditions that together produce true alignment and lead to powerful results: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and backbone support organizations.

*Common Agenda* Collective impact requires all participants to have a shared vision for change, one that includes a common understanding of the problem and a joint approach to solving it through agreed upon actions. Take a close look at any group of funders and nonprofits that believe they are working on the same social issue, and you quickly find that it is often not the same issue at all. Each organization often has a slightly different definition of the problem and the ultimate goal. These differences are easily ignored when organizations work independently on isolated initiatives, yet these differences splinter the efforts and undermine the impact of the field as a whole. Collective impact requires that these differences be discussed and resolved. Every participant need not agree with every other participant on all dimensions of the problem. In fact, disagreements continue to
divide participants in all of our examples of collective impact. All participants must agree, however, on the primary goals for the collective impact initiative as a whole. The Elizabeth River Project, for example, had to find common ground among the different objectives of corporations, governments, community groups, and local citizens in order to establish workable cross-sector initiatives.

Funders can play an important role in getting organizations to act in concert. In the case of Strive, rather than fueling hundreds of strategies and nonprofits, many funders have aligned to support Strive’s central goals. The Greater Cincinnati Foundation realigned its education goals to be more compatible with Strive, adopting Strive’s annual report card as the foundation’s own measures for progress in education. Every time an organization applied to Duke Energy for a grant, Duke asked, “Are you part of the [Strive] network?” And when a new funder, the Carol Ann and Ralph V. Haile Jr./U.S. Bank Foundation, expressed interest in education, they were encouraged by virtually every major education leader in Cincinnati to join Strive if they wanted to have an impact in local education.¹

Shared Measurement Systems Developing a shared measurement system is essential to collective impact. Agreement on a common agenda is illusory without agreement on the ways success will be measured and reported. Collecting data and measuring results consistently on a short list of indicators at the community level and across all participating organizations not only ensures that all efforts remain aligned, it also enables the participants to hold each other accountable and learn from each other’s successes and failures.

It may seem impossible to evaluate hundreds of different organizations on the same set of measures. Yet recent advances in Web-based technologies have enabled common systems for reporting performance and measuring outcomes. These systems increase efficiency and reduce cost. They can also improve the quality and credibility of the data collected, increase effectiveness by enabling grantees to learn from each other’s performance, and document the progress of the field as a whole.² All of the preschool programs in Strive, for example, have agreed to measure their results on the same criteria and use only evidence-based decision making. Each type of activity requires a different set of measures, but all organizations engaged in the same type of activity report on the same measures. Looking at results across multiple organizations enables the participants to spot patterns, find solutions, and implement them rapidly. The preschool programs discovered that children regress during the summer break before kindergarten. By launching an innovative “summer bridge” session, a technique more often used in middle school, and implementing it simultaneously in all preschool programs, they increased the average kindergarten readiness scores throughout the region by an average of 10 percent in a single year.³
Mutually Reinforcing Activities Collective impact initiatives depend on a diverse group of stakeholders working together, not by requiring that all participants do the same thing, but by encouraging each participant to undertake the specific set of activities at which it excels in a way that supports and is coordinated with the actions of others.

The power of collective action comes not from the sheer number of participants or the uniformity of their efforts, but from the coordination of their differentiated activities through a mutually reinforcing plan of action. Each stakeholder’s efforts must fit into an overarching plan if their combined efforts are to succeed. The multiple causes of social problems, and the components of their solutions, are interdependent. They cannot be addressed by uncoordinated actions among isolated organizations.

All participants in the Elizabeth River Project, for example, agreed on the 18-point watershed restoration plan, but each is playing a different role based on its particular capabilities. One group of organizations works on creating grassroots support and engagement among citizens, a second provides peer review and recruitment for industrial participants who voluntarily reduce pollution, and a third coordinates and reviews scientific research.

The 15 SSNs in Strive each undertake different types of activities at different stages of the educational continuum. Strive does not prescribe what practices each of the 300 participating organizations should pursue. Each organization and network is free to chart its own course consistent with the common agenda, and informed by the shared measurement of results.

Continuous Communication Developing trust among nonprofits, corporations, and government agencies is a monumental challenge. Participants need several years of regular meetings to build up enough experience with each other to recognize and appreciate the common motivation behind their different efforts. They need time to see that their own interests will be treated fairly, and that decisions will be made on the basis of objective evidence and the best possible solution to the problem, not to favor the priorities of one organization over another.

Even the process of creating a common vocabulary takes time, and it is an essential prerequisite to developing shared measurement systems. All the collective impact initiatives we have studied held monthly or even biweekly in-person meetings among the organizations’ CEO-level leaders. Skipping meetings or sending lower-level delegates was not acceptable. Most of the meetings were supported by external facilitators and followed a structured agenda.
The Strive networks, for example, have been meeting regularly for more than three years. Communication happens between meetings too: Strive uses Web-based tools, such as Google Groups, to keep communication flowing among and within the networks. At first, many of the leaders showed up because they hoped that their participation would bring their organizations additional funding, but they soon learned that was not the meetings’ purpose. What they discovered instead were the rewards of learning and solving problems together with others who shared their same deep knowledge and passion about the issue.

**Backbone Support Organizations** Creating and managing collective impact requires a separate organization and staff with a very specific set of skills to serve as the backbone for the entire initiative. Coordination takes time, and none of the participating organizations has any to spare. The expectation that collaboration can occur without a supporting infrastructure is one of the most frequent reasons why it fails.

The backbone organization requires a dedicated staff separate from the participating organizations who can plan, manage, and support the initiative through ongoing facilitation, technology and communications support, data collection and reporting, and handling the myriad logistical and administrative details needed for the initiative to function smoothly. Strive has simplified the initial staffing requirements for a backbone organization to three roles: project manager, data manager, and facilitator.

Collective impact also requires a highly structured process that leads to effective decision making. In the case of Strive, staff worked with General Electric (GE) to adapt for the social sector the Six Sigma process that GE uses for its own continuous quality improvement. The Strive Six Sigma process includes training, tools, and resources that each SSN uses to define its common agenda, shared measures, and plan of action, supported by Strive facilitators to guide the process.

In the best of circumstances, these backbone organizations embody the principles of adaptive leadership: the ability to focus people’s attention and create a sense of urgency, the skill to apply pressure to stakeholders without overwhelming them, the competence to frame issues in a way that presents opportunities as well as difficulties, and the strength to mediate conflict among stakeholders.

**FUNDING COLLECTIVE IMPACT**
Creating a successful collective impact initiative requires a significant financial investment: the time participating organizations must dedicate to the work, the development and monitoring of shared
measurement systems, and the staff of the backbone organization needed to lead and support the initiative’s ongoing work.

As successful as Strive has been, it has struggled to raise money, confronting funders’ reluctance to pay for infrastructure and preference for short-term solutions. Collective impact requires instead that funders support a long-term process of social change without identifying any particular solution in advance. They must be willing to let grantees steer the work and have the patience to stay with an initiative for years, recognizing that social change can come from the gradual improvement of an entire system over time, not just from a single breakthrough by an individual organization. This requires a fundamental change in how funders see their role, from funding organizations to leading a long-term process of social change. It is no longer enough to fund an innovative solution created by a single nonprofit or to build that organization’s capacity. Instead, funders must help create and sustain the collective processes, measurement reporting systems, and community leadership that enable cross-sector coalitions to arise and thrive.

This is a shift that we foreshadowed in both “Leading Boldly” and our more recent article, “Catalytic Philanthropy,” in the fall 2009 issue of the Stanford Social Innovation Review. In the former, we suggested that the most powerful role for funders to play in addressing adaptive problems is to focus attention on the issue and help to create a process that mobilizes the organizations involved to find a solution themselves. In “Catalytic Philanthropy,” we wrote: “Mobilizing and coordinating stakeholders is far messier and slower work than funding a compelling grant request from a single organization. Systemic change, however, ultimately depends on a sustained campaign to increase the capacity and coordination of an entire field.” We recommended that funders who want to create large-scale change follow four practices: take responsibility for assembling the elements of a solution; create a movement for change; include solutions from outside the nonprofit sector; and use actionable knowledge to influence behavior and improve performance.

These same four principles are embodied in collective impact initiatives. The organizers of Strive abandoned the conventional approach of funding specific programs at education nonprofits and took responsibility for advancing education reform themselves. They built a movement, engaging hundreds of organizations in a drive toward shared goals. They used tools outside the nonprofit sector, adapting GE’s Six Sigma planning process for the social sector. And through the community report card and the biweekly meetings of the SSNs they created actionable knowledge that motivated the community and improved performance among the participants.
Funding collective impact initiatives costs money, but it can be a highly leveraged investment. A backbone organization with a modest annual budget can support a collective impact initiative of several hundred organizations, magnifying the impact of millions or even billions of dollars in existing funding. Strive, for example, has a $1.5 million annual budget but is coordinating the efforts and increasing the effectiveness of organizations with combined budgets of $7 billion. The social sector, however, has not yet changed its funding practices to enable the shift to collective impact. Until funders are willing to embrace this new approach and invest sufficient resources in the necessary facilitation, coordination, and measurement that enable organizations to work in concert, the requisite infrastructure will not evolve.

FUTURE SHOCK
What might social change look like if funders, nonprofits, government officials, civic leaders, and business executives embraced collective impact? Recent events at Strive provide an exciting indication of what might be possible.

Strive has begun to codify what it has learned so that other communities can achieve collective impact more rapidly. The organization is working with nine other communities to establish similar cradle to career initiatives. Importantly, although Strive is broadening its impact to a national level, the organization is not scaling up its own operations by opening branches in other cities. Instead, Strive is promulgating a flexible process for change, offering each community a set of tools for collective impact, drawn from Strive’s experience but adaptable to the community’s own needs and resources. As a result, the new communities take true ownership of their own collective impact initiatives, but they don’t need to start the process from scratch. Activities such as developing a collective educational reform mission and vision or creating specific community-level educational indicators are expedited through the use of Strive materials and assistance from Strive staff. Processes that took Strive several years to develop are being adapted and modified by other communities in significantly less time.

These nine communities plus Cincinnati have formed a community of practice in which representatives from each effort connect regularly to share what they are learning. Because of the number and diversity of the communities, Strive and its partners can quickly determine what processes are universal and which require adaptation to a local context. As learning accumulates, Strive staff will incorporate new findings into an Internet-based knowledge portal that will be available to any community wishing to create a collective impact initiative based on Strive’s model.
This exciting evolution of the Strive collective impact initiative is far removed from the isolated impact approach that now dominates the social sector and that inhibits any major effort at comprehensive, large-scale change. If successful, it presages the spread of a new approach that will enable us to solve today’s most serious social problems with the resources we already have at our disposal. It would be a shock to the system. But it’s a form of shock therapy that’s badly needed.

APPENDIX E – HUD Definition of Homeless

- People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided if they were in shelter or a place not meant for human habitation before entering the institution. The only significant change from existing practice is that people will be considered homeless if they are exiting an institution where they resided for up to 90 days (it was previously 30 days), and were homeless immediately prior to entering that institution.

- People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled up situation, within 14 days and lack resources or support networks to remain in housing. HUD had previously allowed people who were being displaced within 7 days to be considered homeless. The regulation also describes specific documentation requirements for this category.

- Families with children or unaccompanied youth who are unstably housed and likely to continue in that state. This is a new category of homelessness, and it applies to families with children or unaccompanied youth (up to age 24) who have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment.

- People who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening situations related to violence; have no other residence; and lack the resources or support networks to obtain other permanent housing. This category is similar to the current practice regarding people who are fleeing domestic violence.

Alameda County
Priority Home Partnership

Emergency Solutions Grant
Rapid Rehousing and Prevention Assistance
Policies and Procedures Manual

Version 1
February 2013
**Eligibility Determination**

Program operators must determine that potential participants are eligible for assistance, and document this eligibility, including verifying income and housing status. The Program Application and Eligibility Determination Form contains key questions and documentation requirements.

A copy of the [ESG Program Application and Eligibility Determination Form](#) can be found in the Appendix. This document and all supporting documentation should be placed in the Participant’s File.

A cover sheet for participant files with a list of all of the program documents can be found [here](#).

**Ineligible applicants:** If a household is assessed and determined to be ineligible, the program operator must notify the household that they have been determined to be ineligible, provide them with appropriate referrals which should be noted on the application form, and create a client file documenting the assessment process and determination.

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**2: Enrollment**

Once found eligible, to enroll the head of household must sign the ESG Participation Agreement complete the HMIS ROI and staff must complete an HMIS Standard Intake Form (SIF) for all household members.

A copy of the [ESG Program Participation Agreement](#) can be found in the appendix, immediately following the Application form.

The HMIS Release of Information (ROI), and the Standardized Intake Form (SIF) are developed and updated by the InHOUSE staff at Alameda County Housing and Community Development Department, in accordance with HUD regulations. Housing Agency staff must ensure that the forms in use are the most recent ones, as HUD and local requirements change periodically. If you are unsure that the forms are the most recent, email [HMIS@acgov.org](mailto:HMIS@acgov.org).
Budget and Housing Stability Plan

The purpose of ESG Prevention and/or Rapid Rehousing assistance is to provide the support necessary to help the household retain or gain housing in the shortest period of time possible. Critical to being able to retain the housing is a budget and a housing plan. The budget is also needed to determine the amount of financial assistance to be provided.

The Housing Stability Plan should be updated as frequently as necessary to reflect changing situations. Once a participant has moved into housing, the housing specialist and participant should prepare a new Housing Stability Plan that emphasizes those steps or actions needed to retain housing.

A Sample Budgeting Worksheet and a sample Housing Stability Plan format can be found in the Appendix of Forms. ESG-funded programs may use another version of these forms if approved by the recipient. Be sure to make a copy of the Budget and Housing Plan for the participant and insert a signed copy in the participant’s file.

3: Financial Assistance for Housing

Eligible Financial Assistance Expenses

The ESG program has the ability to provide temporary financial assistance to participants on a short or medium-term basis. This assistance may include:

Security Deposits: The housing agency may provide a maximum of two times the monthly rent for a unit as a security deposit to assist a participant to secure housing. At such time as the participant may leave the unit and the landlord return all or part of the deposit to the participant, the participant may retain any balance to use toward a new housing situation.
Utility Deposits: If in order to begin utility service, the household must provide a deposit to a utility company, the program may assist with this deposit.

Rental Assistance payments: If the participant cannot currently afford to rent a unit in the community but is reasonably anticipated to have sufficient income, either through employment or benefits, within approximately six months the program may provide a rental subsidy for the participant. Such subsidies will be as low as possible:

- If the participant has an income he/she is expected to contribute at least 50% of his/her income toward the rent, unless the participant is expect to receive a permanent housing subsidy within approximately six months, in which case the participant may pay only 30% of their income. Documentation of the expectation of a permanent subsidy should be included in the file.
- If the participant has no income, the program may subsidize the entire rent for the first three months.

Rental assistance may be conditioned on the participant fulfilling his or her agreements as part of the Housing Stability Plan and is never offered for more than three months at a time. To continue rental assistance after three months, the program must recertify the participant. See Section 6: Three Month Reassessment of Eligibility

Past due rent arrears: If in order for a household to retain their housing they must pay past due rent the program will cover up to three months of rent arrears not to exceed $3,000

Past due utility arrears: In rare cases, the ESG program will provide funding for past due utilities. The program will only provide such funding for prevention clients if failure to do so will result in the loss of utilities and under the terms of the participants lease this would be grounds for eviction. The program will only provide utility arrears assistance to rapid rehousing clients if utility arrears mean that then household will be unable to establish utility service in their new housing.

In addition, ESG funds may be used to cover the costs of rental applications provided this is a fee that is charge by the owner to all applicants.
Determining the Amount of Financial Assistance

The amount of financial assistance is determined by the amount needed to secure the housing and by the amount of contribution the household is able to make toward the housing costs.

For one-time costs, such as security deposits, and rent and utility arrears, the program will pay the entire amount if the household will have less than 50% of income available after paying rent, the household’s budget does not contain any disposable income, and the household assets are less than $500.00. If the household has assets greater than $500, and/or the household budget indicates income is available to make a portion of the payment, the household should be required to provide a portion of the deposit and/or arrears. The household’s payment may be made through a payment plan with the landlord or utility company if that is possible.

For rental assistance payments, households with any income are expected to contribute either 50% of their income, or 50% of the rent, whichever is lower. An exception to this rule may be made for persons with disabilities who are anticipated to receive a permanent subsidy within six months of their ESG program enrollment.

With supervisor approval, households may be permitted to contribute less toward the rent for a brief period to cover other extraordinary costs. The program may pay the entire rent on behalf of households that have no income.

The ESG Financial Assistance Calculation Form can be found in the appendix. The program should complete the form with the participant and the participant should sign it. This calculation needs to be prepared every three months for households receiving medium-term rental assistance.

4: Supportive Services and Connection to Mainstream Resources

Whether covered by ESG funds or other sources, ESG programs are expected to assist clients with housing stability case management and with housing search and placement services as needed.

Housing stability case management includes:
- conducting the official evaluation of eligibility and need, including verifying and documenting eligibility
- counseling
- developing, securing, and coordinating services and assistance in obtaining Federal, state and local benefits
- monitoring and evaluating participant progress;
- providing information and referral to other providers;
- developing an individualized housing plan to permanent housing stability; and
- conducting reevaluations.
These services may not exceed 30 days during the period the program participant is seeking permanent housing, and may be provided for up to a total of 24 months within a 36 month period.

While providing prevention or rapid rehousing financial assistance, the program must ensure that the participant meets with a case manager not less than once per month to assist the participant in ensuring long-term housing stability. Case management should be provided more frequently if needed.

Housing search assistance are those services intended to assist program participants in locating, obtaining, and retaining suitable permanent housing, and are expected to be offered to all participants receiving rapid rehousing assistance or prevention assistance that includes moving to another unit. These include:

- assessment of housing barriers, needs, and preferences;
- development of a plan for locating housing;
- housing search;
- outreach and negotiations with landlords; and
- assistance with submitting rental applications and understanding leases.
APPENDIX G-- Prioritization for Permanent Supportive Housing Policies

The Alameda County Continuum of Care Council, in accordance with guidance from the U.S. Housing and Urban Development (HUD) Department Office of Community Planning Notice (CPD) CPD-14-012, maintains the following priority preference groups for access to permanent support housing (PSH) opportunities within Alameda County. All households eligible for a given PSH opportunity can apply for PSH or a waiting list for PSH when applications are being received. All CoC-funded PSH opportunities will maintain marketing and tenant selection policies and procedures that have explicit preferences and prioritization for households that meet the criteria established below. The CoC will work toward establishing and maintaining up-to-date copies of the policies and procedures for access to each CoC-funded PSH opportunity. In addition, the CoC will promote the utilization of this prioritization among non-CoC funded PSH and document the use of this approach among other PSH in the County.

The funding sources and target groups among PSH opportunities within Alameda County vary significantly. The priority group described below must also meet the specific requirements of a given PSH opportunity to be considered. For example, a housing unit set aside for persons with HIV/AIDS could not be offered to someone without verification of their HIV/AIDS status. Preference for this unit would be given to someone with verified HIV/AIDS that also met the priority group criteria below.

If more than one household is being considered for a PSH housing opportunity AND both households meet the CoC priority group standards for Alameda County, THEN the household that first applied for the opportunity will be selected first. In other words, the date of application will be used to differentiate among households that meet the preference criteria. If other preference criteria are also used for a given housing opportunity, e.g., city preference, these preferences may be used prior to using the date of application to determine the household next offered the opportunity. The preferences and details of selection for a given PSH program will be identified in their marketing and tenant selection policies and procedures.

<table>
<thead>
<tr>
<th>Alameda County PSH shall give preference to households that meet the following general criteria:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) The household meets the HUD CoC definition for “chronic homelessness” OR the household met the criteria for this definition prior to entering government-funded transitional housing for formerly homeless persons. <strong>AND</strong></td>
</tr>
<tr>
<td>2) The household is in at least one of the high service need groups defined below.</td>
</tr>
</tbody>
</table>
HUD Chronic Homelessness Definition

The definition of “chronically homeless” currently in effect for the CoC Program is that which is defined in the CoC Program interim rule at 24 CFR 578.3, which states that a chronically homeless person is:

(a) An individual who:
   i. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
   ii. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and
   iii. Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

(b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria above before entering that facility; or

(c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria above of this definition, including a family whose composition has fluctuated while the head of household has been homeless.
High Service Need Group

To be considered part of the PSH high priority group individuals must be in at least one of the groups below. No extra preferences are given for individuals in more than one group.

#1: In a 12 month period (verified one or more of the following via referrals from designated agencies or administrative data)....

   a) Cherry Hill Detox or Sobering Station admissions (3 or more)
   b) Hospitalization (medical or psychiatric) admissions (3 or more)
   c) Incarcerations (3 or more)
   d) EMS transports (5 or more)
   e) Law enforcement contacts (5 or more)

#2: High Health Risk (one or more of the following verified by a clinician and/or clinical records)

   a) 60 years of age or older AND one or more chronic health conditions (heart disease, emphysema/COPD, diabetes, asthma, cancer, hepatitis C)
   b) Kidney Disease/End Stage Renal Disease or Dialysis
   c) History of Frostbite, Hypothermia, or Immersion Foot
   d) Liver disease, Cirrhosis, or End-Stage Liver Disease
   e) HIV+/AIDS
   f) Arrhythmia
   g) Seizure Disorder
   h) Schizophrenia or Schizoaffective Disorder
   i) Tri-Morbidity
      a) Mental health, learning, developmental, or other cognitive disability AND
      b) Substance use disorder AND
      c) Chronic health condition (heart disease, emphysema/COPD, diabetes, asthma, cancer, hepatitis C)

#3: TAY (18-25 y/o) with 4 out of 6 “yes” to TAY survey tool (self-report)

   a) Have you ever become homeless because you ran away from your family home?
   b) Have you ever become homeless because you ran away from your group home or foster home?
   c) Have you ever become homeless because there was violence at home between family members?
d) Have you ever become homeless because you had differences in religious beliefs with parents/guardians/caregivers?

e) How old were you when you tried marijuana for the first time (12 or younger is a “Yes” response)?

f) Before your 18th birthday did you spend any time in jail or detention?

g) Have you ever been pregnant or got someone else pregnant?

#4: VI-SPDAT assessment completed and score ≥10 or more (self-report)
APPENDIX H--Applications for Membership to Continuum; Leadership Board; HUD CoC Committee

Application for Leadership Board/Selected Membership Committees

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone 1</th>
<th>Phone 2</th>
<th>Address</th>
<th>Email</th>
</tr>
</thead>
</table>

Committee(s) you are interested in joining (includes Leadership Board, HUD CoC Committee, Organizational Health Committee, and HUD NOFA Committee)

Relevant Experience and/or Employment (may attach a resume)

Why are you interested in EveryOne Home?

Area of expertise/contribution you feel you can make?

Other volunteer commitments

Can be completed and returned by email to Elaine de Coligny at info@everyonehome.org or by fax (510) 670-6378.
APPENDIX I—Tides Project Conflict of Interest Policy

Project Conflict of Interest Policy

For Tides Center project directors, project senior staff, and project advisory board members

The 2001 Enron scandal brought about a decline of public trust in accounting and reporting practices. In response, the federal government passed the Sarbanes-Oxley Act to curb corporate abuses; several of the Act’s stipulations also pertain to nonprofits. Following the passage of Sarbanes-Oxley, California enacted the Nonprofit Integrity Act, which, among many requirements, mandates signed conflict of interest statements from key employees and board members. Versions of California’s act are being considered by a majority of states across the country.

In 2005, Tides Center’s auditors’ report to management recommended that each of Tides Center’s project directors, key management staff, and advisory board members fill out and sign conflict of interest forms annually. Tides Center adheres to this policy to continue our history of transparency and compliance with government regulations, and to help ensure the protection of all projects.

Conflicts of interest arise whenever the personal or professional interests of a project director or an advisory board member are potentially at odds with the best interests of a nonprofit. These conflicts are common, for example, when a board member receives paid, professional services for an organization, or proposes that a relative or friend be considered for a staff position. Such situations are generally acceptable if the transactions benefit the organization and if the advisory board approves the decisions in an objective and informed manner. Even if they do not meet these standards, such transactions are usually not illegal. They are, however, vulnerable to legal challenges, and to public misunderstanding. Loss of public confidence and a damaged reputation are the most likely results of a poorly managed conflict of interest. Advisory boards should take steps to avoid even the appearance of impropriety.

More difficult conflicts can arise when an advisory board member sits on the board or works for a competing or similarly-focused organization. The advisory board member’s organization may apply for funding from the same sources as the project. The “duty of loyalty” for board service requires project advisory board members to place loyalty to the project above other conflicting loyalties. If a project advisory board member works for an organization that is a competitor in some way with the project, this member may not use information gained through that project advisory board role to aid his/her employer. Conflict of interest situations can be difficult to manage, so it is recommended that projects keep this in mind when selecting advisory board members.

Potential conflicts can occur when advisory board members have a direct personal financial interest in a business or economic transaction with a project. Examples include situations where advisory board members:

- buy or sell goods and services to or from the project
- lease property and equipment to or from the project
- receive a gift, grant or other financial benefit from the project
- purchase or sell real estate, securities, or other property to or from the project
- borrow money from the project or receive advances of money
Conflicts can also occur when the board member has an indirect relationship to an economic or business transaction, as outlined above. The same transactions as are outlined above fall within this policy if the transaction involves the friends, family members or employees of the advisory board member, or if the advisory board member has a material financial interest in an entity which is involved in the transaction.

Tides Center requires each of our project advisory board members and project directors to agree to the following Conflict of Interest Policy:

- Each project director and advisory board member will complete annually a Conflict of Interest Disclosure Statement annually, and provide updated information whenever a conflict arises, and agree to fully disclose potential conflicts to the Advisory Board and to the Tides Project Advisor when they occur so that advisory board members who are voting on an issue are aware that another member’s interests may be affected.
- Advisory board members will be required to withdraw—meaning they should not be part of the discussion nor vote—on decisions that present a potential conflict for him or her.
- The advisory board will establish procedures, such as competitive bids, comparability surveys, or similar due diligence to ensure that the project and Tides Center are receiving fair value in a transaction.
- The advisory board in consultation with Tides Governance Advisor and Project Advisor will determine whether a conflict exists and is material, and in the presence of an existing material conflict, determine whether the contemplated transaction may be authorized as just, fair, and reasonable to the project.
- The advisory board will record in their meeting minutes the potential conflict of interest, and will document that in making a decision they have used the procedures and criteria provided in this policy, and they will forward a copy of the minutes to Tides Center.

Project Name: 

Tides Center Project Conflict of Interest Disclosure Statement

Please check one box:

☐ Advisory Board Member
☐ Project Staff

Please check only one box (and please add the Project name):

☐ I have no Conflicts of Interest as defined in the Project Conflict of Interest Policy to report regarding

Project Name
(Check the box, sign and date this statement.)
OR

☐ In compliance with the Project Conflict of Interest Policy, I hereby report the following relationships, interests, or situations involving me or a member of my immediate family (i.e. closest relatives, such as parents, siblings, spouses and children) that might result in or appear to be an actual, apparent or potential conflict of interest between such family members or me and:

Project Name (Check the box, fill in where appropriate below, sign and date the statement.)

For-profit corporate directorships, positions, employment with organizations that may have a relationship with the project:

Non-profit trusteeships, board memberships, or employment with organizations that may have conducted business with or transactions with the project:

Memberships in the following organizations:

List any immediate family members who are contractors or employees or have business

Other contracts, business activities, and investments with or in the following:
Please list any other relationships and information (including potential project grant recipient) that may be relevant to identifying potential conflicts:

My primary business or occupation at this time:

I have read and understand the Project Conflict of Interest Policy and agree to be bound by it. I will promptly inform the project director or advisory board chair or liaison for

Project Name

of any material change that develops in the information contained in the foregoing statement and will promptly provide a new Conflict of Interest Disclosure Statement.

Print Name  Signature  Date
Alameda Countywide
Homeless Continuum of Care Council

InHOUSE Policies and Procedures Manual
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1.0 InHOUSE Partner MOU:

Policy:
Each participating agency/jurisdiction must have a signed Memorandum of Understanding (MOU) with the Alameda Countywide Homeless Continuum of Care Council to use the InHOUSE system and must be compliant with the terms of the MOU to continue use of InHOUSE.

Procedure:
A. Each participating agency/jurisdiction will be given two copies of the InHOUSE Partner MOU by the Council staff for signature.
B. The participating agency/jurisdiction will sign and return both copies of the MOU to the Council.
C. Council Staff will sign the MOU, retain one signed MOU and return the second copy to the agency/jurisdiction.
   See Appendix A.

1.1 Privacy Agreement:

Policy:
A Privacy Agreement must be signed by each agency/jurisdiction staff who will handle client data intended for or generated by the InHOUSE system prior to collecting or handling client data. The Privacy Agreement lists the privacy and confidentiality provisions to abide by.

Procedure:
A. Each participating agency/jurisdiction will provide Council staff with the names of their identified staff requiring certification and Privacy Agreements.
B. Each participating agency/jurisdiction’s staff will be given a Privacy Agreement for signature at the Privacy and Security Certification Training.
   See Appendix B.
1.2 User Agreement:

Policy:

A User Agreement must be signed by each InHOUSE system user prior to a license being issued to that user and the terms of use must be adhered to in order to retain user access and rights.

Procedure:

A. Each participating agency/jurisdiction will provide Council staff with the names of their identified system users requiring licensed access.

B. Each participating agency/jurisdiction will be given a User Agreement for each of its InHOUSE system users by the Council staff for signature.

C. Council Staff will retain the original User Agreements and copies will be provided to the agency/jurisdiction.

D. Licensed access to the InHOUSE system will be granted after receipt of the User Agreement and completion of both Privacy and Security Certification Training and User Training.

See Appendix C.
Participating Agency/Jurisdiction:

2.0 Roles and Responsibilities:

Policy:

Each participating agency/jurisdiction is responsible for developing and maintaining an internal infrastructure to support and monitor their agency and users’ adherence to the Governing Principles and Policies and Procedures of the Countywide InHOUSE system.

Procedure:

A. Each participating agency/jurisdiction will identify an InHOUSE “Manager” who will hold final responsibility for the adherence of his/her agency’s/jurisdiction’s personnel to the Governing Principles, and Policies and Procedures outlined in this document.

B. Each participating agency/jurisdiction will identify personnel to fulfill the following roles for implementation and maintenance of the InHOUSE system. The roles may be re-assigned to more or fewer than four individuals.

**Implementation Team Leader** (role de-activated after implementation)

1. Lead agency contact with InHOUSE Implementation Project Manager.
2. Responsible for insuring HMIS is fully implemented in their agency.
3. Insures all tasks for three roles listed below are completed in a timely manner as specified.
4. Must attend all Implementation Team meetings or to debrief and strategize regularly with three team members listed below.

**Implementation Specialist** (role de-activated after implementation)

1. Data collection needs-related contact person for InHOUSE Countywide Project Manager.
2. Communicate about the services and reporting requirements of agency for incorporation into the InHOUSE system.
3. Make recommendations about data elements and pick lists.
4. Shop ideas and discuss decisions back at the agency and build buy-in for the system and decisions made in InHOUSE Implementation meetings.
Policies and Procedures Administrator
2. Maintain current InHOUSE-related files, including Privacy and User Agreements and InHOUSE Partner MOU.
3. Conduct one-on-one Privacy and Security Certification Training as needed.
4. Maintain compliance with confidentiality policies.
5. Respond to end-user system questions.

Technical Administrator
1. Add users to agency system.
2. Setup/monitor password screensavers.
3. Monitor end user workstation security.
5. Maintain and update firewalls and virus protection on agency computer system/network.
6. Maintain system software updates on end user workstations.
7. Manage digital certificates.
8. Respond to end-user system questions.
9. Work with InHOUSE System Administrator on unresolved software issues.
10. Work with InHOUSE System Administrator when Administrative system changes are requested by Agency.
11. Add/Update Agency & Program I&R.
12. Run Provider Reports.
13. Create Custom Reports.
15. Audit User Reports.

Note: Must be able to perform all client/services/shelter software functions at agency level.
Participating Agency/Jurisdiction:

2.0 Roles and Responsibilities: (continued)

InHOUSE Manager (begins after agency/jurisdiction’s implementation)
1. Lead contact for the InHOUSE System Administrator.
2. Responsible for insuring InHOUSE is properly utilized and in compliance in their agency.
3. Responsible for insuring that his/her agency's/jurisdiction’s personnel adhere to the Governing Principles and Policies and Procedures outlined in this document.
4. Respond to questions from Technical Administrator and Policy and Procedures Administrator.
5. Oversee and monitor the ongoing tasks of the Technical Administrator and Policy and Procedures Administrator.
6. Represent agency/jurisdiction at periodic InHOUSE user meetings.
7. Bring ideas, concerns and issues to periodic InHOUSE user meetings to facilitate enhancements and improvements to the system.
8. Conduct one-on-one Privacy and Security Certification Training as needed.
2.1 Access to Internet:

Policy:

Each participating agency/jurisdiction is responsible for maintaining their agency's/jurisdiction's Internet Connection and troubleshooting any problems with the connection.

2.2 Privacy Requirements:

Policy:

Each participating agency/jurisdiction must comply with the HMIS Privacy Standards 4.1 through 5.2.1 described in the HUD Homeless Management Information Systems (HMIS); Data and Technical Standards Final Notice, including all Baseline Requirements and with Additional Privacy Protections specified by the InHOUSE Policies and Procedures manual.

Each participating agency/jurisdiction will document all baseline privacy requirements and all additional privacy protections in its Privacy Notice document.

Procedure:

A. Each participating agency/jurisdiction will document and publish a Privacy Notice describing its policies and practices for the processing of Protected Personal Identifiers (PPI). This notice must include all baseline privacy protections and all additional privacy protections.

B. If the agency/jurisdiction has a website, a copy of the Privacy Notice document will be posted on that website.

C. Agency/jurisdiction must require each member of its staff (including employees, volunteers, affiliates, contractors and associates) to sign (annually or otherwise) a confidentiality agreement that acknowledges receipt of a copy of the privacy notice and that pledges to comply with the privacy notice.
Participating Agency/Jurisdiction:

2.2 Privacy Requirements: (continued)

Baseline Requirements:

All baseline privacy requirements described in the HUD Homeless Management Information Systems (HMIS); Data and Technical Standards Final Notice are included in full text and summary in Appendix C and Appendix D of this manual.

Additional Privacy Protections:

Collection Limitation
1. PPI will only be collected with the knowledge or consent of the individual (unless required by law).
2. Written consent will be obtained from the individual for the collections of personal information from the individual or from a third party.

Purpose Specifications and Use Limitation
1. Users and agency/jurisdiction agree to additional restrictions on use or disclosure of an individual’s PPI at the request of the individual if the request is reasonable. The agency/jurisdiction is bound by this agreement except if inconsistent with legal requirements.

Access and Correction
1. Client appeals of a denial of access to or correction(s) of collected data will be accepted. Each participating agency/jurisdiction will adopt its own appeal procedure and describe the procedure in its Privacy Notice.
2. The agency/jurisdiction will provide to any individual appealing an access or correction decision a written explanation of the reason(s) for the denial.

Accountability
1. Each member of agency/jurisdiction staff (including employees, volunteers, affiliates, contractors and associates) of a participating agency/jurisdiction will undergo (annually or otherwise) formal training in privacy requirements.
2. Each participating agency/jurisdiction will establish a method, such as an internal audit, for regularly reviewing compliance with its privacy policy.
3. Each participating agency/jurisdiction will establish an internal appeal process for hearing an appeal of a privacy complaint or an appeal of a denial of access or corrections rights.
2.3 Notification of Privacy Protections:

Policy:

Each participating agency/jurisdiction will document all privacy protections in its Privacy Notice document.

Procedure:

A. Each participating agency/jurisdiction will document and publish a Privacy Notice describing its policies and practices for the processing of Protected Personal Identifiers (PPI). This notice must include all the above listed additional privacy protections in its published Privacy Notice.

B. The Council has a sample privacy notice that describes the data uses and system-wide privacy protections for non-HIPAA covered entities. Agencies/jurisdictions may customize this sample, adding in the agency name and any additional uses or protections specific to the agency/jurisdiction.

C. If the agency/jurisdiction has a website, a copy of the Privacy Notice document must be posted on that website.

D. Agency/jurisdiction must post a sign stating the availability of its privacy notice to any individual who requests a copy. The Council has prepared a sample of this signage.

E. Each participating agency/jurisdiction will establish or modify all necessary internal or external processes required to accommodate all the above listed additional privacy protections.

F. HIPAA-covered entities should review their current Privacy Notice to ensure it accurately discloses the collection and use of data for InHOUSE.

G. Further guidance from CoC will be forthcoming as it becomes available regarding InHOUSE implementation specific to HIPAA-covered entities.
Participating Agency/Jurisdiction:

2.4 Notice to Clients of Participation in InHOUSE:

Policy:

Clients of each agency/jurisdiction participating in the InHOUSE system will be informed by a posted notice of the agency's/jurisdiction's participation.

Procedure:
A. Each participating agency/jurisdiction will post a notice in full view of clients in the offices where intake occurs.
B. The size of the notice must compete favorably with others posters and notices in the intake office.
C. Disclosure of the agency's/jurisdiction's participation in the Alameda County InHOUSE system may be added to the 4.2.1 Collection Limitation sign template identified in the HUD HMIS Final Standards. The Council has prepared a sample of this signage.
D. When administration of an intake occurs in an off-site location (e.g. the home of a participant), the client must be given a copy of the agency/jurisdiction’s Privacy Notice in addition to the “What is INHOUSE?” form distributed while seeking consent for the Release of Information.

2.5 Need-based Access:

Policy:

Access to the InHOUSE system will be based on need. Need exists only for staff who work directly with (or supervise staff who work directly with) clients or have data entry or data reporting responsibilities. Appropriate license access levels will correspond to staff’s need and use of data.

Procedure:
A. Each participating agency/jurisdiction will identify the specific staff members to obtain licensed access to the InHOUSE system based on this policy and assist the InHOUSE System Administrator in determining appropriate level of access.
2.6 Access Privileges to InHOUSE Software:

Policy:

Each participating agency/jurisdiction staff member must be trained in both privacy and security procedures, and in specific software use to obtain licensed access to the InHOUSE system. Licensed access to the InHOUSE system may never be “shared” with another individual.

Procedure:

A. Each participating agency/jurisdiction will identify the specific staff members to obtain licensed access to the InHOUSE system.

B. Each identified member must successfully complete the following:
   1. InHOUSE Privacy and Security Certification training.
   2. Agree to all provisions of use by reading and signing the InHOUSE Privacy Agreement. (See Appendix B)
   3. Agree to all provisions of use by reading and signing the InHOUSE User Agreement. (See Appendix C)
   4. ServicePoint User Training or InHOUSE agency administrator training.

C. Each user will create and maintain an independent and private password which will not be disclosed to anyone.
2.7 Breach of Confidentiality and/or Security:

Policy:

A breach of confidentiality and/or security by any agency/jurisdiction participant in the InHOUSE system will result in consequences up to and including termination of user rights and, potentially, termination of employment. An agency/jurisdiction that is found to have consistently and/or flagrantly violated confidentiality and/or security protocols may have their access privileges suspended or revoked.

Procedure:

A. Agency/Jurisdiction will notify InHOUSE System Administrator within three (3) business days of any identified breach of security.

B. InHOUSE System Administrator will review agency/jurisdiction data and discuss the situation with the agency/jurisdiction within three (3) business days. In addition, the InHOUSE System Administrator will inform designated CoC staff about the issue and convey the relative seriousness of the breach.

C. Based on the seriousness of the breach of security and/or confidentiality, CoC staff will recommend an appropriate intervention to the Executive Committee of the Council.

D. The Executive Committee of the Council, or a designated special committee of the Executive Committee, will decide whether a downgrading of system access, loss of user privileges, or other intervention is necessary.

E. Appeals may be made to the Executive Committee of the Council or a designated special committee of the Executive Committee.

F. Agency/jurisdiction is expected to make decisions about disciplinary action, up to and including termination, in accordance with agency/jurisdiction policies and values.

G. The InHOUSE System Administrator will monitor access logs regularly and report suspicious activity to the designated CoC staff person and agency/jurisdiction InHOUSE Manager.
2.8 Revocation or Revision of Access Privileges:

Policy:

Other violations of system use protocols (other than breaches of confidentiality and/or security) may warrant revocation of user privileges, downgrading of access, and/or disciplinary action of specific end users by the agency/jurisdiction.

Procedure:

A. Agencies/jurisdictions should undertake disciplinary action with employees as appropriate and in accordance with agency/jurisdictional policies.

B. Agencies/jurisdictions must notify the InHOUSE System Administrator with information about any violation(s) of the policies and procedures set forth in this document or any signed MOUs and/or signed InHOUSE forms within three (3) business days of the identified incident(s) of misuse or abuse of InHOUSE privileges.

C. The InHOUSE System Administrator will monitor access logs and other system information regularly and report suspicious activity to the designated CoC staff person and agency/jurisdiction InHOUSE Manager.

D. Once notified by agency/jurisdiction of a violation, CoC staff will respond within fifteen (15) working days with appropriate discussions and/or intervention steps. Possible intervention steps, depending on the severity of the violation, include revocation of user privileges or downgrading of access rights.

E. All sanctions are imposed by the agency/jurisdiction and/or the Council’s Executive Committee or a special committee of the Executive Committee (such as the System Grievance and Security Committee, see Section 10.1).

F. All sanctions imposed by the agency/jurisdiction can be appealed to the CoC Executive Committee or a special committee of the Executive Committee (such as the System Grievance and Security Committee, see Section 10.1).

G. All sanctions imposed by the CoC Executive Committee or its designee following the disposition of the appeal are final and binding.
Participating Agency/Jurisdiction:

2.9 Participant Data:

Policy:

HUD prohibits predicking access and utilization of services on consent for entry into the HMIS. However, funders of certain programs may require that data be collected and electronically entered and maintained in order to provide services. CoC acknowledges this conundrum and lays out the following procedures to accommodate this discrepancy in the guidelines for some programs.

Agency/jurisdiction may collect and store Client data in InHOUSE without express written consent providing the following are completed:

- the data is stored within InHOUSE such that it is inaccessible to other agencies,
- appropriate disclosure is included in the agency/jurisdiction’s Privacy Notice, and
- clients receive and initial for receipt of the “What Is InHOUSE?” form.
2.10 Quarterly Compliance Review:

Policy:

Each participating agency/jurisdiction will conduct a quarterly monitoring to review adherence to the Governing Principles and Policies and Procedures of the Countywide InHOUSE system. A plan must be developed to correct any problems that are identified. Council staff or designees will periodically review participating agency/jurisdiction’s quarterly monitoring to ensure system-wide compliance and adherence to Governing Principles and Policies and Procedures of the Countywide InHOUSE system.

Procedure:

A. Agency/jurisdiction’s quarterly monitoring will review privacy/confidentiality, data quality, and security, as follows:

1. **Privacy/Confidentiality**
   a) The agency/jurisdiction must review dataflow to insure all Privacy and Security requirements are met in obtaining and entering client data.

2. **Data Quality**
   a) Review system reports on completeness of required data.
   b) Determine that all definitions are being applied uniformly.

3. **Security**
   a) Review if all workstations are being updated regularly for virus protection.
   b) Review if system firewall is regularly updated
   c) Review handling of hardcopy versions of client data.
   d) Review disposal procedures (hard and soft copy) of client data.
Client Rights:

3.0 Decision to Participate:

Policy:

Clients have the right to specify if their personal information from the Standardized Intake may be shared in the InHOUSE system. Clients can not be refused services if they choose not to share the Intake in InHOUSE.

Procedure:

A. Each participating agency/jurisdiction will post a sign at each intake desk (or comparable location) that explains generally the reasons for collecting this information. The language of the sign should read:

We collect personal information directly from you for reasons that are discussed in our privacy statement. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services for homeless persons, and to better understand the needs of homeless persons. We only collect information that we consider to be appropriate.

B. Each participating agency/jurisdiction will provide a copy of its Privacy Notice document to any individual upon request.

C. Clients will be informed both verbally and in writing about what information is being collected and how the information will be used.

D. Clients will be informed both verbally and in writing about their options for participation in InHOUSE.

E. Clients will initial on the “Client Release of Information Authorization” to acknowledge receipt of the “What is InHOUSE?” form following the verbal explanation. The “What is InHOUSE?” form will be given to the client.

F. If a client chooses to share Intake data, the client will sign the “Client Release of Information Authorization” form. This form must be “witnessed” in writing by an agency/jurisdiction representative.

G. If a Client chooses to not share Intake data, the “Consent” section of the “Client Release of Information Authorization” form is not signed. All collected data may be entered into InHOUSE, but must be secured appropriately to forbid any sharing. Client may not be denied services based on that choice.

H. Client information may only be searched for or entered in the InHOUSE system AFTER the client has been informed of data collection and use, the option for data sharing, and presented the “What is InHOUSE?” form.
I. Reasonable accommodations will be made with regards to the Privacy Notice, release of information forms and posted signs for persons with disabilities and non-English speaking clients as required by law.

3.1 Client Revisions to Participation:

Policy:

Clients have the right to specify when and how their personal information in the InHOUSE system may be changed. Clients may revoke, revise, and/or amend their levels of data sharing at any time during the course of service use. Clients may not be refused services if they choose to modify their participation in InHOUSE.

Procedure:

A. Each participating agency/jurisdiction will complete a new Release of Information authorization form each time a Client asks to share his/her data in InHOUSE.

B. Each participating agency/jurisdiction will complete a Revocation of Consent form each time a Client requests to no longer share data in InHOUSE.

C. Agency/jurisdiction will modify Client ROI in InHOUSE within one (1) business day in accordance with Client’s revised authorization.
Client Rights:

3.2 Client Access to Personal Information:

Policy:

Clients have the right to inspect and to have a copy of their personal information which is stored in the InHOUSE system. Clients also have the right to request that information be corrected and/or updated.

Procedure:

A. Each participating agency/jurisdiction will, within five (5) workings days of request, allow the client to review their InHOUSE record.

B. At the reasonable written request of a client, each participating agency/jurisdiction will, within 5 working days, provide a printed “hard” copy of the client’s InHOUSE record.

C. The agency/jurisdiction must offer to explain any information that the client does not understand.

D. Each participating agency/jurisdiction must consider any request by a client for correction of inaccurate or incomplete personal information pertaining to that client.

E. An agency/jurisdiction is not required to remove any information but may mark information as client-identified as inaccurate or incomplete and may supplement data fields with additional information and/or explanations.

F. Each participating agency/jurisdiction must have in its Privacy Notice the specific conditions under which it may deny the inspection of or copying of a client’s record (upon that client’s request) in InHOUSE.
3.3 Filing Client Grievances:

Policy:

Clients have the right to file a grievance for denial of access to or correction of data in the InHOUSE system, or if they believe their specific written release of information consent for the InHOUSE system has been violated.

Procedure:

A. Client files a grievance as specified in the agency/jurisdiction Privacy Notice.

B. Agency/jurisdiction must review all grievances at all levels identified in the Privacy Notice.

C. If client is unsatisfied with the resolution at the agency level, the client may request mediation at the system level. Within five (5) working days, a copy of the grievance is sent to the CoC staff member of the InHOUSE Grievance and Security Committee, who notifies and convenes the committee to review the grievance.

D. The InHOUSE Grievance and Security Committee as identified in Section 10.1 meets within ten (10) working days and sends written decision to the agency/jurisdiction and the client.
InHOUSE License Administration:

4.0 Issuing of User Licenses:

Policy:

The InHOUSE System Administrator will issue all initial agency/jurisdiction user licenses for system users. The agency/jurisdiction Technical Administrator will administer user IDs and passwords for the eligible user at agency/jurisdiction site(s).

Procedure:

A. Upon completion of a signed User Agreement and Privacy and Security Certification, a system user will be eligible to be issued a license.

B. The InHOUSE System Administrator will allocate a user access license and privileges to the user prior to InHOUSE hands-on system training.

Passwords:

1) First-time, temporary passwords are automatically generated by the InHOUSE system when a user is created. This temporary password must be changed the first time the user logs onto the system.

2) InHOUSE User IDs and first-time, temporary passwords will be transmitted in two separate emails to the user.

3) NO SUBSEQUENT ELECTRONIC TRANSMISSION OF AUTHENTICATORS (PASSWORDS OR USER NAMES) MAY TAKE PLACE.

4) Passwords selected by users to replace the first-time, temporary password must be at least eight characters long and meet reasonable industry standard requirements. These requirements include, but are not limited to:
   
   (a) Using at least one number and one letter;
   (b) Not using, or including, the username, the HMIS name, or the HMIS vendor's name; and/or
   (c) Not consisting entirely of any word found in the common dictionary or any of the above spelled backwards.

Additional Licenses:

1) If a participating agency/jurisdiction purchases additional user licenses to the InHOUSE system, the above outlined Procedures will be followed.

C. The agency/jurisdiction Technical Administrator will administer any changes in issued licenses and user IDs and passwords for eligible users at their site.
4.1 User Licenses:

Policy:

A User issued licensed access to the InHOUSE system may not share that access with any other person at any time. Sharing access is considered a breach of security and confidentiality and will result in consequences up to and including termination of user rights and potentially termination of employment as detailed in this manual.

4.2 Maintenance of User Licenses:

Policy:

Agency/jurisdictions’ InHOUSE Manager or Technical Administrator must notify the InHOUSE System Administrator upon termination or extended leave of absence of any licensed InHOUSE system user. User access will terminate at the end of business on their last day of employment or sooner if requested by the agency/jurisdiction InHOUSE Manager. If a licensed user is to go on leave for a period of longer than 45 days, their access will be inactivated within 5 business days of the start of their leave.

Procedure:

A. The agency/jurisdiction InHOUSE Manager or Technical Administrator will notify the InHOUSE System Administrator by both email and phone of any user termination or extended leave from employment in sufficient time to comply with the above stated policy.

B. Failure to make such notifications in the time required will be considered a breach of confidentiality and will be grounds for suspending and/or revoking access of the agency/jurisdiction to the InHOUSE system.

C. Such sanctions will be imposed by agency/jurisdiction and the Council’s Executive Committee.
Maintaining InHOUSE Security:

5.0 Tracking of Unauthorized Access:

Policy:

The agency/jurisdiction Technical Administrator will track system access logs and audit reports weekly. The Technical Administrator will immediately notify the agency/jurisdiction InHOUSE Manager and CoC staff of suspicious or inappropriate access.

Procedure:

A. Upon notification from the agency/jurisdiction Technical Administrator of suspicious or inappropriate access, the agency/jurisdiction InHOUSE Manager will investigate the specific situation and report back to the CoC staff in writing.

B. If an infraction of security did occur, the agency/jurisdiction InHOUSE Manager will provide CoC staff with a written plan for rectifying the infraction and monitoring against further such infractions.

C. Failure to respond to such CoC notification will result in downgrading of license access.

D. CoC staff will prepare a sample corrective plan showing a plan to rectify infractions and monitor against further infractions.
5.1 Unauthorized Remote Access:

Policy:

Access to the InHOUSE system is allowed only from authorized agency locations. Remote access (from an unauthorized agency location) to the InHOUSE system is not permitted under any circumstances. Such access is considered a breach of security and confidentiality and will result in consequences up to and including termination of user rights and potentially termination of employment as detailed in this manual. The InHOUSE System Administrator will monitor access of the InHOUSE system to ensure compliance with the access policy. Agencies/jurisdictions must monitor all staff to ensure such compliance.

Procedure:

A. In addition to the InHOUSE Privacy and Security Certification Training, the agency/jurisdiction shall make this policy and its consequences known to all licensed users.

B. If a breach of security occurs, the agency/jurisdiction InHOUSE Manager will provide CoC staff with a written notice and plan for rectifying the infraction and monitoring against further such infractions.

C. Agencies wishing to authorize remote workstations as a secure and compliant authorized agency location must submit a written request to the agency Technical Administrator who will physically inspect the remote workstation for security compliance as detailed in the HUD Homeless Management Information Systems (HMIS); Data and Technical Standards Final Notice. If remote workstations comply with the security standards, the Technical Administrator will complete the Authorized Remote Access Form and submit it to the InHOUSE System Administrator.

D. An authorized remote site must be inspected by the Technical Administrator once a quarter to insure the firewall is functioning properly and the virus software is up to date. Each visit will be documented on an Authorized Remote Access Form and submitted to the InHOUSE System Administrator.

E. Council staff or its designee may monitor the remote access inspection records from the agency/jurisdiction or InHOUSE System Administrator.
Maintaining InHOUSE Security:

5.2 Downloading of Data from InHOUSE System:

Policy:

InHOUSE aggregate data for an agency or system-wide must not contain any PPI and therefore does not require the highest levels of protection reserved for PPI. However, this aggregate data should be limited to authorized use and disclosure.

Data containing PPI (non-aggregated data) must always be stored in binary, not text, format. Agency/Jurisdiction may download data. However, to comply with the binary format, if an agency/jurisdiction chooses to download its data, it must download to common database applications that use a binary format which include Microsoft Access, Microsoft SQL Server, Oracle, or other appropriate databases. No data containing PPI may be downloaded to any unauthorized remote access site at any time for any reason.

Agency/Jurisdiction must never download data for clients not in its programs.

Downloaded data that includes PPI may not be stored on any network drive accessible to anyone not trained through the InHOUSE Privacy and Security Training. If the data is stored on a portable medium (e.g. disks, CDs, tape), that medium must be securely stored when not in use and never left unattended in a public area. Such storage mediums may not be taken off site at any time for any reason.

Access to the downloaded data is restricted to persons successfully completing Privacy and Security Certification Training to maintain security standards.

Failure to follow this policy will be considered a breach of security and confidentiality and will result in consequences up to and including termination of user rights and potentially termination of employment as detailed in this manual. Agency/Jurisdiction is responsible for ensuring its data users’ compliance with this policy.

Procedure:

A. A participating agency/jurisdiction shall establish printed procedures for implementing and complying with this policy, and train and monitor all users.
5.3 Deleting of Data Downloaded from InHOUSE System:

Policy:

In order to delete downloaded HMIS data containing PPI from a data storage medium, the agency/jurisdiction must reformat the storage medium a minimum of two (2) times before reusing or disposing of the medium. This is true for hard drives, floppy disks, zip drives/disks, tape backups, etc. To dispose of data stored on CDs, the CD must be physically destroyed.

If an agency/jurisdiction is not prepared to reformat a hard drive as specified to delete downloaded HMIS data containing PPI, the data should not be downloaded to that medium.

Procedure:

A. A participating agency/jurisdiction shall establish printed procedures for implementing and complying with this policy, and train and monitor all agency/jurisdiction users.

5.4 Printing of Hard Copy Data:

Policy:

Hard copy data containing PPI may only be printed from the InHOUSE system at the physical agency/jurisdiction location(s) and only on printers secured from public access.
Maintaining InHOUSE Security:

5.5 Disposing of Hard Copy Data:

Policy:

An agency/jurisdiction is responsible for disposing of documents that contain PPI by shredding paper records.

Procedure:
A. A participating agency/jurisdiction shall establish printed procedures for implementing and complying with this policy.
B. CoC staff and/or CoC/InHOUSE consultants will periodically review agency/jurisdiction compliance with this policy in the course of monitoring agency/jurisdiction compliance with privacy and security standards.

5.6 Reported Data:

Policy:

Only aggregated data not containing any PPI will be released or reported outside of the agency/jurisdiction that collected or has access to such information.

Procedure:
A. A participating agency/jurisdiction shall only release or report de-identified aggregate data that does not contain PPI.
B. Failure to comply with this policy will result in the downgrading or suspension of license access to the InHOUSE system.

5.7 Reporting Security Violations:

Policy:

If a security violation should occur, the agency/jurisdiction must notify the InHOUSE System Administrator and CoC staff of the violation within 24 hours by email and phone.

Procedure:
A. A participating agency/jurisdiction shall establish printed procedures for implementing and complying with this policy.
B. Failure to comply with this policy will result in the downgrading or suspension of license access to the InHOUSE system.
5.8 Virus Protection on User Systems:

Policy:

Each agency/jurisdiction will take all necessary precautions to prevent any destructive or malicious program (virus) from being introduced into their system that is used to access the InHOUSE system. If a virus is introduced into the agency/jurisdiction system, the agency/jurisdiction must act rapidly to resolve the issue, including completing agency-/jurisdiction-wide security checks as appropriate.

Procedure:

A. A participating agency/jurisdiction shall adopt, if it has not previously, the following standards:
   1) Industry-recognized Anti-Virus software will be installed and maintained in all user workstations.
   2) No un-scanned media will be introduced to the system.
   3) No downloading of internet programs/files will be permitted, except for necessary software or operating system updates issues by the manufacturer.
   4) Individual workstation virus definitions will be updated weekly or more often when required.
   5) Virus protection on all servers will be updated regularly.
   6) System server(s) will be scanned daily.
   7) Spyware that is included with Anti-Virus or firewall software should be loaded for added protection.

B. If infection does occur, NO ACCESS TO THE InHOUSE SYSTEM WILL BE ALLOWED BY ANY USER UNTIL THE ENTIRE SYSTEM IS CLEANED AND DECLARED SECURE BY THE SYSTEM ADMINISTRATOR.
Maintaining Data Integrity:

6.0 Weekly Data Entry:

Policy:

Data entry by an agency/jurisdiction must take place, at minimum, on a weekly basis. Participating agencies/jurisdictions are responsible for assuring that the reportable HUD data is as complete and accurate as possible.

Procedure:
A. The Technical Administrator will run weekly custom reports to identify missing data elements required for HUD reporting.
B. The agency/jurisdiction will have established a procedure to address report results and enter missing data.

6.1 Monthly ROI Monitoring:

Policy:

A participating agency/jurisdiction will run a monthly report to identify upcoming ROI expiration dates for active client records in the InHOUSE system. Staff will make all reasonable efforts to obtain a new ROI and enter in the InHOUSE system prior to the expiration of the existing ROI.

Procedure:
A. The Technical Administrator will run a monthly report to identify active clients with an ROI expiring in the next month for all programs that operate at least three times per week except Shelter Plus Care.
B. The Technical Administrator for Shelter Plus Care and all programs operating less frequently than three times per week will run a monthly report to identify active clients with an ROI expiring in the next two months to allow ample time to secure renewal of ROI.
C. The agency/jurisdiction will have established a procedure to obtain new ROIs from these active clients and enter the new ROI information into the InHOUSE system prior to the expiration of the existing ROI.
6.2 Previously Obtained Data without an ROI:

Policy:

If an agency/jurisdiction possesses a current ROI on an active client, historical data may be entered for the program year.

If no current ROI is possessed, agency/jurisdiction may enter client data and close it to others in limited circumstances with the set-up and permission from the System Administrator. Entry of such data needs to be completed correctly to minimize risk to the InHOUSE and secure other system data for HUD-mandated homeless counts.

Agency/jurisdiction is responsible for the costs of manual or electronic entry of historical data.

Procedure:

A. The System Administrator must approve all agency/jurisdictions seeking to enter historical data.

B. All staff designated to manually input or oversee input of historical data must successfully complete Additional User Training to learn proper techniques to accurately enter such data. Availability of the Additional User Training is subject to the System Administrator’s availability.

C. All agency/jurisdictions seeking to electronically transfer and upload historical data must partner with the System Administrator for guidance in mapping all data fields and other tasks required by the System Administrator to ensure an efficacious upload of data.
Training:

7.0 Privacy and Security Certification Training:

Policy:

Any agency/jurisdiction staff or designees conducting any intake, data entry, or other data processing functions must complete Privacy and Security Certification Training and become certified. Upon initial implementation of an agency/jurisdiction, Privacy and Security Certification Training will be provided by CoC staff. All subsequent Privacy and Security Certification Training of new agency/jurisdiction staff for the InHOUSE system will be completed by either attending a Council-sponsored Certification Training or by one-on-one training sessions conducted by the agency/jurisdiction's InHOUSE manager or Policy and Procedure Administrator using Alameda Countywide Homeless Continuum of Care Council-provided Training and Certification materials. The Council-sponsored Privacy and Security Certification Trainings, conducted by CoC staff, will occur regularly, and will be open to all new agency/jurisdiction staff.

Procedure:

A. Upon initial implementation, agency/jurisdiction will identify all relevant staff, volunteers, interns, and contractors who must complete Privacy and Security Certification training and submit the list of names to the System Administrator upon request.

B. CoC staff will schedule and provide Privacy and Security Certification training to all initial InHOUSE users and intake staff.

C. Upon completion of the Privacy and Security Certification Training, the Council will notify the Implementation Team Lead and agency executive director/jurisdictional lead staff of the certification status of its staff. Certification will be mailed for staff successfully completing the Privacy and Security Certification.

D. Staff who do not successfully complete the Certification (by failing to pass the Certification test) will be rescheduled into a future Privacy and Security Certification Training.

E. Upon completion of initial implementation, CoC staff will provide the agency/jurisdiction Policies and Procedures Administrator with a master set of training materials to be used (copied) for subsequent Privacy and Security Certification Training of new agency/jurisdiction staff.

D. CoC updates made to Privacy and Security Certification Training materials will be sent to the agency/jurisdiction Policies and Procedures Administrator.
E. The agency/jurisdiction Policies and Procedures Administrator must sign-off on the successful completion of Privacy and Security Certification Training for each new user trained by the agency/jurisdiction. The Policies and Procedures Administrator will provide verification to the InHOUSE System Administrator, including the names and contact information of all individuals who completed the Privacy and Security Certification Training, a completed Certification test, and a signed Privacy Agreement. Council staff will correct the test and complete the Certification before a user access license to the InHOUSE system will be issued.

F. The agency/jurisdiction Policies and Procedures Administrator must sign-off on the successful completion of any supplemental Privacy and Security Training conducted by the agency/jurisdiction for users and provide such verification to the InHOUSE System Administrator, including the names and contact information of all individuals who completed supplemental Privacy and Security Training.
7.1 ServicePoint User Training:

Policy:

Upon initial implementation of an agency/jurisdiction, CoC staff will provide ServicePoint User Training. All subsequent ServicePoint User Training of new agency/jurisdiction staff for the InHOUSE system will be completed by either attending a Council-sponsored ServicePoint User Training or by one-on-one training sessions conducted by the agency/jurisdiction's InHOUSE manager or Technical Administrator using Alameda Countywide Homeless Continuum of Care Council-provided User Training materials. The Council-sponsored ServicePoint User Trainings, conducted by CoC staff, will occur regularly, and will be open to all new agency/jurisdiction staff. In addition, the Council will convene future user trainings to address large system-wide topics, such as new ServicePoint modules or major software upgrades.

Procedure:

A. Upon initial implementation, agency/jurisdiction will identify relevant staff, volunteers, interns, and contractors who must complete ServicePoint User Training and submit the list of names to the System Administrator upon request.

B. CoC staff will schedule and provide ServicePoint User Training to all initial InHOUSE users.

C. Upon completion of initial implementation, CoC staff will provide the agency/jurisdiction Technical Administrator with a master set of training materials to be used (copied) for subsequent ServicePoint User Training of new agency/jurisdiction staff.

D. CoC updates made to ServicePoint User Training materials will be sent to the agency/jurisdiction Technical Administrator.

E. The agency/jurisdiction Technical Administrator must sign-off on the successful completion of ServicePoint User Training for each new user and provide such verification to the InHOUSE System Administrator before a user access license to the “live” InHOUSE system will be issued.
Training:

7.2 ServicePoint Technical Administrator Training:

Policy:

Upon initial implementation of an agency/jurisdiction, ServicePoint Technical Administrator training will be provided by CoC staff.

Should a change occur in the staffing of the Technical Administrator role at an agency/jurisdiction, the agency/jurisdiction InHOUSE Manager will confer with the InHOUSE System Administrator as to the plan for training the new Technical Administrator.

Procedure:

A. Upon determination of a change of Technical Administrator at an agency/jurisdiction, the agency/jurisdiction InHOUSE Manager will notify the InHOUSE System Administrator of the upcoming change. Together, they will determine the plan for training the new Technical Administrator.
Reporting:

8.0 Agency/Jurisdiction Reporting Technology Solutions:

Policy:

CoC staff and consultants will continue to secure appropriate reporting technology, software and training for InHOUSE partner agencies such that agency/jurisdiction can internally generate agency-specific and some system-wide reports.

8.1 Agency/Jurisdiction APR Reporting:

Policy:

An agency/jurisdiction can generate its own program’s APR reporting using the InHOUSE ServicePoint software.

8.2 Agency/Jurisdiction Custom Reporting:

Policy:

Agencies/jurisdictions are responsible for their own custom reporting of agency/program data. It is the goal of the CoC to provide additional custom reporting options to agencies and jurisdictions. CoC is currently awaiting the release of a new reporting solution by Bowman Internet System targeted for January 2005. Following the release of that product, CoC will evaluate its utility to agency/jurisdiction’s needs and either purchase that product or secure other software as a reporting solution. When the final reporting solution is identified, the InHOUSE System Administrator will provide the relevant information and training.
Reporting:

8.3 Reports for Collaboratives:

Policy:

A reporting solution for collaborative grants currently resides with the
InHOUSE System Administrator who can prepare collaborative reports at the
agency/jurisdiction’s request. Specific software solutions that will allow
collaborative partners to generate reports themselves are in process, but are
not available at this time.

8.4 System-wide Reporting:

Policy:

Until specific software solutions are available to enable participating
agency/jurisdictions to generate aggregate system-wide reports, the Council
will generate annual and periodic data for public use.
InHOUSE System Maintenance/Upgrades:

9.0 Upgrading ServicePoint Software:

Policy:

Periodically it will be necessary to upgrade ServicePoint software. This upgrade will be done by Bowman Internet Systems, the software vendor. The InHOUSE System Administrator will coordinate system upgrades with Bowman Systems and make the necessary notifications to all participating users.

Procedure:

A. System software upgrades will be scheduled in advance and notification will be made to all participating users via the ServicePoint System News and notification to agency/jurisdiction Technical Administrators. Every effort will be made to minimize system downtime.
InHOUSE System Governance and CoC Roles and Responsibilities:

10.0 System Governance and Oversight:

Policy:

The Executive Committee of the Alameda Countywide Homeless Continuum of Care Council will provide system governance and oversight of policies, procedures, and significant concerns about the InHOUSE system. Issues affecting the entire user system or large population segments will be vetted in appropriate community-wide forums which may include Council meetings, focus groups, or public comments periods.

Procedure:

A. CoC Council staff and consultants will identify the most appropriate forum from which to solicit comment and input about policy decisions and implementation documents.

B. Staff will publicize and invite relevant parties and specify the scope of conversation/comments and the length of the comment period.

C. Revisions of this Policy and Procedures document may be necessary from time to time. Supplemental and/or replacement pages may be distributed. A full community-wide review and revision will occur in July 2006 and periodically thereafter.

D. The Executive Committee of the Council will approve revisions to the Policies and Procedures contained in this document, this document as amended, and any other documents that establish policy.

E. Appeals to published policies and procedures after the comment period may be made by any party to the Executive Committee of the Council. Appeals must be in writing and will then be scheduled for review by the Executive Committee or a special committee of the Executive Committee.
10.1 InHOUSE System Grievance and Security Committee:

Policy:

An InHOUSE System Grievance and Security Committee will be created and meet as needed to address reported agency/jurisdiction client grievances and reported/suspected system security violations. Client grievances that will be considered by this committee are limited to denial of access to or correction of data in the InHOUSE system, or violations of their specific written release of information consent for the InHOUSE system. The committee will consist of CoC Staff, and uninvolved non-conflicted Jurisdiction Staff, and uninvolved non-conflicted Agency staff that are members of or appointed to the CoC Executive Committee. A Consumer will also participate when available.

Procedure:

A. In the case of reported/suspected security violations, a formal letter will be sent to the license holder (with copies to the agency/jurisdiction InHOUSE Manager, Policies and Procedures Administrator and Technical Administrator) detailing the reported violation and requesting corrective action.

B. Written notification of corrective action, detailing the plan for rectifying the security violation, must be sent from the agency/jurisdiction InHOUSE Manager or Policies and Procedures Administrator to designated CoC Staff or InHOUSE System Administrator.

C. The plan must include monitoring as part of the corrective action.

D. Failure to comply with the plan will result in downgrading of license access, and possible suspension or revocation of licenses.

E. Failure to respond to a notification by the InHOUSE System Grievance and Security Committee within 10 working days will result in downgrading of license access, suspension or revocation of licenses.

F. Eligible client grievances will only be considered following completion of the entire agency/jurisdiction grievance process.
InHOUSE System Governance and CoC Roles and Responsibilities:

10.2 Right to Deny Access:

Policy:

The access of a participating agency/jurisdiction and/or user(s) may be suspended for suspected violation of security protocols. The access of a participating agency/jurisdiction and/or user(s) may be suspended or revoked for actual violation of security protocols.

10.3 CoC Roles and Responsibilities:

Executive Committee
The Executive Committee will provide oversight and governance, including financial oversight, and ensure that InHOUSE (including Phase 1 and Phase 2) is implemented in a manner consistent with the vision established in the HMIS Planning Committee.

1. Approve annual budget for InHOUSE, including staffing.
2. Approve the annual InHOUSE workplan, including scheduling for implementation.
3. Approve contracts and principal documents.
4. Receive and review monthly written financial reports.
5. Receive and review monthly written reports on progress and issues.

Stakeholder Community
The Stakeholder Community will provide input to community-wide or population-specific policy level decisions affecting the full implementation.

1. Receive regular e-mail updates on InHOUSE developments, major issues, implementation schedule and progress.
2. Provide input through email/mail reviews of InHOUSE documents and implementation process.
3. Participate in forums as requested.
CoC Staff

The CoC staff and/or project-based consultants will manage and oversee the entire InHOUSE implementation and on-going operations.

1. Prepare annual InHOUSE budget for Executive Committee approval.
2. Prepare the annual InHOUSE work plan.
3. Prepare contracts and documents.
4. Prepare monthly written financial reports.
5. Prepare monthly written reports on progress and issues and annual reports including budget, project status, and work plan.
6. Distribute InHOUSE documents and implementation processes for review.
7. Arrange and staff regular HMIS forums.
8. Develop InHOUSE configuration, implement and operate the InHOUSE system on a day-to-day basis, including providing training and technical assistance.
9. Maintain relationship with the software vendor, negotiate any contractual changes and provide significant input on proposed software solutions.
10. Work with participating agencies.
11. Work with the federal Department of Housing and Urban Development (HUD) to ensure InHOUSE meets all relevant federal mandates and is in accordance with HUD HMIS priorities.
12. Work with and coordinate with Bay Area Counties and other HMIS interested groups.
InHOUSE System Governance and CoC Roles and Responsibilities:

10.3 CoC Roles and Responsibilities:  (continued)

InHOUSE System Administrator

The InHOUSE System Administrator will manage the day-to-day software application, oversee the agency-specific implementation and compliance, and liaison between the agency/jurisdiction and the software vendor.

1. Perform initial agency setup and configuration within the system.

2. Administer and manage user accounts, logins and passwords for local agency administrators.

3. Update training modules (including training materials) for agency administrators.

4. Provide technical assistance within the continuum and facilitate trouble-shooting and problem resolution.

5. Perform data quality review on an ongoing basis.

6. Review and monitor across user agencies to ensure security, confidentiality and quality of the information within the system and adherence to standard policy and procedures.

7. Coordinate and manage all system upgrades with the software vendor and users.

8. Create and run all required custom and collaborative reports.

9. Liaison with system software vendor to resolve technical issues.
11.0 Data Element Definitions:

A few key data elements are defined because no definition exists from HUD and the element is critical within the system of care locally.

Definitions:

A. The following is the proposed definition for “earned Income” within the InHOUSE HMIS system. When more rigid standards apply for a specific funding stream, particularly for employment programs, the more rigid standard shall supercede this definition and apply for that program or programs.

Earned Income
Earned income is verifiable financial compensation that is received in exchange for someone’s time and labor, regardless of duration, permanency, or subsidized or transitional nature of the relationship. This includes:
• Full Time Employment - A job in which an employee works thirty-five (35) or more (usually 40) hours during a typical workweek.
• Part Time Employment - A job in which an employee works between 1 to 34 hours during a typical workweek.
• Temporary Employment - A job that lasts for a limited time whereby an employee generally works less than a year on one assignment, regardless of the number of hours worked per week.
• Day Labor - A job in which an employee is hired and paid one day at a time, with no promise that more work will be available in the future.

Verifiable: Able to be confidently validated through means such as copy of a check stub, a payment voucher, letter of hire, or conversation with an employer. While not all programs require the verification of earned income, in order to be counted as earned income, the source must be able to be verified.

Financial: cash or other legal tender such as checks. This does NOT include barter-like arrangements where cash or other legal tender is not exchanged. For example, an arrangement where a client works in exchange for room, utilities, and/or meals can not be counted as a financial compensation since no cash exchange is made between the two parties.

Regardless of duration, permanency, or subsidized or transitional nature: Determining earned income is not dependant on whether the individual has worked a specified number of days; whether the employment is seasonal, temporary, or permanent; or whether the job is a supported employment opportunity or subsidized in any way. This is the biggest variant from other “employment” or “earned income” definitions in other programs.
B. **Other Income**

Other income not meeting the above definition can be reported as income in the “other” category with the specific source and amount identified on the Intake and in InHOUSE. This may include panhandling, recycling, live-in barter or “work for rent” arrangements, and other informal activities.

11.1 Client Search Prior to Intake:

**Policy:**

Prior to conducting an Intake for a new program entry, staff of each participating agency/jurisdiction will obtain and print the most current Basic Intake or Basic Eligibility information (if available) for each client. Agency/jurisdiction staff will verify the information and then conduct the remaining Intake questions with the client.

**Procedure:**

A. Staff of each participating agency/jurisdiction will, prior to conducting an intake, log into InHOUSE and search for the client.
B. Upon locating the specific client, the agency/jurisdiction will print the Basic Intake or Basic Eligibility for the client.
C. The agency/jurisdiction staff will then review the printed details with the client to insure accuracy and complete any unanswered questions.
D. The agency/jurisdiction staff will then complete the remaining Intake sections or forms for each new Intake.
E. Should the client not be found to exist within InHOUSE, the agency/jurisdiction staff would conduct a complete Intake set.

11.2 Entry Procedures:

**Policy:**

Every household member receiving any type of service (*e.g.*, a meal, a bed, any type of counseling, medical services, housing, or any other service) must have a completed intake and be entered into the InHOUSE system.

**Procedure:**

First ask the question as printed on the Intake form. If the client is unsure of what is being asked, restate the question, as needed, to insure understanding.
11.3 Update Procedures:

**Housing Assessment Policy:**

Every housing change for a household must be recorded and entered into InHOUSE.

**Procedure:**

A. A Housing Assessment form will be completed by agency/jurisdictions staff each time a household moves in or out of permanent housing.
B. Data from the form will be entered into InHOUSE.
C. Data entry will follow the InHOUSE Policy and Procedure expectation of once per week.

**Annual Update Policy:**

Every client that is in a program one year or longer must have his/her record annually updated with information prescribed by HUD and this community, which minimally includes income, non-cash benefits, and disabilities. A Housing Assessment update will also be completed on the Head of Household’s record (if applicable).

**Procedure:**

A. Each agency/jurisdiction will run the Annual Update Report (ART) to generate a list of clients in need of an Annual Update. Clients will appear on the ART report if they have not had a new program entry or update (by any other agency) within the last twelve months.
B. Each agency/jurisdiction will complete a new Release of Information (v. 5.1) and Annual Update for each client who appears on the Annual Update Report. The Annual Update will be completed annually for each client.
D. The agency/jurisdiction will enter an Annual Update service, in InHOUSE, on the Head of Household’s record. When entering the service, also select any other family members that received the service at the same time as the Head of Household.
E. The Annual Update service will be entered for the program that performed the Annual Update and/or collected the data.

Approved: Performance Management Committee, March 2012
11.4 Exit Procedures:

Policy:

Persons will be exited from Outreach and Drop In Center programs when:
- the person moves to any location where the program will not continue working with the individual, such as a residential treatment program, jail, permanent housing, or some shelter situations where the program does not continue working with the individual, OR
- the person has had no contact within the prior six months.

Approved: Performance Management Committee, Oct. 2010

Procedure:

A. Identify the last date of contact with a client. Reports in InHOUSE HMIS can help identify the date of last contact if services are being entered.

B. Administratively complete the exit form utilizing the most recent data in the case file, client records, or from client interview.

C. Date the the exit back to the date of last contact and complete the correct data entry procedures for exiting a client from a program.

D. For the best data quality, at every contact, attempt to update someone’s housing situation and income in the case notes so that at exit to the last date of contact, the case notes will reflect the person’s housing and income situations at the time. This will most accurately reflect the person’s situation and will also mitigate numerous “unknown” and “refused” responses at exit.

11.5 Exit Dates:

Policy:

The exit must be dated back to the date of last contact for every client exit.
Appendices:

Appendix A – Agency/Jurisdiction Participant Agreement (MOU)

Appendix B – Privacy Agreement

Appendix C – User Agreement

Appendix D – HUD Final Data Standards

Appendix E – HUD HMIS Privacy and Security Standards – Summary

Appendix F – Sample Privacy Notice

Appendix G – Client Release of Information Authorization

Appendix H – HUD HMIS Required Data Elements List

Appendix I – Glossary
Homeless Management Information System Governance Charter

Updated and Approved January 2014

Overview and Purpose

The Alameda Countywide Homeless Management Information System (HMIS) known as InHOUSE is a data collection application that maintains information regarding the characteristics and service needs of individuals. InHOUSE, implemented in June 2005 is an acronym for Information about Homelessness, Outcomes, and Service Engagement. The InHOUSE database system facilitates effective and streamlined services to individuals-served as well as creating information that communities can use to determine the use and effectiveness of services.

The InHOUSE system is designed to benefit multiple stakeholders, including persons using homeless and/or at-risk of homelessness-targeted services, provider agencies, jurisdictions, other systems of care, funders and the community. Improved knowledge gained from InHOUSE about various communities with special needs and their service usage aides with providing a more effective and efficient service delivery system. By community partner agreement, the InHOUSE database operates as a shared system: permission granted by an individual-served allows for all HMIS-entering Covered Homeless Organizations (CHOs) to have viewership of client level data (excluding Case Management tasks).

Geographic Area

The InHOUSE data system serves all 14 cities within Alameda County, including unincorporated jurisdictions.

Alameda County Continuum of Care (CoC) Responsibilities

The Alameda County CoC is responsible for:

G:\HCD\HOMELESS\COFC\DCM\HMISNew\Forms\Admin\Current\HMIS Governance Charter\Current\InHOUSE HMIS Governance Charter FINAL 1.2014.doc
• Designating a single information system as the official HMIS software for the geographic area.

• Designating an HMIS Lead to operate the HMIS.

• Providing for governance of the HMIS Lead, including:
  o The requirement that the HMIS Lead enter into written HMIS Participation Agreements with each Contributing HMIS Organization (CHO) requiring the CHO to comply with federal regulations regarding HMIS and imposing sanctions for failure to comply; and
  o The participation fee, if any, charged by the HMIS;

• Maintaining documentation evidencing compliance with this part and with the governance charter; and

• Reviewing, revising and approving the policies and plans required by federal regulation.

• Monitors milestones and makes high level decisions on HMIS

• Creates and updates the Data Quality Plan

Organizational Relationships

Performance Management Committee Responsibilities:

• Membership comprised of:
  ▪ CoC representatives
  ▪ EveryOne Home
  ▪ HMIS Lead Staff
  ▪ Health and Human Services staff
  ▪ Participating Agency staff
  ▪ Jurisdictional Staff

• Conducts regular monthly meetings

• Makes all final decisions on
  ▪ Planning
  ▪ Participation
Coordination of HMIS/ data resources

- Coordination of Data Integration- either with outside industries’ data storage systems or with participating agencies’ internal data collection systems
- Determination of long term policies and procedures
- Makes recommendation on software application/ vendor as needed
- Supports and protects the rights and privacy of clients
- Reviews quarterly Outcomes Reports
- Develops Communitywide Outcomes Measures and Goals
- A list of the current members of the Performance Management Committee is available from the EveryOne Home Executive Director or the Alameda County Housing & Community Development Department

HMIS Lead Agency Duties and Responsibilities

- Responds to Performance Management Committee directives
- Oversees the day-to-day operation of HMIS
- Provides staffing for HMIS
- Provides technical support to participating agencies
- Provides training on privacy, and software related issues
- Regularly reviews data quality (monthly)
- Coordinates and submits Housing Inventory Chart, and Annual Homeless Assessment Reports
- In conjunction with EveryOne Home, coordinates and submits Point in Time Count and Notice of Funding Availability Application
- Supports HMIS by providing ongoing funding
- Monitoring data quality and taking necessary actions to maintain input of high-quality data from all HMIS-utilizing agencies
- The HMIS Lead must submit a security plan, an updated data quality plan, and a privacy policy to the CoC for approval within 6 months after the effective date of the HUD final rule establishing the requirements of these plans. The HMIS Lead
must review and update the plans and policy at least annually. During this process, the HMIS Lead must seek and incorporate feedback from the CoC and applicable entities. The HMIS Lead must implement the plans and policy within 6 months of the date of approval by the Alameda County CoC.

- Adopt written policies and procedures for the operation of the HMIS that apply to the HMIS Lead, its CHOs, and the Continuum of Care.
- Policies and procedures must comply with all applicable Federal law and regulations, and applicable state or local governmental requirements.
- Solicits HMIS User feedback – including operational milestones, system functionality and ease of use, and progress.

**HMIS Policy Group Responsibilities**

The HMIS Policy Group Committee will work with the HMIS Lead to:

- Coordinate and prepare written HMIS policies and procedures in accordance with § 580.31 for all CHO/agencies, for review, update and adoption by the Performance Management Committee.
- Develop, annually review, and, as necessary, revise for Performance Management Committee approval a privacy plan, security plan, and data quality plan for the HMIS, as well as any other HMIS policies and procedures required by HUD.

**HMIS User Group Responsibilities**

The HMIS Policy Group Committee will work with the HMIS Lead to:

- Provides recommendations on use of software and software enhancements.
- Trouble-shoot frequent data quality errors.
- Recommends modifications to HMIS staff created reports.

**HMIS End-User Responsibilities**
Alameda Countywide HMIS

InHOUSE: Information about Homelessness, Outcomes, and Service Engagement

- Comply with federal regulations regarding HMIS
- Provides data entry in manner that meets standards established in Data Quality Plan
- Attends trainings, as needed
- Comply with Federal, state, and local laws that require additional privacy or confidentiality protections
- Takes all necessary measures to ensure security and confidentiality of client information
- Reports security incidents in compliance with Security Plan
The Alameda Countywide Homeless Management Information System (HMIS) known as InHOUSE is an information system that maintains information regarding the characteristics and service needs of Clients. InHOUSE will facilitate more effective and streamlined services to Clients and create information that communities can use to determine the use and effectiveness of services.

The InHOUSE system is designed to benefit multiple stakeholders, including persons using homeless-targeted services, provider agencies, jurisdictions, other systems of care, funders and the community. Improved knowledge gained from InHOUSE about various communities with special needs and their service usage will lead to a more effective and efficient service delivery system.

EveryOne Home (EveryOne Home) has been designated through a broad community planning process to oversee the planning, funding, implementation and on-going operation of the InHOUSE system.

__________________________ ("Agency" or “Jurisdiction”) has elected to participate in the InHOUSE system.

Agency/Jurisdiction and EveryOne Home agree as follows:

1. General Understandings:

   a. In this Agreement, the following terms will have the following meanings:

      (i) "Client" refers to a consumer of services.

      (ii) "Agency" or “Agency/Jurisdiction” refers generally to any Agency or Jurisdiction participating in the InHOUSE system in accordance with a current InHOUSE Partner Memorandum Of Understanding.

      (iii) “Agency staff” refers to paid employees, volunteers, affiliates, contractors, and associates of Agencies and Jurisdictions using InHOUSE.

      (iv) “EveryOne Home staff” refers to the EveryOne Home Director, other EveryOne Home employees, volunteers, affiliates, contractors, and associates performing tasks pertaining to InHOUSE on behalf of the EveryOne Home.

      (v) “InHOUSE” refers to Information about Homelessness, QUtcomes and Service Engagement, the Alameda Countywide HMIS system.

      (vi) “Enter(ing)” or “entry” refers to the input of any Client information into InHOUSE.

      (vii) “Shar(e)(ing),” or “Information Shar(e)(ing)” refers to the sharing of basic Intake information which has been entered in InHOUSE with another Partner Agency/Jurisdiction.

      (viii) “HUD Compliance Committee” refers to the EveryOne Home’s governing body responsible for advising about and overseeing the implementation and operation of the InHOUSE HMIS. The HUD Compliance Committee is composed of representatives from EveryOne Home, other stakeholders, and subject-specific members. A list of the current members of the HUD Compliance Committee is available from the EveryOne Home Director.
Alameda Countywide HMIS

InHOUSE Partner MOU

InHOUSE: Information about Homelessness, QUtcomes, and Service Engagement

(ix) “Identified or Confidential Data” refers to Client data containing Protected Personal Identifiers that can be used to identify a specific Client.

(x) “Deidentified Data” refers to data that has Client-specific information removed, allowing use of the data without identifying a specific Client. Also referred to as “non-identifying” or “aggregate” information.

b. Agency/Jurisdiction understands that when it enters information into InHOUSE, such information will be available to the EveryOne Home staff or contractors who may review the data to administer InHOUSE; to conduct analysis; and to prepare reports which may be submitted to others in de-identified aggregate form without individual identifying Client information.

c. Agency/Jurisdiction understands that Client will have the ability to indicate whether basic Intake information Agency/Jurisdiction entered into InHOUSE may be shared with and accessible to Partner Agencies/Jurisdictions in the InHOUSE system. Agency/Jurisdiction is responsible for designating within InHOUSE, according to Client’s desire, whether Intake information may or may not be shared.

d. Correspondence with other communities about the InHOUSE system or the Countywide HMIS will be directed to and originate from the EveryOne Home Director.

2. Supplemental Documents:

Three additional documents further lay out expectations and agreements among the parties using the InHOUSE system. These include the InHOUSE Policies and Procedures Manual, the InHOUSE User Agreement, and the Privacy Agreement. These documents are distinct yet supplemental to this agreement to allow updating of said documents from time to time according to the system governance guidelines in the Policies and Procedure Manual.

a. InHOUSE Policies and Procedures Manual details the policy and implementation steps for roles and responsibilities, privacy requirements, notification of privacy protections, access privileges, breach of confidentiality and/or security, client rights, maintenance of system security and data integrity, training requirements, reporting of data, and system governance.

b. InHOUSE User Agreement specifically details the obligations and responsibilities of each User of the InHOUSE system. Each InHOUSE User must agree to abide by and sign the User Agreement.

c. Privacy Agreement details the obligations and responsibilities of each person who collects data for and/or utilizes sensitive data generated from InHOUSE. Anyone who collects data for or works with data generated by the InHOUSE system that contains Protected Personal Identifiers must agree to abide by and sign the Privacy Agreement.

Agency/Jurisdiction and EveryOne Home staff will abide by the InHOUSE Policies and Procedure Manual, the InHOUSE User Agreement, and the Privacy Agreement at all times. Agency/Jurisdiction will monitor its staff in such a way as to reasonably insure compliance with the Policies and Procedure Manual, the User Agreement, and the Privacy Agreement by its entire staff.
4. **Additional Confidentiality Protections:**
   a. The Agency/Jurisdiction will uphold applicable federal and state confidentiality regulations and laws that protect Client records.
   
   b. The Agency/Jurisdiction shall only release client records with signed consent by the client or in accordance with applicable law.
   
   c. Parties to this Agreement will not share medical, HIV/AIDS, mental health, substance use, details about a disability, or any violence-related information without a separate written consent by the client for the release of such information.
   
   d. The Agency/Jurisdiction shall verbally explain to a Client about the InHOUSE database and the terms of consent and shall arrange for a qualified interpreter or translator in the event that Client is not literate in English or has difficulty understanding the consent form.

5. **Storage of Data:**
The Agency/Jurisdiction understands the file server, which will contain all Client information, including encrypted identifying Client information, will be located at Bowman Internet System, Inc. offices at 400 Travis Street, Suite 1900, Shreveport, LA 71101.

6. **Readiness for Implementation and Use of InHOUSE:**
Agency/Jurisdiction must complete specific tasks listed below for implementation of InHOUSE. The primary readiness tasks are noted below. EveryOne Home staff must verify completion of all Readiness tasks. Failure to complete all readiness tasks at Agency/Jurisdiction may result in delay of the implementation.

   a. **Technological Readiness Assessment:** Agency/jurisdiction will correct all mandatory findings identified in their Technological Readiness Assessment.
   
   b. **Privacy Notice:** Agency/Jurisdiction must create or adapt an existing privacy notice detailing the Use and Disclosure of Client data within InHOUSE.
   
   c. **Workflow Document:** Agency/Jurisdiction must produce a Workflow Document as detailed by EveryOne Home Staff.
   
   d. **Privacy and Security Certification Training:** All Agency/Jurisdiction staff that conduct Intake functions or handle data containing Protected Personal Identifiers must successfully complete the InHOUSE Privacy and Security Certification Training before conducting Intakes (including paper-based forms) for InHOUSE or handling such data.
   
   e. **ServicePoint User Training:** All users of the InHOUSE system must complete an InHOUSE ServicePoint User Training (after completing the Privacy and Security Certification Training) before being given access to a User license.
   
   f. **Agency/Jurisdiction-specific Set-up Information:** Agency/Jurisdiction will complete all programmatic diagramming, selection of picklists, identification of custom data fields, and other items as requested by the System Administrator in order to be set up in the software.
7. **No Conditioning of Services:**
Agency/Jurisdiction will not make sharing of Client Intake information in InHOUSE a condition for receiving any services.

8. **Restrictions on Release of Information from InHOUSE:**
Agency/Jurisdiction agrees not to release any Client identifying information received from InHOUSE to any other person or organization without written informed Client consent, or as required by law.

9. **Availability and Assistance:**
   a. All requests for troubleshooting or other assistance regarding the software or system utilization shall be directed to the EveryOne Home’s InHOUSE System Administrator.
   
   b. InHOUSE staff will be reasonably available during the EveryOne Home’s weekday business hours for technical assistance (i.e. troubleshooting and report generation).
   
   c. Requests for assistance will be addressed within two working days from receipt of the request. Concerns, complaints, or other communication about the competency and/or responsiveness of InHOUSE staff shall be directed to the EveryOne Home Director.
   
   d. Partner Agency/Jurisdiction shall not direct any inquiries directly to the software vendor.

10. **Records:**
Agency/Jurisdiction and the EveryOne Home will maintain records of any disclosures of Client identifying information for a period of three years after such disclosure. Upon written request of a Client, Agency/Jurisdiction and EveryOne Home staff will provide an accounting of all such disclosures within the prior three-year period. The EveryOne Home will have access to an audit trail from InHOUSE to produce an accounting of disclosures made from one Agency/Jurisdiction to another.

11. **Use of InHOUSE:**
   a. Agency/Jurisdiction and EveryOne Home Staff will use InHOUSE for its legitimate business purposes only.
   
   b. The Agency/Jurisdiction shall use Client information in the InHOUSE system, as provided to the Agency/Jurisdiction, to assist the Agency/Jurisdiction in providing adequate and appropriate services to the Client.
   
   c. Agency/Jurisdiction and its staff will not access identifying information for any individual for whom services are neither sought nor provided by the Agency/Jurisdiction. Agency/Jurisdiction may access identifying information for its Clients and may request access to statistical, non-identifying information on both its Clients and Clients served by other InHOUSE participating agencies.
   
   d. The transmission of material in violation of any federal or state regulations is prohibited. This includes, but is not limited to, copyright material, material legally judged to be threatening or obscene, and material considered protected by trade secret.
e. Agency/Jurisdiction will not use InHOUSE with intent to defraud federal, state or local governments, individuals or entities, or to conduct any illegal activity.

12. Fee:
   a. The EveryOne Home will cover the majority of Agency/Jurisdiction-specific costs (e.g. licenses) and system administration costs (e.g. InHOUSE staff) beginning July 1, 2005.
   b. Agency/Jurisdiction is responsible for costs associated with connectivity to the internet, hardware that is compliant with software, privacy and security requirements, staff time for InHOUSE training activities, and staff data entry time.
   c. While the EveryOne Home has every intention of maintaining this funding arrangement, the EveryOne Home reserves the right to charge the Agency/Jurisdiction fees to cover funding shortfalls and/or agency/jurisdiction-specific costs in excess of planned allocations.
   d. Any fees not specific to an Agency/Jurisdiction requiring support in excess of planned allocations will be proposed by the HUD Compliance Committee of EveryOne Home, presented to the InHOUSE partners for comments, and adopted by the HUD Compliance Committee following review of partner feedback and InHOUSE financials. Agency/Jurisdiction will have sufficient time to identify appropriate resources.

13. Damage to InHOUSE:
Agency/Jurisdiction shall take due diligence not to cause in any manner, or way, corruption of InHOUSE, and Agency/Jurisdiction agrees to be responsible for any damage it may cause.

14. Community Stakeholders:
EveryOne Home Staff will consult with the EveryOne Home, Partner Agencies/Jurisdictions, and other stakeholders from time to time regarding community-wide issues such as revision to policy, procedures, and forms.

15. Grievance:
Written Agency/Jurisdiction complaints that are not resolved within the Agency/Jurisdiction may be forwarded to the InHOUSE Grievance and Security Committee of the HUD Compliance Committee, which will try to reach a voluntary resolution of the complaint.

16. Limitation of Liability and Indemnification:
   a. No party to this Agreement shall assume any additional liability of any kind due to its execution of this Agreement. The parties intend that each party shall remain liable, to the extent provided by law, regarding its own acts and omissions; but that no party shall assume additional liability on its own behalf or liability for the acts of any other person or entity except for the acts and omissions of their own employees, volunteers, agents or contractors through participation in InHOUSE. The parties specifically agree that this agreement is for the benefit of the parties only and this agreement creates no rights in any third party.
   b. To the fullest extent permitted by law, Agency/Jurisdiction agrees to indemnify, defend, and hold EveryOne Home, its agents, officials, and staff harmless from and against any and all claims, losses, damages, liabilities, and expenses, including legal fees and disbursements paid or incurred, arising form any breach of this Agreement or any of Agency/Jurisdiction’s obligations under this Agreement.
c. To the fullest extent permitted by law, EveryOne Home agrees to indemnify, defend, and hold Agency/Jurisdiction, its agents, officials, and staff harmless from and against any and all claims, losses, damages, liabilities, and expenses, including legal fees and disbursements paid or incurred, arising form any breach of this Agreement or any of Agency/Jurisdiction’s obligations under this Agreement.

d. The EveryOne Home shall not be held liable to any member Agency/Jurisdiction for any cessation, delay or interruption of hosting or software services, nor for any malfunction of hardware, software or equipment. Liability and complaints regarding the EveryOne Home’s responsiveness to technical assistance requests shall be directed to the HUD Compliance Committee.

17. Additional Terms and Conditions:

a. Agency/Jurisdiction will abide by such rules and regulations promulgated by HUD and/or the EveryOne Home and/or the HUD Compliance Committee regarding administration of InHOUSE.

b. Agency/Jurisdiction and EveryOne Home intend to abide by applicable law. Should any term of this Agreement be inconsistent with applicable law, or should additional terms be required by applicable law, Agency/Jurisdiction and EveryOne Home agree to modify the terms of this agreement so as to comply with applicable law. No such change to particular sections will impact the validity or standing of other parts of the Agreement.

c. Neither EveryOne Home nor Agency/Jurisdiction will transfer or assign any rights or obligations regarding Alameda Countywide HMIS without the written consent of either party.

18. Termination:
This Agreement will be in force until terminated by either party. Either party may terminate this agreement at will with 60 day written notice. Either party may terminate this agreement immediately upon a material breach of this Agreement by the other party, including but not limited to the breach of InHOUSE security or confidentiality by Agency/Jurisdiction. Exercising termination rights may affect Agency/jurisdiction’s eligibility for federal funding including those that are locally administered (e.g. SHP, ESG, CDBG, CSBG, and HOPWA).

d. If this Agreement is terminated, Agency/Jurisdiction will no longer have access to InHOUSE. EveryOne Home and the remaining Partner Agencies/Jurisdictions will maintain their right to use all of the Client information previously entered by Agency/Jurisdiction except to the extent a restriction is imposed by Client or law.

e. Upon termination, EveryOne Home will notify representatives of the jurisdiction(s) in which the Agency/Jurisdiction provides services.

f. If this Agreement is terminated, the EveryOne Home and remaining Partner Agencies/Jurisdictions shall maintain their right to use all Client data previously entered by the terminating Partner Agency/Jurisdiction; this use is subject to any restrictions requested by the Client and by the Policies and Procedures Manual.

g. Upon termination, copies of Agency/Jurisdiction data will be provided to the Agency/Jurisdiction. Data will be provided on CDs or other mutually agreed-upon media.
h. Unless otherwise specified in writing, copies of data will be delivered to Agency/Jurisdiction within twenty-one (21) calendar days of receipt of written requests for data copies.

i. If termination is being pursued by EveryOne Home due to breach of contract, Agency/Jurisdiction will receive notice of breach and have the right to address and correct said breach. Only in the absence of appropriate and reasonable intervention and resolution by Agency/Jurisdiction will termination of Agency/Jurisdiction participation be completed by EveryOne Home.

Signed,

______________________________________ Date
Signature of Executive Director/Manager

______________________________________
Print Executive Director/Manager Name

______________________________________
Agency/Jurisdiction Name

______________________________________  City  State  Zip Code
Street and/or Mailing Address

______________________________________
Signature of Alameda County Housing and Community Development Department Director
Linda M. Gardner

______________________________________ Date
Signature of EveryOne Home Director
Elaine deColigny
InHOUSE Privacy Agreement

While I am not currently a licensed user of the Alameda County InHOUSE system, I am collecting HUD mandated data for entry into that system and/or utilizing collected data that contains sensitive personal information about clients. As a data collection participant, I agree to uphold the confidentiality and privacy standards set forth in this document, excerpted from the HUD HMIS Standards and the Alameda County-wide InHOUSE Policies and Procedures Manual.

Please initial each statement below to indicate your agreement:

_____ I recognize I have access to confidential client information collected for the InHOUSE system.

_____ I recognize that I am bound to keep confidential all protected personal information with which I come in contact in the course of carrying out my job responsibilities.

_____ I recognize that the improper disclosure of confidential and protected personal information, by anyone, could result in violation of the laws, violation of a client's legal rights and could jeopardize the security of the InHOUSE system.

_____ I recognize that any improper disclosure or violation of confidential or protected information may result in disciplinary action and/or termination from any contracts/agreements with the Alameda County-wide Continuum of Care Council with which my employer may be associated, and possible termination of my employment.

_____ I agree to make no disclosure, except to authorized agency staff as necessary to the performance of my job duties, to anyone of any data in, to go in, or from the InHOUSE system.

_____ I will not solicit information from Clients unless the information is required for a legitimate business purpose such as to provide services to the Client.

_____ I will not decline services to a Client or potential Client if that person refuses to share their personal information with other agencies via InHOUSE.

_____ Upon Client written request, I will ensure a Client receives a copy of the Client's own information maintained within InHOUSE. Information compiled in reasonable anticipation of or for use in a civil, criminal or administrative action or proceeding need not be provided to Client.

_____ I will permit Clients to file a written complaint regarding the use or treatment of their information within InHOUSE. Client may file a written complaint within the Agency Grievance Procedure. Client may not be retaliated against for filing a complaint.

_____ I understand that all InHOUSE information (hard copies and soft copies) must be kept secure and confidential at all times. When no longer needed, the information must be destroyed according to written Policy and Procedures to maintain confidentiality.

I understand and agree to comply with all the confidentiality statements listed above. I agree to maintain strict confidentiality of information obtained for the InHOUSE system. This information will be used only for the legitimate client service and administration of the agency named below.

<table>
<thead>
<tr>
<th>InHOUSE Participant Signature</th>
<th>Agency</th>
<th>Date</th>
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<table>
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<tr>
<th>Agency/System Administrator</th>
<th>Agency</th>
<th>Date</th>
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</table>
SAMPLE POLICY

DATE: March 1, 2006

SUBJECT: Privacy and Confidentiality

1. To protect the privacy of agency clients
2. To comply with applicable laws and regulations.
3. To insure fair information practices as to:
   a. Openness
   b. Accountability
   c. Collection limitations
   d. Purpose and use limitations
   e. Access and correction
   f. Data Quality
   g. Security

STATEMENT OF POLICY:

1) Compliance Agency privacy practices will comply with all applicable laws governing HMIS client privacy/confidentiality. Applicable standards include, but are not limited to the following.
   b) HIPAA - the Health Insurance Portability Act.
   d) Alameda County-wide Continuum of Care InHOUSE Policy and Procedures manual.
   e) Alameda County-wide Continuum of Care InHOUSE partner agency sharing agreement(s).

NOTE: HIPAA statutes are more restrictive than the HMIS FR 4848-N-02 standards and in cases where both apply, HIPAA over-rides the HMIS FR 4848-N-02 standards. In cases where an agency already has a confidentiality policy designed around the HIPAA standards, that policy can be modified to include the HMIS data collection, or can be amended to create one set of standards for clients covered under HIPAA, and a second set of standards for those covered only under HMIS FR 4848-N-02. Agencies should indicate in their Privacy Notice which standards apply to their situation.
2) **Use of Information**  
   PPI (protected personal information which can be used to identify a specific client) can be used only for the following purposes:
   a) To provide or coordinate services to a client.
   b) For functions related to payment or reimbursement for services.
   c) To carry out administrative functions such as legal, audit, personnel planning, oversight and management functions.
   d) For creating de-personalized client identification for unduplicated counting.
   e) Where disclosure is required by law.
   f) To prevent or lessen a serious and imminent threat to the health or safety of an individual or the public.
   g) To report abuse, neglect, or domestic violence as required or allowed by law.
   h) Contractual research where privacy conditions are met (including a written agreement).
   i) To report criminal activity on agency premises.
   j) For law enforcement purposes in response to a properly authorized request for information from a properly authorized source.

**NOTE:** HMIS FR 4848-N-02 standards list items a-d above as allowable reasons for disclosing PPI but make provisions for additional uses to meet individual agency obligations. In some cases these uses (e-j above) have additional conditions. and HMIS FR 4848-N-02 4.1.3 should be consulted if any of these optional items are to be included in an agency's policy. It also states that “except for first party access to information and required disclosures for oversight and compliance auditing, all uses and disclosures are permissive and not mandatory.”

**NOTE:** If a client refuses to release PPI and such information is needed/required in order to provide services, the client's refusal may necessitate denial of service. Agencies may choose to make provisions for such denial of services in their policy.

3) **Collection and Notification**  
   Information will be collected only by fair and lawful means with the knowledge or consent of the client.
   a) PPI will be collected only for the purposes listed above, and entered into InHOUSE.
   b) Clients will be made aware that personal information is being collected and recorded and will be asked to express written consent to have their basic intake information shared in the InHOUSE system.
   c) A written sign will be posted in locations where PPI is collected. This written notice will read:

   "We collect personal information directly from you for reasons that are discussed in our Privacy Notice. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services for homeless persons, and to better understand the needs of homeless persons. We only collect information that we consider to be appropriate.

   The collection and use of all personal information is guided by strict standards of confidentiality. Our Privacy Notice is posted. A copy of our Privacy Notice is available to all clients upon request."

   d) This sign will be explained in cases where the client is unable to read and/or understand it.

**NOTE:** Under HMIS FR 4848-N-02, agencies are permitted to require a client to express consent to collect PPI verbally or in writing, however this is optional and not a requirement of the statute.
4) **Data Quality**  
   PPI data will be accurate, complete, timely, and relevant.  
   a) All PPI collected will be relevant to the purposes for which it is to be used.  
   b) Identifiers will be removed from data that is not in current use after 7 years (from date of creation or last edit) unless other requirements mandate longer retention.  
   c) Data will be entered in a consistent manner by authorized users.  
   d) Data will be entered in as close to real-time data entry as possible.  
   e) Measures will be developed to monitor data for accuracy and completeness and for the correction of errors.  
      i) The agency runs reports and queries monthly to help identify incomplete or inaccurate information.  
      ii) The agency monitors the correction of incomplete or inaccurate information.  
      iii) By the 15th of the following month all monitoring reports will reflect corrected data.  
   f) Data quality is subject to routine audit by System Administrators who have administrative responsibilities for the database.

5) **Privacy Notice, Purpose Specification and Use Limitations**  
The purposes for collecting PPI data, as well as it uses and disclosures will be specified and limited.  
   a) The purposes, uses, disclosures, policies, and practices relative to PPI data are to be outlined in this agency Privacy Notice.  
   b) The agency Privacy Notice will comply with all applicable regulatory and contractual limitations.  
   c) The agency Privacy Notice will be made available to agency clients, or their representative, upon request and explained/interpreted as needed.  
   d) Reasonable accommodations will be made with regards to the Privacy Notice for persons with disabilities and non-English speaking clients as required by law.  
   e) PPI will be used and disclosed only as specified in the Privacy Notice, and only for the purposes specified therein.  
   f) Uses and disclosures not specified in the Privacy Notice can be made only with the consent of the client.  
   g) The Privacy Notice will be posted on the agency web site.  
   h) The Privacy Notice will reviewed and amended as needed.  
      i) Amendments to or revisions of the Privacy Notice will address the retroactivity of any changes.  
   j) Permanent documentation will be maintained of all Privacy Notice amendments/revisions.  
   k) All access to, and editing of PPI data will be tracked by an automated audit trail, and will be monitored for violations use/disclosure limitations.

**NOTE:** Items above are required by HMIS FR 4848-N-02 and/or MSHMIS policy, but agencies can restrict and limit the use of PPI data further by requiring express client consent for various types of uses/disclosures, and/or by putting restriction or limits on various kinds of uses/disclosures.
6) **Record Access and Correction** Provisions will be maintained for the access to and corrections of PPI records.

   a) Clients will be allowed to review their InHOUSE record within 5 working days of a request to do so.

   b) During a client review of their record, an agency staff person must be available to explain any entries the client does not understand.

   c) The client may request to have their record corrected so that information is up-to-date and accurate to ensure fairness in its use.

   d) When a correction is requested by a client, the request will be documented and the staff will make a corrective entry if the request is valid.

   e) A client may be denied access to their personal information for the following reasons:

      i) Information is compiled in reasonable anticipation of litigation or comparable proceedings;

      ii) Information about another individual other than the agency staff would be disclosed,

      iii) Information was obtained under a promise of confidentiality other than a promise from this provider and disclosure would reveal the source of the information

      iv) The disclosure of information which would be reasonably likely to endanger the life or physical safety of any individual.

   f) A client may be denied access to their personal information in the case of repeated or harassing requests for access or correction. However, if denied, documentation will be provided regarding the request and reason for denial to the individual and be made a part of the client's record.

   g) A grievance process may be initiated if a client feels that their confidentiality rights have been violated, if access has been denied to their personal records, or if they have been put at personal risk, or harmed.

   h) Any client grievances relative to the InHOUSE system will be processed/resolved according to agency grievance policy.

   i) A copy of any client grievances relative to InHOUSE data or other privacy/confidentiality issues and agency response are forwarded to CoC staff.

   j) If a client is unsatisfied with the resolution of their grievance at the agency level, the client may request mediation at the system level.
7) **Accountability**  Processes will be maintained to insure that the privacy and confidentiality of client information is protected and staff is properly prepared and accountable to carry out agency policies and procedure that govern the use of PPI data.
   a) Grievances may be initiated through the agency grievance process for considering questions or complaints regarding privacy and security policies and practices. All users of the InHOUSE system must sign a Users Agreement that specifies each staff persons’ obligations with regard to protecting the privacy of PPI and indicates that they have received a copy of the agency's Privacy Notice and that they will comply with its guidelines.
   b) All staff, interns, volunteers or associates collecting PPI intended for, or viewing data generated by InHOUSE must successfully complete Council-sponsored privacy and security certification training.
   c) A process will be maintained to document and verify completion of training requirements.
   d) A process will be maintained to monitor and audit compliance with basic privacy requirements including but not limited to auditing clients entered against signed InHOUSE Consent Releases. At minimum, a quarterly Compliance Review will be conducted and documented.
   e) A copy of any staff grievances initiated relative to privacy, confidentiality, or InHOUSE system data will be forwarded to CoC Staff.
   f) Regular user meetings will be held and issues concerning data security, client confidentiality, and information privacy will be discussed and solutions will be developed.

8) **Sharing of Information**  Basic Intake data may be shared with partnering agencies only with client approval
   a) All routine data sharing practices with partnering agencies will be documented and governed by the CoC MOU Agreement that defines the agency-determined sharing practice.
   b) Resident name and social security number are viewable in InHOUSE without express written consent for the purpose of searching for a client in the software. Procedures are available to not enter name and/or social security number from the searchable field.
   c) A completed InHOUSE Client Release of Information (ROI) Form is needed before information may be shared electronically.
      i) The InHOUSE release is to inform the client about what is shared and with whom it is shared.
      ii) The client accepts or rejects the sharing plan.
      iii) Revisions to the consent for sharing the Basic intake may be requested by the resident during the standard business hours. Changes will not be retroactive.
   d) Clients will be informed about and understand the benefits, risks, and available alternatives to sharing their information prior to signing an ROI, and their decision to grant permission shall be voluntary.
   e) Clients who choose not to authorize sharing of information cannot be denied services for which they would otherwise be eligible.
   f) All Client Authorization for ROI forms related to the InHOUSE system will be placed in a file to be located on premises and will be made available to the CoC Staff for periodic audits.
   g) InHOUSE-related Authorization for ROI forms will be retained for a minimum period of three (3) years, after which time the forms will be discarded in a manner that ensures client confidentiality is not compromised.
   h) No confidential/restricted information received from the InHOUSE system will be shared with any organization or individual without proper written consent by the client, unless otherwise permitted by applicable regulations or laws.
Draft 03.24.06

i) Restricted information, including progress notes and psychotherapy notes about the diagnosis, treatment, or referrals related to a medical health, disabilities, mental health disorder, drug or alcohol use, HIV/AIDS, and any violence-related concerns shall not be shared with other participating Agencies without the clients written, informed consent as documented on the Agency Authorization for Release of Restricted Information Form.

ii) Sharing of restricted information must also be planned and documented through a fully executed Authorization for Release of Restricted Information Form.

j) If a client has previously given permission to share information and then chooses to revoke that permission by completing a new ROI, the InHOUSE Basic Intake will be closed to further sharing.

k) All client ROI forms will include an expiration date, and once a Client ROI expires, any new information entered will be closed to sharing unless a new Client ROI is signed by the client and entered in the InHOUSE system.

9) System Security System security provisions will apply to all systems where PPI is stored: agency's networks, desktops, laptops, mini-computers, mainframes and servers.

a) Password Access:

i) Only individuals who have completed Privacy and Security Certification and Software Training may be given access to the InHOUSE system through User IDs and Passwords,

ii) Temporary default passwords will be changed on first use.

iii) Access to PPI requires a user name and password at least 8 characters long and using at least one number and one letter.

iv) Passwords will not use or include the users name or the vendor name, and will not consist entirely of any word found in the common dictionary or any of the above words spelled backwards.

v) User Name and password may not be stored or displayed in any publicly accessible location.

vi) Passwords must be changed routinely.

vii) Users must not be able to log onto more than one workstation or location at a time.

viii) Individuals with User IDs and Passwords will not give or share assigned User IDs and Passwords to access the InHOUSE system with any other person, organization, governmental entity, business.

b) Virus Protection and Firewalls:

i) Commercial anti-virus protection software will maintained to protect all agency network systems and workstations from virus attack.

ii) Virus protection will include automated scanning of files as they are accessed by users.

iii) Virus Definitions will be updated regularly.

iv) All workstations will be protected by a firewall either through a workstation firewall or a server firewall.

c) Physical Access to Systems where InHOUSE Data is Stored

i) Computers stationed in public places must be secured when workstations are not in use and staff is not present.

ii) After a short period of time a pass word protected screen saver will be activated during time that the system is temporarily not in use.

iii) For extended absence from a workstation, staff must log off the computer.

d) Stored Data Security and Disposal:

i) All InHOUSE data downloaded onto a data storage medium must be maintained and stored in a secure location, not accessible to non-licensed users of the InHOUSE system.

ii) Data containing PPI will not be downloaded to any remote access site at any time for any reason, nor transmitted outside the physical agency by any means whatsoever.

iii) Data stored on a portable medium will be secured when not in use and will never be
taken off site at any time for any reason.

iv) Data downloaded for purposes of statistical analysis will exclude PPI whenever possible.

iii) InHOUSE data downloaded onto a data storage medium must be disposed of by reformatting as opposed to erasing or deleting. This includes hard drives.

iv) A data storage medium will be reformatted a second time before the medium is reused or disposed of.

e) System Monitoring

i) User access to the InHOUSE Live Web Site will be monitored using the computer access logs located on each computer's explorer "history" button, or via a central server report.

f) Hard Copy Security:

i) Any paper or other hard copy containing PPI that is either generated by or for InHOUSE including, but not limited to report, data entry forms and signed consent forms will be secured.

ii) Agency staff will supervise at all time hard copy with identifying information generated by or for the InHOUSE system when the hard copy is in a public area. If the staff leaves the area, the hard copy must be secured in areas not accessible by the public.

iii) All written information pertaining to the user name and password must not be stored or displayed in any public accessible location.

g) Authorized Location Access:

i) Access to the InHOUSE system is allowed only from authorized agency locations.

10) Agency HMIS/InHOUSE Grievance Policy  (Add details of agency HMIS grievance policy in this section. Refer to HUD Final Data Standards pp. 45930-45931, Section 4.2.5 Access and Correction and Section 4.2.6 Accountability. Your policy may be the same as for other programs. If so, simply include present policy.)

NOTE: Various important aspects of system security are the contracted responsibility of Bowman Systems and are therefore not covered in agency policy. These involve procedures and protections that take place at the site of the central server and include data backup, disaster recovery, data encryption, binary storage requirements, physical storage security, public access controls, location authentication, etc.
PROCEDURES:

NOTE: Procedures and roles relative to this policy should be defined in a procedure section. These may vary significantly from agency to agency but may include the following:

1. Participating agencies may integrate InHOUSE into the agency’s existing Privacy Notice. If the agency does not have an existing Privacy Notice agencies may adopt the HMIS Privacy Notice example or use it as a model. The Privacy Notice must reflect the agency's privacy policy.

2. Copies of the Participation Agreement (MOU and the User Agreement/Code of Ethics may be attachments to your Policy. In addition to customizing the sample policy provided above, the agency should describe:
   a. Who will have what Access Levels on InHOUSE ServicePoint.
   b. How access to the room(s) where the InHOUSE system is being used will be controlled.
   c. Procedures for acquiring client consent.
      i. The Agency’s Privacy Notice should be posted.
      ii. How the Privacy Notice will be explained.
      iii. How and when the InHOUSE Consent Release of Information will be introduced to clients.
      iv. A copy of the second Release required for sharing restricted information
What is InHOUSE and Why Should I Use It?

InHOUSE is a computer program to help

- Secure files electronically
- Ensure these programs continue receiving funding to keep them open
- Reduce the information you have to repeat and answer at multiple agencies

The InHOUSE system is used by many agencies throughout the county which provide services to homeless and low-income persons. A list of participating agencies is noted on the back of this page. As participating agencies may change, individuals may obtain a current list of participating agencies at any time.

Funders, cities, and other homeless planning groups require InHOUSE to provide various information about persons-served, services provided and outcomes achieved. In addition, this data is used for research purposes (including coordination with other systems of care), analysis about programs, specific service types, targeting of services, understanding best practices and improvements needed, or other uses to enhance the homeless and housing service delivery system.

Keeping your information in the InHOUSE system helps us pool your data with others for these reports. This helps continue funding and improve the services and programs for you and other homeless and low-income households.

When you request or receive services from some programs of Agency Name information collected about your household is entered into the InHOUSE system. Your name, date of birth, gender and social security number are viewable in the system. All Intake answers, program entries and exits are shared with all participating agencies, so you may not need to completely fill out a new intake every time you receive services from other agencies.

You have the right to receive a copy of all information collected about you and shared

What information is shared about me?

My age, date of birth, gender, race, ethnicity, marital status, veteran status, education, if I have a disability, employment information, household relationships, living situation, income amount and type, benefits information, if I have health coverage income amount and type, benefits information, disability information, pregnancy status, legal information, services needed and provided, and outcomes of services provided.

Information about me will ONLY be viewable by the participating agencies listed on the back of this page.

between the participating agencies. You may also amend and correct information collected about you which may be incorrect.
The agencies listed below utilize the InHOUSE system. All or some of the programs in these agencies participate in the InHOUSE system.

Abode Services
Affordable Housing Associates
Alameda County HCD
Shelter + Care Programs, RISE Project, Linkages
Alameda County Behavioral Health Care Services Housing Department
MHSA Housing programs, Shelter referral and SHP programs
Alameda Point Collaborative
Anka Behavioral Health, Inc.
Ark of Refuge
Bay Area Legal Aid
BAYC
Berkeley Drop-in Center
Berkeley Food & Housing Project
Bonita House, Inc.
BOSS
Building Futures with Women and Children

City of Berkeley
Shelter + Care Programs

City of Oakland
Department of Human Services
Matilda Cleveland Program,
Families in Transition,
Homeless Youth Housing Collaborative,
Homeless Families Support Network

Covenant House
Davis Street Family Resource Center

East Bay Community Law Center
Eviction Prevention Housing Clinic

East Bay Community
Recovery Program
FACT program and Homelessness Prevention and Housing Services

East Oakland Community Project
EveryOne Home
FESCO
First Place for Youth
Fred Finch Youth Center
Goodwill Industries, Inc.

Homeless Action Center
Homeless Families Program
HOPE Project Mobile Clinic
Housing Resource Centers and their partner agencies
LifeLong Medical Care
Operation Dignity
Options Recovery Services
Rubicon Programs
Second Chance
St. Mary's Center
Swords to Plowshares
Volunteers of America

YESH!
Women's Daytime Drop-in Center
The Workforce Collaborative
211 Information and Referral Program
CLIENT RELEASE of INFORMATION AUTHORIZATION

Agency Name

Print Client Name:____________________________________________

Children’s Names:____________________________________________

____ (Initial Here) I have received and reviewed the “What is the InHOUSE System” information sheet. I understand that my name, date of birth, gender and Social Security Number are viewable in the system.

Consent to VIEW Data:

By signing below, I agree that my answers, program entries, and exit information may be seen by the InHOUSE participant agencies (listed on the back of this form) for myself and (if applicable) my minor children.

I know that the agencies in the system (listed on the back of this form) must follow strict privacy laws. The agencies in the system may change from time to time. I understand that this acknowledgement is valid for three (3) years. I understand that my name, date of birth, gender and Social Security Number are viewable in the system. I understand that my data will be used in reporting and in research or analysis about programs, specific service types, targeting of services, understanding best practices and improvements needed, or other uses to improve the homeless and housing service delivery system.

Signature of Client or Guardian ___________________________ Date __________

Agency Representative ___________________________ Date __________

Agency Representative Printed Name

FOR STAFF USE ONLY: If your client believes that sharing any information beyond this agency may put him/herself or a family member at risk, the following option may be offered after discussion with a case manager.

☐ Displayed Name and SSN Restriction.

Enter the following initials instead of the client name(s) into ServicePoint. The SSN will not be viewable system-wide.

First Name Initial _____ Last Name Initial _____ for ___________________________

First Name Initial _____ Last Name Initial _____ for ___________________________

First Name Initial _____ Last Name Initial _____ for ___________________________

First Name Initial _____ Last Name Initial _____ for ___________________________

Special Data Entry Instructions:

1. Enter initials only and no SSN when creating new record

2. Only enter SSN and Full Name on Standard Intake assessment
### Participants of InHOUSE

The agencies listed below utilize the InHOUSE system. All or some of the programs in these agencies participate in the InHOUSE system.

<table>
<thead>
<tr>
<th>Abode Services</th>
<th>City of Berkeley Shelter + Care Programs</th>
<th>Homeless Action Center</th>
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</thead>
<tbody>
<tr>
<td>Affordable Housing Associates</td>
<td>City of Oakland Department of Human Services</td>
<td>Homeless Families Program</td>
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<tr>
<td>Alameda County HCD Shelter + Care Programs, RISE Project, Linkages</td>
<td>Matilda Cleveland Program, Families in Transition, Homeless Youth Housing Collaborative, Homeless Families Support Network</td>
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<tr>
<td>Alameda County Behavioral Health Care Services Housing Department MHSA Housing programs, Shelter referral and SHP programs</td>
<td>Covenant House</td>
<td>Housing Resource Centers and their partner agencies</td>
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<tr>
<td>Alameda Point Collaborative</td>
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<td>Anka Behavioral Health, Inc.</td>
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<tr>
<td>Ark of Refuge</td>
<td>East Bay Community Recovery Program</td>
<td>Options Recovery Services</td>
</tr>
<tr>
<td>Bay Area Legal Aid</td>
<td>FACT program and Homelessness Prevention and Housing Services</td>
<td>Rubicon Programs</td>
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<tr>
<td>BAYC</td>
<td>East Oakland Community Project</td>
<td>Second Chance</td>
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<td>Berkeley Drop-in Center</td>
<td>EveryOne Home</td>
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<tr>
<td>Berkeley Food &amp; Housing Project</td>
<td>FESCO</td>
<td>Swords to Plowshares</td>
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<td>Bonita House, Inc.</td>
<td>First Place for Youth</td>
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<tr>
<td>BOSS</td>
<td>Fred Finch Youth Center</td>
<td>YEAH!</td>
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<tr>
<td>Building Futures with Women and Children</td>
<td>Goodwill Industries, Inc.</td>
<td>Women's Daytime Drop-in Center</td>
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<td></td>
<td></td>
<td>The Workforce Collaborative</td>
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<tr>
<td></td>
<td></td>
<td>211 Information and Referral Program</td>
</tr>
</tbody>
</table>
NOTE:
The Alameda County-wide Homeless Continuum of Care Council has chosen to implement some of the “Additional Privacy Protections” listed in this document. Additional Privacy Protections with which participating agencies/jurisdictions are required to comply are **bolded** in this document.

4.1. HMIS Privacy Standards: Definitions and Scope

4.1.1. Definition of Terms

**Protected Personal Information (PPI)**
Any information maintained by or for a Covered Homeless Organization about a living homeless client or homeless individual that:

1. Identifies, either directly or indirectly, a specific individual;
2. can be manipulated by a reasonably foreseeable method to identify a specific individual; or
3. can be linked with other available information to identify a specific individual.

**Covered Homeless Organization (CHO)**
Any organization (including its employees, volunteers, affiliates, contractors, and associates) that records, uses or processes PPI on homeless clients for an HMIS.

**Processing**
Any operation or set of operations performed on PPI, whether or not by automated means, including but not limited to collection, maintenance, use, disclosure, transmission and destruction of the information.

**HMIS Uses and Disclosures**
The uses and disclosures of PPI that are allowed by these standards.
4.2. Privacy-Requirements

- All CHO's must comply with the baseline privacy requirements described here with respect to: data collection limitations; data quality; purpose and use limitations; openness; access and correction; and accountability.

- A CHO may adopt additional substantive and procedural privacy protections that exceed the baseline requirements for each of these areas.

- A CHO must comply with federal, state and local laws that require additional confidentiality protections.

- All additional protections must be described in the CHO's privacy notice.

- A CHO must comply with all baseline privacy protections and with all additional privacy protections included in its privacy notice.

- A CHO may maintain a common data storage medium with another organization (including but not limited to another CHO) that includes the sharing of PPI.

- When PPI is shared between organizations, responsibilities for privacy and security may reasonably be allocated between the organizations.

- Organizations sharing a common data storage medium and PPI may adopt differing privacy and security policies as they deem appropriate, administratively feasible, and consistent with these HMIS privacy and security standards, as long as these privacy and security policies allow for the unduplication of homeless clients at the CoC level.
4.2.1. Collection Limitation

Baseline Requirement.

- A CHO may collect PPI only when appropriate to the purposes for which the information is obtained or when required by law.
- A CHO must collect PPI by lawful and fair means and, where appropriate, with the knowledge or consent of the individual.
- A CHO must post a sign at each intake desk (or comparable location) that explains generally the reasons for collecting this information.
- Consent of the individual for data collection may be inferred from the circumstances of the collection.
- Providers may use the following language to meet this standard:

"We collect personal information directly from you for reasons that are discussed in our privacy statement. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services for homeless persons, and to better understand the needs of homeless persons. We only collect information that we consider to be appropriate."

Additional Privacy Protections.
A CHO may, in its privacy notice, commit itself to additional privacy protections consistent with HMIS requirements, including, but not limited to:

1. Restricting collection of personal data, other than required HMIS data elements;

2. Collecting PPI only with the express knowledge or consent of the individual (unless required by law); and

3. Obtaining oral or written consent from the individual for the collection of personal information from the individual or from a third party.

4.2.2. Data Quality

Baseline Requirement.

- PPI collected by a CHO must be relevant to the purpose for which it is to be used. To the extent necessary for those purposes, PPI should be accurate, complete and timely,
- A CHO must develop and implement a plan to dispose of or, in the alternative, to remove identifiers from, PPI that is not in current use seven years after the PPI was created or last changed (unless a statutory, regulatory, contractual, or other requirement mandates longer retention). Standards for destroying information are provided in Section 4.3.
4.2.3. **Purpose Specification and Use Limitation**

*Baseline Requirement*

- A CHO must specify in its privacy notice the **purposes** for which it collects PPI and must describe all uses and disclosures.
- A CHO may use or disclose PPI only if the use or disclosure is allowed by this standard and is described in its privacy notice.
- A CHO may infer consent for all uses and disclosures specified in the notice and for uses and disclosures determined by the CHO to be compatible with those specified in the notice.
- Except for first party access to information and any required disclosures for oversight of compliance with HMIS privacy and security standards, all uses and disclosures are permissive and not mandatory.
- **Uses and disclosures not specified in the privacy notice can be made only with the consent of the individual or when required by law.**

*Additional Privacy Protections.*

A CHO may, in its privacy notice, commit itself to additional privacy protections consistent with HMIS requirements, including, but not limited to:

1. Seeking either oral or written consent for some or all processing when individual consent for a use, disclosure or other form of processing is appropriate;
2. **Agreeing to additional restrictions on use or disclosure of an individual's PPI at the request of the individual if the request is reasonable.** The CHO is bound by the agreement, except if inconsistent with legal requirements;
3. Limiting uses and disclosures to those specified in its privacy notice and to other uses and disclosures that are necessary for those specified;
4. Committing that PPI may not be disclosed directly or indirectly to any government agency (including a contractor or grantee of an agency) for inclusion in any national homeless database that contains personal protected information unless required by statute;
5. Committing to maintain an audit trail containing the date, purpose and recipient of some or all disclosures of PPI;
6. Committing to make audit trails of disclosures available to the homeless individual; and
7. Limiting disclosures of PPI to the minimum necessary to accomplish the purpose of the disclosure.
4.2.4. Openness

Baseline Requirement.

- A CHO must publish a privacy notice describing its policies and practices for the processing of PPI and must provide a copy of its privacy notice to any individual upon request.
- If a CHO maintains a public web page, the CHO must post the current version of its privacy notice on the web page.
- A CHO may, if appropriate, omit its street address from its privacy notice.
- A CHO must post a sign stating the availability of its privacy notice to any individual who requests a copy.
- A CHO must state in its privacy notice that the policy may be amended at any time and that amendments may affect information obtained by the CHO before the date of the change. An amendment to the privacy notice regarding use or disclosure will be effective with respect to information processed before the amendment, unless otherwise stated. All amendments to the privacy notice must be consistent with the requirements of these privacy standards. A CHO must maintain permanent documentation of all privacy notice amendments.
- CHOs are reminded that they are obligated to provide reasonable accommodations for persons with disabilities throughout the data collection process. This may include but is not limited to, providing qualified sign language interpreters, readers or materials in accessible formats such as Braille, audio, or large type, as needed by the individual with a disability. See 24 CFR 8.6; 28 CFR 36.303. Note: This obligation does not apply to CHOs who do not receive federal financial assistance and who are also exempt from the requirements of Title III of the Americans with Disabilities Act because they qualify as "religious entities" under that Act.
- CHOs that are recipients of federal financial assistance shall provide required information in languages other than English that are common in the community, if speakers of these languages are found in significant numbers and come into frequent contact with the program. See HUD Limited English Proficiency Recipient Guidance published on December 18, 2003 (68 FR 70968).

Additional Privacy Protections.

A CHO may, in its privacy notice, commit itself to additional privacy protections consistent with HMIS requirements, including, but not limited to:

1. making a reasonable effort to offer a copy of the privacy notice to each client at or around the time of data collection or at another appropriate time;
2. giving a copy of its privacy notice to each client on or about the time of first data collection. If the first contact is over the telephone, the privacy notice may be provided at the first in-person contact (or by mail, if requested); and/or
3. adopting a policy for changing its privacy notice that includes advance notice of the change, consideration of public comments, and prospective application of changes.
4.2.5. **Access and Correction**

**Baseline Requirement.**

- A CHO must allow an individual to inspect and to have a copy of any PPI about the individual. A CHO must offer to explain any information that the individual may not understand.

- A CHO must consider any request by an individual for correction of inaccurate or incomplete PPI pertaining to the individual.

- A CHO is not required to remove any information but may, in the alternative, mark information as inaccurate or incomplete and may supplement it with additional information.

- In its privacy notice, a CHO may reserve the ability to rely on the following reasons for denying an individual inspection or copying of the individual's PPI:
  
  1. Information compiled in reasonable anticipation of litigation or comparable proceedings;
  2. Information about another individual (other than a health care or homeless provider);
  3. Information obtained under a promise of confidentiality (other than a promise from a health care or homeless provider) if disclosure would reveal the source of the information; or
  4. Information, the disclosure of which would be reasonably likely to endanger the life or physical safety of any individual.

- A CHO can reject repeated or harassing requests for access or correction.

- A CHO that denies an individual's request for access or correction must explain the reason for the denial to the individual and must include documentation of the request and the reason for the denial as part of the protected personal information about the individual.

**Additional Privacy Protections.**

A CHO may, in its privacy notice, commit itself to additional privacy protections consistent with HMIS requirements, including, but not limited to:

1. **Accepting an appeal of a denial of access or correction by adopting its own appeal procedure and describing the procedure in its privacy notice;**
2. Limiting the grounds for denial of access by not stating a recognized basis for denial in its privacy notice;
3. Allowing an individual whose request for correction has been denied to add to the individual's information a concise statement of disagreement. A CHO may agree to disclose the statement of disagreement whenever it discloses the disputed PPI to another person. These procedures must be described in the CHO's privacy notice; and/or
4. **Providing to an individual a written explanation of the reason for a denial of an individual's request for access or correction.**
4.2.6. **Accountability**

**Baseline Requirement.**

- A CHO must establish a procedure for accepting and considering questions or complaints about its privacy and security policies and practices.
- A CHO must require each member of its staff (including employees, volunteers, affiliates, contractors and associates) to sign (annually or otherwise) a confidentiality agreement that acknowledges receipt of a copy of the privacy notice and that pledges to comply with the privacy notice.

**Additional Privacy Protections.**

A CHO may, in its privacy notice, commit itself to additional privacy protections consistent with HMIS requirements, including, but not limited to:

1. **Requiring each member of its staff (including employees, volunteers, affiliates, contractors and associates) to undergo (annually or otherwise) formal training in privacy requirements;**
2. **Establishing a method, such as an internal audit, for regularly reviewing compliance with its privacy policy;**
3. **Establishing an internal or external appeal process for hearing an appeal of a privacy complaint or an appeal of a denial of access or correction rights;**
4. **Designating a chief privacy officer to supervise implementation of the CHO’s privacy standards.**
4.3. Security Standards

This section describes the standards for system, application and hard copy security. All CHO's must comply with the baseline security requirements. A CHO may adopt additional security protections that exceed the baseline requirements if it chooses.

4.3.1. System Security

**Applicability.**

**Baseline Requirement.**

- A CHO must apply system security provisions to all the systems where personal protected information is stored, including, but not limited to, a CHO's networks, desktops, laptops, mini-computers, mainframes and servers.

**Additional Security Protections.**

- A CHO may commit itself to additional security protections consistent with HMIS requirements by applying system security provisions to all electronic and hard copy information that is not collected specifically for the HMIS.
- A CHO may also seek an outside organization to perform an internal security audit and certify system security.

**User Authentication.**

**Baseline Requirement.**

- A CHO must secure HMIS systems with, at a minimum, a user authentication system consisting of a username and a password.
- Passwords must be at least eight characters long and meet reasonable industry standard requirements. These requirements include, but are not limited to:
  - (1) Using at least one number and one letter;
  - (2) Not using, or including, the username, the HMIS name, or the HMIS vendor's name; and/or
  - (3) Not consisting entirely of any word found in the common dictionary or any of the above spelled backwards.
- Using default passwords on initial entry into the HMIS application is allowed so long as the application requires that the default password be changed on first use.
- Written information specifically pertaining to user access (e.g., username and password) may not be stored or displayed in any publicly accessible location.
- Individual users must not be able to log on to more than one workstation at a time, or be able to log on to the network at more than one location at a time.
Additional Security Protections.

- A CHO may commit to additional security protections consistent with HMIS requirements by including one of each of the following kinds of characters in the password:
  1. upper and lower-case letters;
  2. numbers; and/or
  3. symbols.

- A common solution to creating complex passwords is to use phrases instead of individual words as passwords, capitalize each new word in the phrase, and substitute numbers and symbols for letters in any given word.

  For example, the phrase "secure password" can be modified to "$3cur3P @$alPha$ w0rd" by replacing the letter "s" with "$," the letter "e" with the number "3," the letter "a" with "@" and the letter "0" with the number "O," and eliminating spaces between words.

Virus Protection.

Baseline Requirement.

- A CHO must protect HMIS systems from viruses by using commercially available virus protection software.

- Virus protection must include automated scanning of files as they are accessed by users on the system where the HMIS application is housed.

- A CHO must regularly update virus definitions from the software vendor.

Additional Security Protections.

- A CHO may commit itself to additional security protections consistent with HMIS requirements by automatically scanning all files for viruses when the system is turned on, shut down or not actively being used.
Firewalls.

Baseline Requirement.

- A CHO must protect HMIS systems from malicious intrusion behind a secure firewall.
- Each individual workstation does not need its own firewall, as long as there is a firewall between that workstation and any systems, including the Internet and other computer networks, located outside of the organization.

For example, a workstation that accesses the Internet through a modem would need its own firewall.

A workstation that accesses the Internet through a central server would not need a firewall as long as the server has a firewall.

Firewalls are commonly included with all new operating systems.

Older operating systems can be equipped with secure firewalls that are available both commercially and for free on the Internet.

Additional Security Protections.

- A CHO may commit itself to additional security protections consistent with HMIS requirements by applying a firewall to all HMIS workstations and systems.

Public Access.

Baseline Requirement.

- HMIS that use public forums for data collection or reporting must be secured to allow only connections from previously approved computers and systems through Public Key Infrastructure (PKI) certificates, or extranets that limit access based on the Internet Provider (IP) address, or similar means.
- A public forum includes systems with public access to any part of the computer through the Internet, modems, bulletin boards, public kiosks or similar arenas. Further information on these tools can be found in the HMIS Consumer Guide and the HMIS Implementation Guide, both available on HUD's Web site.

Additional Security Protections.

- A CHO may commit itself to additional security protections consistent with HMIS requirements by using PKI certificates and extranets that limit access based on the IP address.
- A very secure system would not house any HMIS data on systems that are accessible to the general public.

Baseline Requirement.

- A CHO must staff computers stationed in public areas that are used to collect and store HMIS data at all times.
- When workstations are not in use and staff are not present, steps should be taken to ensure that the computers and data are secure and not usable by unauthorized individuals.
- After a short amount of time, workstations should automatically turn on a password protected screen saver when the workstation is temporarily not in use. Password protected screen savers are a standard feature with most operating systems and the amount of time can be regulated by a CHO.
- If staff from a CHO will be gone for an extended period of time, staff should log off the data entry system and shut down the computer.

Additional Security Protections.

- A CHO may commit itself to additional security protections consistent with HMIS requirements by automatically logging users off of the HMIS application after a period of inactivity and automatically logging users off of the system after a period of inactivity.
- Most server operating systems come equipped with the needed software to automatically perform these functions. If staff from a CHO will be gone for an extended period of time, staff should store the computer and data in a locked room.

Disaster Protection and Recovery.

Baseline Requirement.

- A CHO must copy all HMIS data on a regular basis to another medium (e.g., tape) and store it in a secure off-site location where the required privacy and security standards would also apply.
- A CHO that stores data in a central server, mini-computer or mainframe must store the central server, mini-computer or mainframe in a secure room with appropriate temperature control and fire suppression systems.
- Surge suppressors must be used to protect systems used for collecting and storing all the HMIS data.

Additional Security Protections.

- A CHO may commit itself to additional security protections consistent with HMIS requirements by providing, among other options, fire and water protection at the off-site location that houses the storage medium.
- A CHO may also seek an outside organization to conduct a disaster protection audit.
Disposal.

Baseline Requirement.

- In order to delete all HMIS data from a data storage medium, a covered homeless organization must reformat the storage medium. A CHO should reformat the storage medium more than once before reusing or disposing the medium.

Additional Security Protections.

- A CHO may commit itself to additional security protections consistent with HMIS requirements by destroying media at a bonded vendor to ensure all the HMIS data is completely destroyed.

System Monitoring.

Baseline Requirement.

- A CHO must use appropriate methods to monitor security systems.

- Systems that have access to any HMIS data must maintain a user access log.

Many new operating systems and web servers are equipped with access logs and some allow the computer to email the log information to a designated user, usually a system administrator.

- Logs must be checked routinely.

Additional Security Protections.

- A CHO may commit itself to additional security protections consistent with HMIS requirements by checking user access logs routinely for inappropriate access, hardware and software problems, errors and viruses, or purchasing one of several software applications available that track the status of individual files on computers.

These applications are used to make sure that files are not being changed when they are not supposed to be. The applications inform the system administrator if a computer has been hacked, infected with a virus, has been restarted, or if the data files have been tampered with.

4.3.2. Application Security

These provisions apply to how all the HMIS data are secured by the HMIS application software.

Applicability.

Baseline Requirement.

- A CHO must apply application security provisions to the software during data entry, storage and review or any other processing function.

Additional Security Protections.

A CHO may commit itself to additional security protections consistent with HMIS requirements as needed.
User Authentication.

Baseline Requirement.

- A CHO must secure all electronic HMIS data with, at a minimum, a user authentication system consisting of a username and a password.
- Passwords must be at least eight characters long and meet reasonable industry standard requirements. These requirements include, but are not limited to:
  1. Using at least one number and one letter;
  2. Using default passwords on initial entry into the HMIS application is allowed so long as the application requires that the default password be changed on first use;
  3. Not using, or including, the username, the HMIS name, or the HMIS vendor's name; and
  4. Not consisting entirely of any word found in the common dictionary or any of the above spelled backwards.
- Written information specifically pertaining to user access (e.g., username and password) may not be stored or displayed in any publicly accessible location.
- Individual users should not be able to log on to more than one workstation at a time, or be able to log on to the network at more than one location at a time.

Additional Security Protections.

- A CHO may commit itself to additional security protections consistent with HMIS requirements by including one of each of the following kinds of characters in the password:
  1. Upper and lower-case letters;
  2. Numbers; and
  3. Symbols.
- A common solution to creating complex passwords is to use phrases instead of individual words as passwords, capitalize each new word in the phrase and substitute numbers and symbols for letters in any given word.

For example, the phrase "secure password" can be modified to "$3cur3P@$wOrd" by replacing the letter "s" with "," the letter "e" with the number "3," the letter "a" with "@" and the letter "o" with the number "O," and eliminating spaces between words.
Electronic Data Transmission.

**Baseline Requirement.**
- A CHO must encrypt all HMIS data that are electronically transmitted over the Internet, publicly accessible networks or phone lines to current industry standards. The current standard is 128-bit encryption.
- Unencrypted data may be transmitted over secure direct connections between two systems. A secure direct connection is one that can only be accessed by users who have been authenticated on at least one of the systems involved and does not utilize any tertiary systems to transmit the data. A secure network would have secure direct connections.

**Additional Security Protections.**
- A CHO may commit itself to additional security protections consistent with HMIS requirements by using PKI certificates to verify the workstations involved in the electronic data transmission, and by restricting access between the workstations using IP addresses.
- A very secure system would not transmit any protected information over a public system like the Internet.

Electronic Data Storage.

**Baseline Requirement.**
- A CHO must store all HMIS data in a binary, not text, format.
- A CHO that uses one of several common applications [e.g., Microsoft Access, Microsoft SQL Server and Oracle] are already storing data in binary format and no other steps need to be taken.

**Additional Security Protections.**
- A CHO may commit itself to additional security protections consistent with HMIS requirements by requiring that all PPI be stored in an encrypted format using at least the current industry standard. The current standard is a 128-bit key.
4.3.3. **Hard Copy Security**

This section provides standards for securing hard copy data.

**Applicability.**

**Baseline Requirement.**

- A CHO must secure any paper or other hard copy containing personal protected information that is either generated by or for HMIS, including, but not limited to reports, data entry forms and signed consent forms.

**Additional Security Protections.**

- A CHO may commit itself to additional security protections consistent with HMIS requirements by applying hard copy security provisions to paper and hard copy information that is not collected specifically for the HMIS.

**Security.**

**Baseline Requirement.**

- A CHO must supervise at all times any paper or other hard copy generated by or for HMIS that contains PPI when the hard copy is in a public area.
- When CHO staff are not present, the information must be secured in areas that are not publicly accessible.
- Written information specifically pertaining to user access (e.g., username and password) must not be stored or displayed in any publicly accessible location.
5. Technical Standards

This section presents the technical standards that will be required for HMIS applications and for the organizations responsible for storing HMIS data. Except as otherwise provided, these standards do not specify or recommend any particular operating system, development environment, networking environment, database, hardware or other aspect of the HMIS application. This part of the Notice is primarily directed to HMIS developers and CoC system administrators.

5.1. Required HMIS Capabilities.

5.1.1. Automatic Generation of Identification Numbers and Information

Based on the data collected through the client assessment process, program staff interviews, self-administered forms or review of case management records, the HMIS application must be capable of automatically generating data for each record. This capability includes the automatic generation of:

1. Unique Personal Identification Numbers (PINs) for persons who have not been previously served within the CoC, and reassignment of PINs for persons who have been served previously within a program and/or the CoC;
2. Program Identification Information that is uniquely associated with each program within a CoC and is assigned to every service episode for each client; and,
3. Household Identification Numbers for persons who have been identified as members of a household that participated in the same service episode.

Personal Identification Numbers (PINs). A PIN is a number automatically generated by the HMIS application. All records associated with the same person should be assigned the same PIN. There is no required format for the PIN as long as there is a single unique PIN for every client served in the CoC and it contains no personally-identifying information. The PIN is used to produce an unduplicated count of all persons at three levels:

1. Within a single program;
2. across multiple programs that share HMIS data (where programs agree to share such data); and/or
3. across the entire CoC database, whether or not data are shared across programs within a CoC.

At each level, an HMIS must be capable of searching client records to determine if clients have been previously served. The search must involve the matching of client records using personal identifier fields (e.g., Name, Social Security Number, Date of Birth, and Gender) to retrieve a record(s) with identical or similar values in each of these fields.
Program Identification Information.

Program identification information for every program offered in a CoC consists of the following four fields:


2. click on "Search the FIPS55 Data Base;" (3) click on state from "State Number Code" pull down menu (this also tells you 2-digit state code); (4) type town or city name in "FIPS 55 Feature Name" box; and (5) click on "Send Query" and 3-digit county code and 5-digit place code will be shown; (2) Facility Code (to be locally determined);

3. Continuum of Care (CoC) Code (HUD-assigned); and

4. Program Type Code:
   1 = Emergency shelter (e.g., facility or vouchers)
   2 = Transitional housing
   3 = Permanent supportive housing
   4 = Street outreach
   5 = Homeless prevention (e.g., security deposit or one month's rent)
   6 = Services-only type of program
   7 = Other

The FIPS code, facility code, CoC code and program type code should be separate fields in the HMIS application. There is no requirement to merge them into a single field. For each client intake program staff are only required to enter the program type code. Programs may choose to provide more detailed response categories for the services-only type program response. However, for reporting purposes, these detailed categories must be collapsed into a single service-only type category and its associated code.

A corresponding FIPS code, facility code and CoC code should be automatically generated by the HMIS based on which facility is doing the intake. Once program identification information has been created, the HMIS must ensure that the information is associated with every service episode recorded within the CoC.
Household Identification Numbers.

HMIS must generate the same Household Identification Number for every person designated by program staff as being together for an episode of service. The household identification numbers assigned will be maintained in each person’s permanent record and will be unique for each service episode experienced by the client.

As discussed in previous parts of this final Notice, when a group of persons apply for services together (as a household or family), information is first recorded for the household head who is applying for services and then information is recorded for any children under 18 years of age who are applying for services with the household head. The children do not need to be present at the time the household head applies for services. The same household identification number is assigned to the adult head of household and any children who have been identified as applying for services with the head. If there are other adult members of the household (over 18 years of age) who are reported to be part of this household, a separate intake is conducted. As part of this intake, this individual is assigned the same household identification number as the other household members.
5.1.2. Missing Value Categories

A limited number of data elements require "don't know," "not applicable" and "refused" response categories for close-ended questions. These missing value categories and their associated codes should appear on the same list as the valid responses. For open-ended questions (e.g., name), the HMIS application should include the "don't know," "not applicable" and "refused" response categories for each field in the data element (e.g., first name, last name, middle initial and suffix).

5.1.3. Other Response Categories

Certain data elements may contain a response category labeled "other." When a data element contains such an option, there should also be within the same database table a separate alphanumeric field where the "other" value may be entered by program staff. For instance, a coded field that accepts the values "0=Red," "1=Yellow," or "9=Other" should have an accompanying field that accepts open-ended answers such as tangerine, blue or magenta.

5.1.4. Response Category Codes

Where character or numeric codes are shown next to each response category, only the character or numeric response code needs to be stored in the database. For example, "1=Yes" will be the response code on the computer screen or hard copy, but the electronic database can store "1=Yes" responses as "1" in the database. For open-ended or text answers (such as name), the full text answer or an encrypted version of it should be stored in the database.

5.1.5. Exit Dates

The HMIS should identify programs that have fixed lengths of enrollment. When a client enters such a program, the HMIS should automatically generate the exit date based on the entry date and the program's fixed length of enrollment. For example, an overnight emergency shelter has a fixed length of stay of one day. This information would be stored with the other program information like FIPS code and program code. When a client enrolls in an overnight emergency shelter, the HMIS will automatically set the client's exit date for the next day.

5.1.6. Maintaining Historical Data

An HMIS should have the ability to record client data from a limitless number of service transactions for longitudinal data analysis and assessment of client outcomes (often referred to as a "transactional" or "relational" database structure). A transactional or relational database organizes data within a set of tables from which data can be accessed or reassembled in many different ways without having to erase historical data or reorganize the database tables. For example, an HMIS may include a table that describes a client's demographic profile with columns for name, SSN, date of birth, gender, and so on. In most cases, the information in the profile table will not change. Another table may describe the client's income status: source of income, amount of income from each source, receipt of non-cash benefits, and so forth. The information in the income status table may change overtime, but all historical data should be preserved. Additional tables may include data from each service encounter by program type (e.g., mental health and/or substance abuse).
5.1.7. Data Export

Although a standard environment is not specified, any HMIS application must be capable of exporting any and all data collected into a comma-separated values text file using the following format:

- All fields in a given record are separated by a comma;
- All records within a given text file contain the same fields;
- Blank fields are signified by the comma ending the previous field (or the beginning of the line if the field is the first in the record) followed by a comma indicating the end of the empty field;
- Fields containing text information (as opposed to numeric) will be surrounded by double quotes whenever the field includes blank spaces, commas, or other symbols not part of the standard alphabet;
- The first line of the file shall be a list of the field names included in every record in the file; and
- The list of field names shall be in the same format described above.

5.2. Continuum of Care Requirements

5.2.1. Storage Requirements

- The CoC must have or designate a central coordinating body that will be responsible for centralized collection and storage of HMIS data.
- HMIS data must be collected to a central location at least once a year from all HMIS users within the CoC.
- HMIS data must be stored at the central location for a minimum of seven years after the date of collection by the central coordinating body or designee of the CoC. The seven-year requirement is the current government standard for health and medical information.

Environmental Impact

This notice does not direct, provide for assistance or loan and mortgage insurance for, or otherwise govern or regulate, real property acquisition, disposition, leasing, rehabilitation, alteration, demolition, or new construction, or establish, revise or provide for standards for construction or construction materials, manufactured housing, or occupancy. Accordingly, under 24 CFR 50.19(c)(l), this notice is categorically excluded from environmental review under the National Environmental Policy Act of 1969 (42 U.S.C. 4321).

Nelson R. Bregon,
General Deputy Assistant Secretary/or Community Planning and Development.
[FR Doc. 04-17097 Filed 7-29-04; 8:45 am] BILLING CODE 4210-29-P
Information about Homelessness, OUtcomes and Service Engagement
…the Alameda Countywide Homeless Management Information System

InHOUSE USER AGREEMENT

POLICY, RESPONSIBILITIES, & CODE OF ETHICS

USER POLICY

The Alameda Countywide Homeless Management Information System named InHOUSE (Information about Homelessness, OUtcomes and Service Engagement), is a collaborative project that will enable homeless service providers to collect uniform client information over time. Participating Agencies in the InHOUSE system shall share information for provision of services to homeless persons through a networked infrastructure that establishes electronic communication among the Participating Agencies. This system is essential to efforts that streamline client services, continually improve the quality of homeless and housing services, and inform public policy. Through InHOUSE, homeless clients benefit from reduced intake processes, improved coordination in and between agencies, informed advocacy efforts, and policies that result in targeted services. Analysis of information gathered through InHOUSE is critical to accurately estimate the size, characteristics, and needs of the homeless population to inform service and systems planning, funding and advocacy.

The Client and his/her needs are a primary consideration in the design and management of the Alameda Countywide InHOUSE system. This includes the need to vigilantly maintain client confidentiality and treat personal data with significant respect and care. As the guardians entrusted with this personal data, InHOUSE users have a moral and legal obligation to ensure that the data they collect is being collected, accessed and used appropriately. It is also the responsibility of each user to ensure that client data uses and benefits are made explicitly clear to service users, and only used to those ends for which it was collected. Proper user training, adherence to the InHOUSE Policies and Procedures, and strict protection of client confidentiality are vital to the overall InHOUSE system. The InHOUSE system is a tool to assist agencies in focusing services and locating alternative resources to help homeless persons. Therefore, agency staff should use the Client information in InHOUSE to target services to the Client’s needs.

The Client Release of Information Authorization form must be signed by Client before any information that identifies the Client (name, social security number, etc.) is searched for or entered into InHOUSE in a shared portion of the database. For each new Client, User shall insure that prior to obtaining Client’s signature, the What is InHOUSE? and Client Release of Information Authorization forms were fully reviewed with Client such that the Client fully understood the information.

Partner Agencies shall have rights to data in InHOUSE pertaining to their clients that was created or entered by them. Partner Agencies shall be bound by all restrictions imposed by clients, privacy and security policies, and applicable laws pertaining to the use of personal data.

Minimum data entry for each Client will include:

- Completing the section(s) containing the HUD data elements

Data necessary for the development of aggregate reports of homeless services, including Annual Progress Reports, service needs, services provided, referrals and Client goals and outcomes will require data entry for all of the InHOUSE data sets and relevant forms including but not limited to the Standardized Intake, Program Entry/Exit, and Custom Assessment forms.
USER RESPONSIBILITY

User must be prepared to answer Client questions regarding the InHOUSE system.

User must faithfully respect Client preferences with regard to the entry of Client information within InHOUSE.

User must accurately record Client's preferences by making the proper designations for sharing of Client information and/or any restrictions on the sharing of Client information.

User must allow Client to change his or her information sharing preferences at the Client's request.

User must not decline services to a Client or potential Client if that person refuses to share the Intake information with other agencies via InHOUSE.

The User has primary responsibility for information entered by the User. Information entered by User must be truthful, accurate and complete to the best of User's knowledge.

User will not solicit from or enter information about Clients into InHOUSE unless the information is required for a legitimate business purpose such as to provide services to the Client.

Users will not alter or delete information entered by another Agency.

User will not use the InHOUSE database for any violation of any law, to defraud any entity or conduct any illegal activity.

Upon Client written request, User must allow a Client to inspect and obtain a copy of the Client's own information maintained within InHOUSE. Information requested by the Client to be compiled in reasonable anticipation of or for use in a civil, criminal or administrative action or proceeding need not be provided to Client.

User must permit Clients to file a written complaint regarding the use or treatment of their information within InHOUSE. Client may file a written complaint within the Agency/Jurisdiction Grievance Procedure. Client may not be retaliated against for filing a complaint.

The protection of confidentiality is critically important in the InHOUSE system. Your User ID and Password give you access to the InHOUSE system and must not be disclosed or shared.

Initial each item below to indicate your understanding and acceptance of the confidentiality protection measures and the proper use of your User ID and password. Failure to uphold the confidentiality standards set forth below is grounds for downgrading your access, immediate termination from the InHOUSE system, and/or potential termination from employment.

__________ I understand that an InHOUSE Privacy and Security Certification training must be successfully completed before I administer Intake and Release of Authorization Forms.

__________ I must successfully complete a ServicePoint User Training before I receive my username and password to the InHOUSE system.

__________ I have read and will abide by all the InHOUSE Policies and Procedures.

__________ I understand that my User ID and Password are for my use only and must not be shared with anyone, including other staff members.
I must take all reasonable measures to keep my Password physically secure.

I understand that my User ID and Password will terminate should I move employment and will not be passed on to the new staff member or transferred to my new employer.

I understand that the Client Release of Information Authorization form must be signed by the Client before any identifiable Client information is searched for, entered into InHOUSE, or designated in InHOUSE for sharing with any Partner Agencies.

I will not knowingly enter malicious or erroneous information into the InHOUSE system.

I understand that I may only view, obtain, disclose, or use the database information that is necessary to perform my job.

I understand that the only individuals who can view information in the InHOUSE system are authorized users and the Clients to whom the information pertains.

A computer that has the InHOUSE “open and running” shall never be left unattended.

If I am logged into InHOUSE and must leave the work area where the computer is located, I must log-off of the software application before leaving the work area.

A computer that has the InHOUSE system “open and running” must have a password protected screen saver installed.

A computer that has the InHOUSE system “open and running” shall never be physically arranged so that unauthorized individuals may see the information on the screen.

Failure to log off the InHOUSE system appropriately and leaving the system exposed may result in a breach in client confidentiality and system security, and may terminate my participation in the InHOUSE system.

I understand that if I notice or suspect a security breach within the InHOUSE system, I must immediately notify my Agency Policy and Procedure Administrator (as defined in the Policies and Procedures Manual).

I understand that all InHOUSE information (hard copies and soft copies) must be kept secure and confidential at all times. When no longer needed, they must be destroyed according to written Policies and Procedures to maintain confidentiality.

I understand that these rules apply to all users of the InHOUSE system, whatever their work role or position.

**USER CODE OF ETHICS**

A. InHOUSE Users must treat Partner Agencies/Jurisdictions with respect, fairness and good faith.

B. Each User should maintain high standards of professional conduct in the capacity as an InHOUSE User.

C. The InHOUSE User has primary responsibility for his/her Client(s).
I understand and agree to comply with all the confidentiality and user ethics statements listed above. I agree to maintain strict confidentiality of information obtained for and through the InHOUSE system. This information will be used only for the legitimate client service and administration of the above named agency. Any breach of confidentiality will result in downgrading of my access, immediate termination of my participation in the InHOUSE system, and may furthermore jeopardize my employment.

InHOUSE User Signature

Date

Agency or System Administrator

Date
Appendix I

Glossary

Aggregate Data
Data collected across the system which does NOT contain PPI.

APRs
Annual Progress Reports

CHO
Covered Homeless Organization. Any organization (including its employees, volunteers, affiliates, contractors, and associates) that records, uses or processes PPI on homeless clients for an HMIS.

CoC
Continuum of Care.

HIPAA Covered Entity
An agency/jurisdiction that is required to comply with all HIPAA (Health Insurance Portability and Accountability Act of 1996) standards as defined by federal regulations.

HMIS
Homeless Management Information Systems. A computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless assistance services and stores that data in an electronic format.

InHOUSE
The name InHOUSE is an acronym for Information about Homelessness, Outcomes, and Service Engagement.
MOU
Memorandum of Understanding. A signed agreement between agencies/jurisdictions and the Alameda County-wide Continuum of Care Council specifying the terms of participating in the InHOUSE system.

PPI
Protected Personal Identifiers. Any information maintained by or for a Covered Homeless Organization about a living homeless client or homeless individual that: (1) identifies, either directly or indirectly, a specific individual; (2) can be manipulated by a reasonably foreseeable method to identify a specific individual; or (3) can be linked with other available information to identify a specific individual. Data fields determined by HUD to be PPI include: first name, middle name, last name, suffix of name, other first name (alias), other middle name, other last name, other name suffix, social security number, date of birth, zip code of last permanent address, program entry date, program exit date, the client PIN number in the software application, the city code of the service provider, the facility code of the service provider, the CoC code, and the program type code.

Privacy Agreement
An agreement signed by anyone collecting data for entry into INHOUSE or working with data generated by the InHOUSE system that contains PPI, pledging to uphold all confidentiality and privacy standards set forth in the Agreement.

Privacy Notice
A document published by each agency/jurisdiction that describes its policies and practices for the processing of Protected Personal Identifiers (PPI).

ROI
Release of Information.

User Agreement
An agreement signed by all licensed users of the InHOUSE system specifying the terms of being a licensed user.
City of Oakland Housing Authority
Making Transitions Work

ANNUAL PLAN
FISCAL YEAR 2016
(JULY 1, 2015 – JUNE 30, 2016)

Stepping Beyond Expectations
Approved August 25, 2015
<table>
<thead>
<tr>
<th>Standard HUD Metrics</th>
</tr>
</thead>
</table>

**GE #1: Agency Cost Savings**

<table>
<thead>
<tr>
<th>Unit of Measurement</th>
<th>Baseline</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cost of task in dollars (decrease).</td>
<td>Cost of task prior to implementation of the activity = $52.61 (staff salary/hour) * 48 hours = $2.525</td>
<td>Expected cost of task after implementation of the activity = $52.61 * 0 hours = $0</td>
</tr>
</tbody>
</table>

**GE #2: Staff Time Savings**

<table>
<thead>
<tr>
<th>Unit of Measurement</th>
<th>Baseline</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total time to complete the task in staff hours (decrease).</td>
<td>Total amount of staff time dedicated to the task prior to implementation of the activity = 6 hours/contract * 8 contracts = 48 hours</td>
<td>Expected amount of total staff time dedicated to the task after implementation of the activity = 6 hours/contract * 0 contracts = Zero (0)</td>
</tr>
</tbody>
</table>

**MTW Activity #10-06: Local Housing Assistance Program**

*Description of MTW Activity:* The Local Housing Assistance Program (LHAP) activity through initiatives like the Sponsor Based Housing Assistance Program (SBHAP) provides support to households that might not qualify for or be successful in the traditional Public Housing and/or Section 8 programs. LHAP provides subsidies to eligible households and to partnering agencies operating service enriched housing for low-income households with special needs. LHAP programs serve families in partnership with the City of Oakland’s Department of Human Services and the Oakland PATH Rehousing Initiative, leveraging the expertise and experience of the non-profit, community-based service providers to provide rental housing assistance through the form of rental subsidies, utility assistance, security deposits, etc. to individuals who come from homeless encampments or are exiting the criminal justice system, or are emancipated foster youth.

*Anticipated Impacts:* Increase the housing choices for hard-to-house families and provide critical support to agencies operating serviced enriched housing for special needs households.

*Status Update:* Ongoing.

*Changes or Modifications to Activity:* OHA does not anticipate any changes or modifications to the activity in FY 2016.
Re: URGENT: HUD NOFA, CoC Application - follow up on homeless preference

Eric Johnson <ejohnson@oakha.org>  Mon. Nov 16, 2015 at 9:59 AM
To: Dominica Henderson <dhenderson@oakha.org>, Elaine de Colligny <edecolligny@everyonehome.org>
Cc: Michelle Hasan <mhasan@oakha.org>

Elaine,

Below is what Michelle has prepared for designated units, let us know if you need anything further.

eric

Our PBV units are filled by site-based waiting list managed by our PBV partners as authorized under MTW.

The language is extracted from the tenant selection plan.

I have listed below the PBV sites with homeless set-asides. They all use a "limited preference" and I have clipped out the sections from their respective (Site-Based WL) Tenant Selection plans.

Note: OHA has ownership interest in the first four projects listed. Lakeside, Cathedral, Savoy and Tassafaronga.

Lakeside Senior Apartments – 91 total units, 100% PBV - 32 unit set-aside

Special Set-Asides

All 91 one-bedrooms at Lakeside Senior Apartments will be assisted under the Section 8 Project-Based Voucher (PBS8) program. Applicants must also qualify under Oakland Housing Authority’s screening process for program admission and attend a Section 8 briefing. Referrals will not be taken from the Oakland Housing Authority; the waiting list will be maintained on-site. Of the 91 units, there are 32 units that are set aside for senior households who are verified as currently homeless and contain at least one member with a disability. Preference will be given to seniors who live or work in Oakland or are active duty military or veterans.

Cathedral Gardens – 100 total units - 43 PBV units - 5 set aside for homeless

The California Housing Finance Agency, by the terms of its MHSA housing financing for the Property, requires five (5) units to be set aside for homeless households. As defined by MHSA rules ("MHSA units"). Eight (8) units will be reserved for residents that qualify for the HOPWA (Housing Opportunities for Persons With AIDS) program under County of Alameda. and 7 (7) units for persons with developmental disabilities.
Fifteen (15) units are set-aside for Mental Health Services Act (MHSA) applicants who have a history of severe mental illness or serious emotional disturbances AND who are homeless or at-risk of homelessness.

The Alameda County Behavioral Health Care Services (BHCS) Housing Services Office will provide assistance with the application process by providing guidance to applicants in completing and organizing the property’s MHSA eligibility applications. This application will require applicants to provide documentation of their mental health history and housing status.

Plus

Fifty One (51) units are set aside for people who are homeless or at risk of homelessness as defined below:

Homeless applicants must meet the California Tax Credit Allocation Committee (CTCAC) criteria described below and must provide verification of status from a public or private facility that provides shelter for such households or any social service agency that provides services for homeless people.

For an Applicant to qualify as “Homeless”, one of the following must apply:

☐ An individual who lacks a fixed, regular, and adequate nighttime residence:
  i. A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and Transitional Housing for the mentally ill);
  ii. An institution that provides a temporary residence for individuals intended to be institutionalized
  iii. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

☐ Moving from an emergency shelter

☐ Currently moving from Transitional Housing

**Tassafaronga – Phase 2** 20 Total - 19 PBV units all reserved for HOPWA / homeless

- 5 for homeless
- 14 for at-risk of being homeless

**Interview Procedure**

At the time of the interview, all members of the family must be in attendance. They will be asked to bring a complete Rental Application, recent three months’ pay stubs, if employed, and information on where to verify HIV/AIDS disability, Homeless or at Risk of Homelessness status, income sources, assets, and previous rental history. Other documents or identification to determine
household composition, income, and assets may be requested. During the interview, staff will clarify any information provided by the applicant household and answer questions regarding admission procedures.

No OHA Ownership Interest:

California Hotel (EBALDC) – 135 total units. 100% PBV - 20 plus 15 reserved for homeless

Of the 137 total units at the California Hotel, tenants for the units are targeted as follows:

- 20 units are Special Needs targeted units and are reserved for homeless individuals or households living with HIV/AIDS and/or mental illness
- 15 units are MHSA targeted units and are reserved for homeless households in which a member of the household has a serious mental illness or serious emotional disturbance. Individuals or Households who wish to apply for the MHSA units must be deemed MHSA eligible by the Alameda County Department of Behavioral Health Care Services.
- 5 units are HOPWA targeted units and are reserved for persons with HIV/AIDS. Tenants in HOPWA designated units do not need to also qualify as homeless.
- 95 units are General units and are reserved for any income eligible household whose income may be no greater than 50% of the Area Median Income (AMI). These units will not be restricted to households with special needs, but households with special needs may apply to live in these units.
- 2 units are reserved for Management

Merritt Crossing (SAHA) – 70 total – 50 PBV – 35 plus 5 reserved for homeless

There are a total of Thirty-Five (35) units set reserved for “Homeless” households. Homeless applicants must meet one of the three criteria below:

1- An individual who lacks a fixed, regular, and adequate nighttime residence: (A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and Transitional Housing for the mentally ill); An institution that provides a temporary residence for individuals intended to be institutionalized; A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings)

2- Moving from an emergency shelter

3- Moving from Transitional Housing

There are a total of 5 units set reserved for MHSA eligible households:

MHSA units are designated for Households that are homeless that have at least one individual impacted by a serious mental health issue that qualify under the Mental Health Services Act with the Alameda County Behavioral Health Care Services (BHCS). To qualify for these units, individuals must obtain a certification from BHCS Housing Services office. A certification form can be obtained at the following website: www.acbchcs.org/housing or by calling BHCS at (510)777-2157.

MacArthur Apts (AMCAL) 32 total unit – 14 PBV – 7 MHSA unit reserved for homeless
Housing Authority of the County of Alameda
5. a) Veteran and Displaced-HACA or b) Veteran and Displaced-Other and Resident.
6. a) Displaced-HACA or b) Displaced-Other and Resident
7. a) Veteran and Displaced-HACA or b) Veteran and Displaced-Other and Sole Persons Elderly/Disabled
8. a) Displaced-HACA or b) Displaced-Other and Sole Persons Elderly/Disabled
9. Veteran and a) Displaced-HACA or b) Displaced-Other
10. a) Displaced-HACA or b) Displaced-Other
11. Veteran and PH Mishoused and Resident and Sole Persons Elderly/Disabled
12. PH Mishoused and Resident and Sole Persons Elderly/Disabled
13. Veteran and PH Mishoused and Resident
14. PH Mishoused and Resident
15. Veteran and PH Mishoused and Sole Persons Elderly/Disabled
16. PH Mishoused and Sole Persons Elderly/Disabled
17. Veteran and PH Mishoused
18. PH Mishoused
19. Veteran and Resident and Sole Persons Elderly/Disabled
20. Resident and Sole Persons Elderly/Disabled
21. Veteran and Resident
22. Resident
23. Veteran and Sole Persons Elderly/Disabled
24. Sole Persons Elderly/Disabled
25. Veteran
26. Applicants without preferences or priority

For categories 3 through 26 directly above, ties among applicants who have the same preferences/priority are resolved, as applicable, by either:

- **order of ascending** lottery “tiebreaker” number (that is, applicants with a lower lottery “tiebreaker” number are selected before applicants with a higher one) (applies to categories 3 through 10 and 19 through 26 above); or

- the date and time their complete application is received by HACA (applies to categories 1, 2 and 11 through 18 above).
HACA selectively applies the following preferences and priorities as set forth in the individual selection categories listed below:

- **In-Place Family**: A PBV In-Place Family living in a PBV contract unit as set forth in Section 17-VI.B. This preference applies irrespective of whether the family is in need of services offered at a particular PBV project as set forth immediately below in “Supportive Services”.

- **Supportive Services**: A disabled family that is in need of services offered at a particular PBV project if the units are limited to families (including individuals):
  - With disabilities that significantly interfere with their ability to obtain and maintain themselves in housing;
  - Who, without appropriate supportive services, will not be able to obtain or maintain themselves in housing; and
  - For whom such services cannot be provided in a non-segregated setting as set forth in Section 17-VI.D.

- **Displaced-Arroyo Vista**: Previous Arroyo Vista Public Housing tenants that were displaced by the demolition/disposition of the Arroyo Vista Public Housing project and are eligible for the program.

- **Displaced-Emeryville**: Qualified households who have been displaced as a result of the City of Emeryville’s or City of Emeryville Redevelopment Agency’s public projects or the City’s code enforcement activities.

- **Displaced-HACA**: Displaced family—HACA-owned or HACA-managed housing as set forth in the Glossary.

- **Displaced-Other**: Displaced family as set forth in the Glossary.

- **Homeless**: Individual applicants or applicant families that verifiably lack housing, including one whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations; an individual who is a resident in transitional housing; or an individual who has as a primary residence a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

- **Resident**: Families that, at the time of selection from the waiting list, reside anywhere in HACA’s jurisdiction, or include a member who works, or has been hired to work in the jurisdiction. Use of this preference will not have the purpose or effect of delaying or otherwise denying admission to the program based on the race, color, ethnic origin, gender, religion, disability, or age of any member of an applicant family.

- **Fremont Resident**: Families that reside in Fremont, or include a member who works, or has been notified they are hired to work in Fremont. Use of this preference will not have the purpose or effect of delaying or otherwise denying admission to the program based on the race, color, ethnic origin, gender, religion, disability, or age of any member of an applicant family.
- The date and time their complete application is received by HACA (applies to Displaced-Arroyo Vista)

**Bridgeway East (City of Fremont)**

HACA will select applicants for the Bridgeway East selection category in the following order:

1. Veteran and Homeless and Resident and Sole Persons Elderly/Disabled
2. Homeless and Resident and Sole Persons Elderly/Disabled
3. Veteran and Homeless and Resident
4. Homeless and Resident
5. Veteran and Homeless and Sole Persons Elderly/Disabled
6. Homeless and Sole Persons Elderly/Disabled
7. Veteran and Resident and Sole Persons Elderly/Disabled
8. Resident and Sole Persons Elderly/Disabled
9. Veteran and Resident
10. Resident
11. Veteran and Sole Persons Elderly/Disabled
12. Sole Persons Elderly/Disabled
13. Veteran
14. Applicants without preferences or priority

For categories 1 through 14 directly above, ties among applicants who have the same preferences/priority are resolved, as applicable, by either:

- **order of ascending** lottery “tiebreaker” number (that is, applicants with a lower lottery “tiebreaker” number are selected before applicants with a higher one) (applies to all preferences/priority except applicants referred by the owner when HACA fails to provide sufficient eligible families from its waiting list as described in 4-II.C. – Closing the Waiting List); or

- The date and time their complete application is received by HACA (applies to applicants referred by the owner when HACA fails to provide sufficient eligible families from its waiting list as described in 4-II.C. – Closing the Waiting List).

**Lorenzo Creek (Castro Valley)**

HACA will select applicants for the Lorenzo Creek selection category in the following order:

1. Veteran and Homeless and Resident and Sole Persons Elderly/Disabled
2. Homeless and Resident and Sole Persons Elderly/Disabled
3. Veteran and Homeless and Resident
4. Homeless and Resident  
5. Veteran and Homeless and Sole Persons Elderly/Disabled  
6. Homeless and Sole Persons Elderly/Disabled  
7. Veteran and Resident and Sole Persons Elderly/Disabled  
8. Resident and Sole Persons Elderly/Disabled  
9. Veteran and Resident  
10. Resident  
11. Veteran and Sole Persons Elderly/Disabled  
12. Sole Persons Elderly/Disabled  
13. Veteran  
14. Applicants without preferences or priority  

For categories 1 through 14 directly above, ties among applicants who have the same preferences/priority are resolved, as applicable, by either;  

- **order of ascending** lottery “tiebreaker” number (that is, applicants with a lower lottery “tiebreaker” number are selected before applicants with a higher one) (applies to all preferences/priority except applicants referred by the owner when HACA fails to provide sufficient eligible families from its waiting list as described in 4-II.C. – Closing the Waiting List); or  

- The date and time their complete application is received by HACA (applies to applicants referred by the owner when HACA fails to provide sufficient eligible families from its waiting list as described in 4-II.C. – Closing the Waiting List).  

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**Magnolia Terrace (City of Emeryville)**  

At least one household member must be disabled in order to qualify. HACA will select applicants for the Magnolia Terrace selection category in the following order:  

1. Veteran and Supportive Services and Displaced-Emeryville and Resident  
2. Supportive Services and Displaced-Emeryville and Resident  
3. Veteran and Supportive Services and Displaced-Emeryville  
4. Supportive Services and Displaced-Emeryville  
5. Veteran and Supportive Services and Resident  
6. Supportive Services and Resident  
7. Veteran and Supportive Services  
8. Supportive Services  
9. Veteran and Displaced-Emeryville and Resident  
10. Displaced-Emeryville and Resident  
11. Veteran and Displaced-Emeryville
12. Displaced-Emeryville
13. Veteran and Resident
14. Resident
15. Veteran
16. Applicants without preferences or priority

For categories 1 through 16 directly above, ties among applicants who have the same preferences/priority are resolved, as applicable, by either;

- **order of ascending lottery “tiebreaker” number** (that is, applicants with a lower lottery “tiebreaker” number are selected before applicants with a higher one) (applies to all preferences/priority except applicants referred by the owner when HACA fails to provide sufficient eligible families from its waiting list as described in 4-II.C. – Closing the Waiting List); or

- The date and time their complete application is received by HACA (applies to applicants referred by the owner when HACA fails to provide sufficient eligible families from its waiting list as described in 4-II.C. – Closing the Waiting List).

**Main Street Village (City of Fremont)**

All PBV Units (32): At least one family member must participate in a Service Plan Agreement and receive at least one of the following supportive services as stated in the Service Plan as offered by the project to qualify (see Section 17-II.F for more information):

- Transportation for activities such as (but not limited to) grocery shopping, job training, education, attending medical and dental appointments, etc.
- Supervised taking of medications
- Treatment for drug addiction (for recovering and current users)
- Treatment for alcohol addiction (for recovering and current users)
- Training and development of housekeeping and homemaking skills
- Family budgeting
- Child care
- Parenting skills
- Computer access and training
- Library access
- Work skills development, job training and employment counseling
- Educational/vocational opportunities
- Case Management services and/or counseling
• Access to Health and Psychiatric Services, i.e. nurse/medical staff, mental health professional, etc.

• Life skills training

• Access to on-site/off-site social activities

**Homeless Units (22):** At least one household member must be homeless as defined in Preferences (above) for the Section 8 PBV program in order to qualify. HACA will select applicants for the Main Street Village selection category to fill the 22 Homeless Units in the following order:

1. Veteran and Homeless and Fremont Resident
2. Homeless and Fremont Resident
3. Veteran and Homeless and Resident
4. Homeless and Resident
5. Veteran and Homeless
6. Homeless

For categories 1 through 6 directly above, ties among applicants who have the same preferences/priority are resolved, as applicable, by either:

• **order of ascending** lottery “tiebreaker” number (that is, applicants with a lower lottery “tiebreaker” number are selected before applicants with a higher one) (applies to all preferences/priority except applicants referred by the owner when HACA fails to provide sufficient eligible families from its waiting list as described in 4-II.C. – Closing the Waiting List); or

• The date and time their complete application is received by HACA (applies to applicants referred by the owner when HACA fails to provide sufficient eligible families from its waiting list as described in 4-II.C. – Closing the Waiting List).

**Special Needs Units (10):** At least one household member must be disabled in order to qualify. HACA will select applicants for the Main Street Village selection category to fill the 10 Special Needs Units in the following order:

1. Veteran and Special Needs and Fremont Resident
2. Special Needs and Fremont Resident
3. Veteran and Special Needs and Resident
4. Special Needs and Resident
5. Veteran and Special Needs
6. Special Needs
7. Veteran and Fremont Resident
8. Fremont Resident
9. Veteran and Resident
<table>
<thead>
<tr>
<th>Category</th>
<th>Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Veteran</td>
<td>Elderly/Disabled</td>
</tr>
<tr>
<td>2. Displaced-HACA or b) Displaced-Other and Resident</td>
<td>Elderly/Disabled</td>
</tr>
<tr>
<td>3. Displaced-HACA or b) Displaced-Other and Resident</td>
<td>Elderly/Disabled</td>
</tr>
<tr>
<td>4. Displaced-HACA or b) Displaced-Other and Resident</td>
<td>Disabled</td>
</tr>
<tr>
<td>5. Displaced-HACA or b) Displaced-Other and Resident</td>
<td>Disabled</td>
</tr>
<tr>
<td>6. a) Displaced-HACA or b) Displaced-Other and Sole Persons Elderly/Disabled</td>
<td>Elderly/Disabled</td>
</tr>
<tr>
<td>7. a) Displaced-HACA or b) Displaced-Other and Sole Persons Elderly/Disabled</td>
<td>Elderly/Disabled</td>
</tr>
<tr>
<td>9. Veteran and a) Displaced-HACA or b) Displaced-Other and Resident</td>
<td>Disabled</td>
</tr>
<tr>
<td>10. Resident and Sole Persons Elderly/Disabled</td>
<td>Disabled</td>
</tr>
<tr>
<td>11. Veteran and Sole Persons Elderly/Disabled</td>
<td>Disabled</td>
</tr>
<tr>
<td>12. Resident and Sole Persons Elderly/Disabled</td>
<td>Disabled</td>
</tr>
<tr>
<td>13. Veteran and Sole Persons Elderly/Disabled</td>
<td>Disabled</td>
</tr>
</tbody>
</table>

The order of preference is as follows:

1. Veteran
2. Displaced-HACA or b) Displaced-Other and Resident
3. Displaced-HACA or b) Displaced-Other and Resident
4. Displaced-HACA or b) Displaced-Other and Resident
5. Displaced-HACA or b) Displaced-Other and Resident
6. a) Displaced-HACA or b) Displaced-Other and Sole Persons Elderly/Disabled
7. a) Displaced-HACA or b) Displaced-Other and Sole Persons Elderly/Disabled
9. Veteran and a) Displaced-HACA or b) Displaced-Other and Resident
10. Resident and Sole Persons Elderly/Disabled
11. Veteran and Sole Persons Elderly/Disabled
12. Resident and Sole Persons Elderly/Disabled

For categories 1 through 12 directly above, ties among applicants who have the same preferences/priority are resolved, as applicable, by either:

- The date and time their complete application is received by HACA (Applies to all preferences/priority except applications referred by the owner when HACA fails to provide sufficient eligible families from its waiting list as described in 4.I.I.C. - Closing the Waiting List)
- Lottery "tiebreaker" number (that is, an applicant with a lower lottery "tiebreaker" number is selected before applicants with a higher one)
City of Alameda
Housing Authority
Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the HCV or any of the PBV waiting lists. In the case of a funding shortage, however, PBV assistance will be provided before HCV assistance. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

4-III.C. SELECTION METHOD

The AHA will describe below the method for selecting applicant families from the waiting list, including the system of admission preferences that will be used [982.202(d)].

When a vacancy exists at a PBV site, the AHA will notify the next families on the applicable waiting list. The AHA’s letter to the applicants also will state that if the applicant is interested in residing in the vacant PBV unit, that the applicant will not lose her or his place on the AHA’s HCV waiting list.

All applicants indicating interest in the PBV unit will be prescreened by the AHA for Section 8 eligibility and referred to the owner in the order in which the screening has been completed. However, if the tenant selection criteria of the owner include screening for credit and criminal background, these procedures may be performed prior to completion of the full eligibility process. If, on the basis of property owners screening for suitability, including the credit and criminal background screening process, the owner will not offer tenancy to the applicant, the AHA will not complete the voucher eligibility process and the applicant will be removed from the selected site-based project-based waiting list and sent a notice to this effect.

Wait list referrals to the PBV owner will remain active for consideration for a PBV vacancy for a period of 120 days from the date of selection from the wait list. Referred tenants will be screened by the owner and readied for occupancy. First ready, is first referred back to the AHA for eligibility determination and leasing. Readiness is defined to mean having met all of the owner’s screening criteria and accepted for tenancy.

In the event that multiple families are made ready for a PBV unit, as a tie breaker for who is assigned the unit, the family who has the highest rank from the referral list of all “ready” families will be processed by the AHA for eligibility determination and offered the available unit.

An owner may continue to work on suitability screening for up to three families from the latest referral list in anticipation of any additional vacancies that may arise during the 120-day referral period. The AHA will also continue the eligibility process for any family made ready by the owner.

If no unit is scheduled to be vacated by an existing tenant or there are no impending vacancies prior to the expiration of the 120-day period, all unassigned referrals will be returned to the project’s PBV wait list.

If the AHA referrals do not provide the PBV owner with a suitable tenant for the unit and the wait list is exhausted, the owner may refer a Section 8 eligible individual or family to the AHA’s site-based PBV waiting list if it is open. The referred family must meet the AHA’s Section 8 eligibility criteria.
If any PBV wait list has been exhausted, and prior to opening the wait list for targeted outreach, the AHA may query HCV tenants to see if any tenant-based assisted household is interested in a PBV unit. Admission to the PBV program for HCV Tenants will be on a first ready, first served basis. Any additional HCV tenant families interested in PBV units will be informed that the unit(s) has been leased and no further action will be taken on their behalf.

PBV Wait List applicants shall have priority over all HCV assisted tenants for PBV units.

Local Preferences and Point Values [24 CFR 982.207; HCV p. 4-16]

HUD allows housing authorities to establish local preferences, and the AHA has established local preferences, that give priority to serving families that meet those criteria. All local preferences are consistent with the AHA plan and the consolidated plan, and are based on local housing needs and priorities that are documented by generally accepted data sources.

The AHA has established local preferences for the HCV Program, the PBV Program at the Alameda Point Collaborative (APC) Property, the PBV Program at Jack Capon Villa (JCV), and the PBV Program at all other sites. These preferences and their point values are:

<table>
<thead>
<tr>
<th>PBV Program at APC &amp; JCV</th>
<th>PBV Program at Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>FUP Graduates (25 Points) In Place (37 points)</td>
<td>In Place (37 points)</td>
</tr>
<tr>
<td>Displaced (9 points) Supportive Services (10 pts.)</td>
<td>Displaced (9 points)</td>
</tr>
<tr>
<td>Special Provisions (8 points) Terminated (7 points)</td>
<td>Terminated (7 points)</td>
</tr>
<tr>
<td>Terminated (7 points) Residency (6 points)</td>
<td>Residency (6 points)</td>
</tr>
<tr>
<td>Residency (6 points)</td>
<td>Family (3 points)</td>
</tr>
<tr>
<td>Family (3 points) Veteran (2 points)</td>
<td>Veteran (2 points)</td>
</tr>
<tr>
<td>Veteran (2 points)</td>
<td></td>
</tr>
</tbody>
</table>

Preference points are aggregated to produce the total preference points for each applicant. Applicants with the same total preference points will then be sorted by the method in which they were selected to be placed on the waiting list (i.e., date and time of application or order of random selection).

FUP Graduates. Emancipated Youth assisted with Family Unification Program (FUP) funding pursuant to FUP regulations dated 2009 or later who were given rental assistance for a fixed term of eighteen months who are now aging out of that eighteen-month period and referred by Alameda County Social Service for assistance under the HCV Program. Admissions are limited to five per calendar month for this preference subject to availability of vouchers.

Displaced. Special Admissions are explained in 4-III.B and qualification for this preference is not qualification for a Special Admission. Applicants eligible for this preference must meet one of the following criteria in order to gain admission to the Project-Based Voucher Program waiting lists.

Displaced Person(s). A person or persons whose dwelling in AHA's jurisdiction, as determined by AHA:
• Has been destroyed, rendered uninhabitable or projected to be uninhabitable for at least 180 days from the date of displacement as a result of action or inaction by a landlord in response to a disaster declared by the Federal Government or the State of California—provided that the family was meeting all conditions of occupancy at the time of its occurrence; or

• Has been, or will be, rendered legally or functionally uninhabitable for, at least, 180 days from the date of displacement as a result of redevelopment activity or actions invoking the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (Uniform Relocation Act) and Section 104(d) of the Housing and Community Development Act (HCD).

Displaced family. (A) Displaced person(s) that:

• Has submitted an online or paper application to AHA for housing assistance within 120 days after the date of displacement from a dwelling located within AHA’s jurisdiction, or, in the case of a binding written governmental notice, within 120 days before or after the mandatory vacate date; and

• As of the date that AHA selects the applicant for housing assistance from its waiting list, contingent on AHA’s verification of the family’s application information, is not living in standard, permanent replacement housing.

Standard, permanent replacement housing is defined as housing that is decent, safe, and sanitary according to Housing Quality Standards and State and local housing code that is adequate for the family size according to Housing Quality Standard and State and local code, and that the family is occupying pursuant to a written or oral lease or occupancy agreement.

Standard, permanent replacement housing does not include transient facilities, hotels, motels, temporary shelters and, in case of Victims of Domestic Violence, housing occupied by the individual who engages in such violence. It does not include any individual imprisoned or detained pursuant to State Law or an Act of Congress. Shared housing with family or friends is not considered temporary and is considered standard, permanent replacement housing.

Applicants on any waiting list who claim a preference for being displaced pursuant to the definition above must present third-party evidence of displacement at the time when selected for certification. Failure to present documentation to validate displacement will result in the loss of preference and return to the waiting list.

In Place. Eligible residents who reside in units at the time of the PBV property owner’s proposal selection date for Project-based assistance.

Special Provisions. There are two categories of Special Provisions Applicants:

• Applicants who are residents residing in units owned and/or managed by the AHA and who are overhoused or underhoused and for whom there is no appropriate unit in the complex where they live and only with the approval of the Executive Director.
Family Unification Program (FUP)-eligible families and FUP-eligible youths to which the AHA intends to issue FUP vouchers with available funding provided by HUD for this purpose. [Note: This previously was a separate preference.]

Supportive Services at APC is defined as: Disabled persons or families referred by Alameda Point Collaborative (APC) in need of supportive services for the homeless or persons/families at risk of homelessness.

Supportive Services at JCV is defined as: Disabled persons or families in need of the supportive services offered at Jack Capon Villa.

Terminated. Section 8 participants who have been terminated by AHA due to overleasing or lack of federal funding. At the time a participant is terminated due to overleasing or lack of federal funding, that person’s name will automatically be placed on the waiting list and given the appropriate preference. If more than one family is terminated under the same action, the families will be placed on the AHA’s waitlist in a randomly selected order.

Residency. This residency preference is limited to the jurisdictional boundaries of the city of Alameda. Use of the residency preference will not have the purpose or effect of delaying admission to the program based on the race, color, ethnic origin, gender, religion, disability, or age of any member of an applicant family. Applicants who live or work in Alameda, or applicant families including at least one adult member who lives or works in Alameda, at the time of application qualify for this preference. Time of application is based upon the original submission of the application or pre-application (subject to verification), or if the applicant’s status has changed since original submission, is based upon verified status at time full eligibility is processed. For homeless applicants, this preference will apply if the applicant is living in a shelter or transitional housing located in Alameda or had been living in Alameda prior to becoming homeless.

Family. A family including a member 62 years of age or older or a person with disabilities. This revised definition is effective for families whose application was received after November 20, 2014.

Veteran. A member of the military, a veteran who was discharged or released under conditions other than dishonorable, or a surviving spouse (as defined by the Department of Veteran Affairs). Providing these preference points for a veteran, preference is given to veterans within each preference category for which the veteran is eligible.

At the time of initial application, the applicant certifies as to whether or not it is eligible for a preference, and the AHA will place the applicant on the waiting list according to the preference claimed. Preferences which are critical for proper placement on a particular waiting list may be verified prior to placement on the waiting list and again at time of selection. All other preferences will be verified at the time of selection, based on the family’s current circumstances. Before the family receives assistance the AHA must verify the family’s eligibility for the preference based on current circumstances. If upon verification the AHA determines that the family does not qualify for the preference claimed, the family does not receive the preference. In this situation, the AHA will notify
the applicant in writing that they do not qualify for the preference and will be returned to the waiting list with an update to the applicant record.

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75% of the families admitted to the HCV and PBV program during the AHA’s fiscal year. ELI families are those with annual incomes at or below 30% of the area median income. To ensure this requirement is met, AHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low income families admitted to the program that are “continuously assisted” under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

The AHA will monitor progress in meeting the ELI requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income-targeting requirement is met.

The admission of applicants who qualify for the absolute In Place preference is not subject to income-targeting [24 CFR 983.251(b)(2)].

Order of Selection

For families placed on a wait list, under the AHA system of preferences, the AHA will select families with the highest number of preference points and then by the random selection process [24 CFR 982.207(c)] or date/time of application as specified in the notice of wait list opening. The AHA will select families from the targeted funding or selection preferences for which they qualify and in accordance with the AHA’s hierarchy of preferences [24 CFR 982.204(b) and (e)]. Based on the pre-determined methodology at the time of application, within each targeted funding or aggregate preference total, families will either be selected from the waiting list on a first-come, first-served basis according to the date and time their complete application is received by the AHA or by their randomly selected order at the time of application. When there is a funding shortage, PBV units will be filled prior to issuance of new vouchers under the HCV program.

The AHA will maintain documentation as to whether families on the list qualify for and are interested in targeted funding. If a higher placed family on the waiting list is not qualified or not interested in targeted funding, there will be a notation maintained so that the AHA does not have to ask higher placed families each time targeted selections are made.

For site-based wait lists (i.e., PBV), applicants will be removed from the wait list if they are non-responsive to or refuse an offer of a unit for that site. Exceptions will be considered on a case by case basis by the Executive Director or designee for various reasons to include: lease commitment issues, sequestered jurors, medical emergencies that prevent moving at that time, or death of a family member. All requests for exceptions must be made in writing.
City of Berkeley
Housing Authority
PART III: SELECTION FOR HCV ASSISTANCE

4-III.A. OVERVIEW

As vouchers become available, families on the waiting list must be selected for assistance in accordance with the policies described in this part.

The order in which families receive assistance from the waiting list depends on the selection method chosen by BHA and is impacted in part by any selection preferences that the family qualifies for. The source of HCV funding also may affect the order in which families are selected from the waiting list.

BHA must maintain a clear record of all information required to verify that the family is selected from the waiting list according to BHA’s selection policies [24 CFR 982.204(b) and 982.207(e)].

4-III.B. SELECTION AND HCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]

HUD may award funding for specifically-named families living in specified types of units (e.g., a family that is displaced by demolition of public housing; a non-purchasing family residing in a HOPE 1 or 2 projects). In these cases, BHA may admit families that are not on the waiting list, or without considering the family’s position on the waiting list. BHA must maintain records showing that such families were admitted with special program funding.

**BHA Policy**

Subject to Board approval, BHA will administer vouchers on behalf of families eligible for special admission.

**Project Move-Up**

Subject to HUD approval, BHA will establish a program to facilitate the progression of individuals/families from homelessness – to temporary supportive housing – to permanently affordable housing, via a Section 8 Tenant Based Voucher. The intent is to admit 3 individuals from BHA’s Single Room Occupancy Program (UA Homes and Erna P. Harris) and an additional 7 households from the Shelter Plus Care Program each calendar year. These households must:

a. Demonstrate lease compliance over the prior 12 month period

b. Be clean and sober for the prior 12 month period

c. Every household member, 18 or older, must have stable monthly income from employment, self-employment, retirement, CalWorks or Social Security sufficient in total for family to pay BHA’s minimum rent of $50 per month plus any utility allowance

d. Attempt to utilize the assistance to rent a unit in Berkeley for 24 months before becoming eligible for portability

Candidates for this program must have a written referral from the property manager and/or case manager.
EveryOne Home  
Alameda County Continuum of Care (CoC) Council  
Prioritization for Permanent Supportive Housing Opportunities

The Alameda County Continuum of Care Council, in accordance with guidance from the U.S. Housing and Urban Development (HUD) Department Office of Community Planning Notice (CPD) CPD-14-012, maintains the following priority preference groups for access to permanent support housing (PSH) opportunities within Alameda County. All households eligible for a given PSH opportunity can apply for PSH or a waiting list for PSH when applications are being received. All CoC-funded PSH opportunities will maintain marketing and tenant selection policies and procedures that have explicit preferences and prioritization for households that meet the criteria established below. The CoC will work toward establishing and maintaining up-to-date copies of the policies and procedures for access to each CoC-funded PSH opportunity. In addition, the CoC will promote the utilization of this prioritization among non-CoC funded PSH and document the use of this approach among other PSH in the County.

The funding sources and target groups among PSH opportunities within Alameda County vary significantly. The priority group described below must also meet the specific requirements of a given PSH opportunity to be considered. For example, a housing unit set aside for persons with HIV/AIDS could not be offered to someone without verification of their HIV/AIDS status. Preference for this unit would be given to someone with verified HIV/AIDS that also met the priority group criteria below.

If more than one household is being considered for a PSH housing opportunity AND both households meet the CoC priority group standards for Alameda County, THEN the household that first applied for the opportunity will be selected first. In other words, the date of application will be used to differentiate among households that meet the preference criteria. If other preference criteria are also used for a given housing opportunity, e.g., city preference, these preferences may be used prior to using the date of application to determine the household next offered the opportunity. The preferences and details of selection for a given PSH program will be identified in their marketing and tenant selection policies and procedures.

<table>
<thead>
<tr>
<th>Alameda County PSH shall give preference to households that meet the following general criteria:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) The household meets the HUD CoC definition for “chronic homelessness” AND</td>
</tr>
<tr>
<td>2) The household is in at least one of the high service need groups defined below.</td>
</tr>
</tbody>
</table>
EveryOne Home
Alameda County Continuum of Care (CoC) Council
Prioritization for Permanent Supportive Housing Opportunities

HUD Chronic Homelessness Definition

(1) A homeless individual or head of household with a disability that meets the HUD definition of a disability who
   (a) lives in a place not meant for human habitation, a safe haven, or in an emergency shelter;
   AND
   (b) has been homeless and living in one of these places continuously for at least 12 months OR on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living in one of the aforementioned places.

Stays in institutional care facilities for fewer than 90 days will not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility. Institutional care facilities include jails, substance abuse or mental health treatment facilities, hospitals, or other similar facilities.

A family with an adult head of household (or if there is not adult in the family, a minor head of household) who meets all of the above criteria, including a family whose composition has fluctuated while the head of household has been homeless are also considered chronically homeless.
High Service Need Group

To be considered part of the PSH high priority group individuals must be in at least one of the groups below. No extra preferences are given for individuals in more than one group.

#1: In a 12 month period (verified one or more of the following via referrals from designated agencies or administrative data)….
   a) Cherry Hill Detox or Sobering Station admissions (3 or more)
   b) Hospitalization (medical or psychiatric) admissions (3 or more)
   c) Incarcerations (3 or more)
   d) EMS transports (5 or more)
   e) Law enforcement contacts (5 or more)

#2: High Health Risk (one or more of the following verified by a clinician and/or clinical records)
   a) 60 years of age or older AND one or more chronic health conditions (heart disease, emphysema/COPD, diabetes, asthma, cancer, hepatitis C)
   b) Kidney Disease/End Stage Renal Disease or Dialysis
   c) History of Frostbite, Hypothermia, or Immersion Foot
   d) Liver Disease/Cirrhosis, or End-Stage Liver Disease
   e) HIV+/AIDS
   f) Arrhythmia
   g) Seizure Disorder
   h) Schizophrenia or Schizoaffective Disorder
   i) Tri-Morbidity
      a) Mental health, learning, developmental, or other cognitive disability AND
      b) Substance use disorder AND
      c) Chronic health condition (heart disease, emphysema/COPD, diabetes, asthma, cancer, hepatitis C)

#3: VI-SPDAT assessment completed and score = 8 or more (self-report)

Elaine de Coligny, Executive Director
Everyone Home
Measure 1: Length of Time Persons Remain Homeless

This measure is of the client’s entry, exit, and bed night dates strictly as entered in the HMIS system.

<table>
<thead>
<tr>
<th>Universe (Persons)</th>
<th>Average LOT Homeless (bed nights)</th>
<th>Median LOT Homeless (bed nights)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Previous FY</td>
<td>Current FY</td>
</tr>
<tr>
<td>1.1 Persons in ES and SH</td>
<td>2269</td>
<td>85</td>
</tr>
<tr>
<td>1.2 Persons in ES, SH, and TH</td>
<td>3370</td>
<td>170</td>
</tr>
</tbody>
</table>

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client’s “Length of Time on Street, in an Emergency Shelter, or Safe Haven” (Data Standards element 3.17) response and prepends this answer to the client’s entry date effectively extending the client’s entry date backward in time. This “adjusted entry date” is then used in the calculations just as if it were the client’s actual entry date.
Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

<table>
<thead>
<tr>
<th>Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)</th>
<th>Returns to Homelessness in Less than 6 Months (0 - 180 days)</th>
<th>Returns to Homelessness from 6 to 12 Months (181 - 365 days)</th>
<th>Returns to Homelessness from 13 to 24 Months (366 - 730 days)</th>
<th>Number of Returns in 2 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># of Returns</td>
<td>% of Returns</td>
<td># of Returns</td>
<td>% of Returns</td>
</tr>
<tr>
<td>Exit was from SO</td>
<td>70</td>
<td>6</td>
<td>9%</td>
<td>2</td>
</tr>
<tr>
<td>Exit was from ES</td>
<td>784</td>
<td>131</td>
<td>17%</td>
<td>35</td>
</tr>
<tr>
<td>Exit was from TH</td>
<td>613</td>
<td>32</td>
<td>5%</td>
<td>36</td>
</tr>
<tr>
<td>Exit was from SH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Exit was from PH</td>
<td>499</td>
<td>11</td>
<td>2%</td>
<td>15</td>
</tr>
<tr>
<td>TOTAL Returns to Homelessness</td>
<td>1966</td>
<td>180</td>
<td>9%</td>
<td>88</td>
</tr>
</tbody>
</table>
Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

<table>
<thead>
<tr>
<th></th>
<th>Previous FY PIT Count</th>
<th>2015 PIT Count</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT Count of sheltered and unsheltered persons</td>
<td>4272</td>
<td>4040</td>
<td>-232</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>895</td>
<td>794</td>
<td>-101</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>1040</td>
<td>849</td>
<td>-191</td>
</tr>
<tr>
<td>Total Sheltered Count</td>
<td>1935</td>
<td>1643</td>
<td>-292</td>
</tr>
<tr>
<td>Unsheltered Count</td>
<td>2337</td>
<td>2397</td>
<td>60</td>
</tr>
</tbody>
</table>

Metric 3.2 – Change in Annual Counts

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Unduplicated Total sheltered homeless persons</td>
<td>3759</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>2254</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>1745</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults (system stayers)</td>
<td>1317</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults with increased earned income</td>
<td>39</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of adults who increased earned income</td>
<td>3%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Performance Measurement Module (Sys PM)

**Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period**

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults (system stayers)</td>
<td>1317</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults with increased non-employment cash income</td>
<td>218</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of adults who increased non-employment cash income</td>
<td>17%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Metric 4.3 – Change in total income for adult system stayers during the reporting period**

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults (system stayers)</td>
<td>1317</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults with increased total income</td>
<td>236</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of adults who increased total income</td>
<td>18%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Metric 4.4 – Change in earned income for adult system leavers**

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
<td>767</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults who exited with increased earned income</td>
<td>125</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of adults who increased earned income</td>
<td>16%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Metric 4.5 – Change in non-employment cash income for adult system leavers**

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
<td>767</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults who exited with increased non-employment cash income</td>
<td>184</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of adults who increased non-employment cash income</td>
<td>24%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Metric 4.6 – Change in total income for adult system leavers**

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults who exited (system leavers)</td>
<td>767</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults who exited with increased total income</td>
<td>289</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of adults who increased total income</td>
<td>38%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

<table>
<thead>
<tr>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2757</td>
<td></td>
</tr>
</tbody>
</table>

Universe: Person with entries into ES, SH or TH during the reporting period.

Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.

Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)

<table>
<thead>
<tr>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>705</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2052</td>
<td></td>
</tr>
</tbody>
</table>

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

<table>
<thead>
<tr>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4288</td>
<td></td>
</tr>
</tbody>
</table>

Universe: Person with entries into ES, SH, TH or PH during the reporting period.

Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.

Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)

<table>
<thead>
<tr>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1134</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3154</td>
<td></td>
</tr>
</tbody>
</table>

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in 2016.
Performance Measurement Module (Sys PM)

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Persons who exit Street Outreach</td>
<td></td>
<td>599</td>
<td></td>
</tr>
<tr>
<td>Of persons above, those who exited to temporary &amp; some institutional destinations</td>
<td></td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Of the persons above, those who exited to permanent housing destinations</td>
<td></td>
<td>138</td>
<td></td>
</tr>
<tr>
<td>% Successful exits</td>
<td></td>
<td></td>
<td>40%</td>
</tr>
</tbody>
</table>

Metric 7b.1 – Change in exits to permanent housing destinations

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Persons in ES, SH, TH and PH-RRH who exited</td>
<td></td>
<td>3183</td>
<td></td>
</tr>
<tr>
<td>Of the persons above, those who exited to permanent housing destinations</td>
<td></td>
<td>1663</td>
<td></td>
</tr>
<tr>
<td>% Successful exits</td>
<td></td>
<td></td>
<td>52%</td>
</tr>
</tbody>
</table>

Metric 7b.2 – Change in exit to or retention of permanent housing

<table>
<thead>
<tr>
<th></th>
<th>Previous FY</th>
<th>Current FY</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Persons in all PH projects except PH-RRH</td>
<td></td>
<td>2474</td>
<td></td>
</tr>
<tr>
<td>Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations</td>
<td></td>
<td>2349</td>
<td></td>
</tr>
<tr>
<td>% Successful exits/retention</td>
<td></td>
<td></td>
<td>95%</td>
</tr>
</tbody>
</table>
2016 Individual Project Applications
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission: Application
2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):
If "Other", specify:
3. Date Received: 09/08/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

X

6. Date Received by State:
7. State Application Identifier:
Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

8. Applicant
   a. Legal Name: Alameda County
   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000501

<table>
<thead>
<tr>
<th>c. Organizational DUNS: 02116418 PLUS 4</th>
</tr>
</thead>
</table>

d. Address
   Street 1: 224 W. Winton Ave, Room 108
   Street 2: 
   City: Hayward
   County: 
   State: California
   Country: United States
   Zip / Postal Code: 94544

e. Organizational Unit (optional)
   Department Name: Housing and Community Development
   Division Name: 

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Mr.
First Name:  Riley  
Middle Name:  
Last Name:  Wilkerson  
Suffix:  
Title:  HCD Manager  
Organizational Affiliation:  Alameda County  
Telephone Number:  (510) 670-9797  
Extension:  
Fax Number:  (510) 670-6378  
Email:  riley.wilkerson@acgov.org
1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant:  B. County Government
   If "Other" please specify:  

10. Name of Federal Agency:  Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
    Title:  CoC Program
    CFDA Number:  14.267

12. Funding Opportunity Number:  FR-6000-N-25
    Title:  Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
    Title:
Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant’s Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Alameda County Shelter Plus Care - TRA

16. Congressional District(s):

a. Applicant: CA-013, CA-017, CA-015
(for multiple selections hold CTRL key)

b. Project: CA-013, CA-017, CA-015
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 03/01/2017
b. End Date: 02/28/2018

18. Estimated Funding ($)
Applicant: Alameda County Housing and Community Development Department 02116418
Project: Alameda County Shelter Plus Care - TRA 146164

a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:
**1E. Compliance**

**Instructions:**

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?
   - a. Program is subject to E.O. 12372 and has been selected by the State for review.
   - b. Program is subject to E.O. 12372 but has not been selected by the State for review.

   If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?
   - No

   If "YES," provide an explanation:
**1F. Declaration**

**Instructions:**

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: [X]

**21. Authorized Representative**

Prefix:  Ms.
First Name:  Linda
Middle Name:  M
Last Name:  Gardner
Suffix:  
Title:  Housing Director
Telephone Number:  (510) 670-5404  
(Format: 123-456-7890)
Fax Number:  (510) 670-6378  
(Format: 123-456-7890)
Email:  linda.gardner@acgov.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/08/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $4,617,239

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Authority of the County of Alameda</td>
<td>L. Public/Indian Housing Authority</td>
<td>$1,800,525</td>
</tr>
<tr>
<td>Oakland Housing Authority</td>
<td>L. Public/Indian Housing Authority</td>
<td>$2,518,351</td>
</tr>
<tr>
<td>City of Berkeley</td>
<td>C. City or Township Government</td>
<td>$298,363</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: Housing Authority of the County of Alameda

b. Organization Type: L. Public/Indian Housing Authority

If "Other" specify:
c. Employer or Tax Identification Number: 97-2784334

e. Physical Address
   Street 1: 22941 Atherton Street
   Street 2:
      City: Hayward
      State: California
      Zip Code: 94541

f. Congressional District(s): CA-013
   (for multiple selections hold CTRL key)

   g. Is the subrecipient a Faith-Based Organization? No

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

   i. Expected Sub-Award Amount: $1,800,525

   j. Contact Person
      Prefix: Ms.
      First Name: Christine
      Middle Name:
      Last Name: Gouig
      Suffix:
      Title: Executive Director
      E-mail Address: chrisg@haca.net
      Confirm E-mail Address: chrisg@haca.net
      Phone Number: 510-727-8513
      Extension:
      Fax Number:
2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: Oakland Housing Authority

b. Organization Type: L. Public/Indian Housing Authority

If "Other" specify:
c. Employer or Tax Identification Number: 94-6000758

e. Physical Address
   Street 1: 1619 Harrison Street
   Street 2:
   City: Oakland
   State: California
   Zip Code: 94612

f. Congressional District(s): CA-013
   (for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

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

i. Expected Sub-Award Amount: $2,518,351

j. Contact Person
   Prefix: Ms.
   First Name: Michelle
   Middle Name: Hasan
   Last Name: Hasan
   Title: Director of Leased Housing
   E-mail Address: mhasan@oakha.org
   Confirm E-mail Address: mhasan@oakha.org
   Phone Number: 510-587-2110
   Extension:
   Fax Number:
2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: City of Berkeley

b. Organization Type: C. City or Township Government

If "Other" specify:
c. Employer or Tax Identification Number: 94-6000299

d. Organizational DUNS:

| * | d. Organizational DUNS: | 076529924 | PLUS 4 |

e. Physical Address

| Street 1: | 2180 Milvia Street |
| City: | Berkeley |
| State: | California |
| Zip Code: | 94704 |

f. Congressional District(s):

| CA-013 |

(g) Is the subrecipient a Faith-Based Organization?

| No |

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?

| Yes |

i. Expected Sub-Award Amount:

| $298,363 |

j. Contact Person

| Prefix: | Mr. |
| First Name: | Andrew |
| Middle Name: | |
| Last Name: | Wicker |
| Title: | Health, Housing and Community Services Specialist |
| E-mail Address: | awicker@ci.berkeley.ca.us |
| Confirm E-mail Address: | awicker@ci.berkeley.ca.us |
| Phone Number: | 510-981-5418 |
| Extension: | |
| Fax Number: | |
2B. Recipient Performance

Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If “Yes” is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes
Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

The unspent funds are largely due to the fact that this is a rental assistance grant. In rental assistance grants, our budget is essentially a formula – the number of units multiplied times the Fair Market Rent times 12 months. When the FMR is $1,000, our subsidy budget would be 9 units x $1,000 x 12 months, or $108,000. However, we must subtract from what we bill to HUD the contributions that participants make toward their rent. With the example above, if tenants contribute on average $150 per month to their rent, that would result in under-spending of $16,200 ($150 x 9 units x 12 months). We must allow for some cushion when budgeting, in the event that participants do not have income and cannot contribute toward rent.
3A. Project Detail

Instructions:
The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select “Yes” or “No” to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: CA0085L9T021508
   (e.g., the “Federal Award Identifier” indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Alameda County Shelter Plus Care - TRA
4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.

- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.

- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.

- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.

- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

1. Provide a description that addresses the entire scope of the proposed project.

The Alameda County Shelter Plus Care Program - TRA component provides permanent supportive housing through tenant-based rental assistance and supportive services at scattered-site housing units throughout Alameda County serving over 300 households of formerly homeless individuals and families disabled by serious mental illness, chronic substance abuse and/or HIV.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
<th>Veterans</th>
<th>Substance Abuse</th>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016 Page 23 09/12/2016
3. Housing First

3a. Does the project quickly move participants into permanent housing? Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance abuse</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td>□</td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found in the project’s geographic area.</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td>□</td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? PSH
4a. Does the project request costs under the rental assistance budget line item?  Yes

4b. Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? No
4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

  Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

  - Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td></td>
<td>Partner</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td></td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td></td>
<td>Partner</td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>Type</td>
<td>Notes</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
<td>-------</td>
<td>-----------</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Skills Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outreach Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utility Deposits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? No
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 263
Total Beds: 519
Total Dedicated CH Beds: 150
Total Prioritized CH Beds: 50

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>263</td>
<td>519</td>
<td>150</td>
<td>50</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 263
   b. Beds: 519

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless?
      150
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?
      369
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?
      50
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?
      50

4. Address:
   Street 1: 224 W Winton Avenue Room 108
   Street 2:  
   City: Hayward
   State: California
   ZIP Code: 94544

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   060012 Alameda
5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

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

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>71</td>
<td>192</td>
<td>0</td>
<td>263</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
</table>

Renewal Project Application FY2016  Page 31  09/12/2016
<table>
<thead>
<tr>
<th>Category</th>
<th>Adults over age 24</th>
<th>Adults ages 18-24</th>
<th>Accompanied Children under age 18</th>
<th>Unaccompanied Children under age 18</th>
<th>Total Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>92</td>
<td>234</td>
<td>0</td>
<td>0</td>
<td>326</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>39</td>
<td>39</td>
<td>0</td>
<td>0</td>
<td>78</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>115</td>
<td></td>
<td>0</td>
<td>0</td>
<td>115</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>246</td>
<td>273</td>
<td>0</td>
<td>0</td>
<td>519</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals.
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

---

Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>40</td>
<td>0</td>
<td>2</td>
<td>61</td>
<td>2</td>
<td>51</td>
<td>28</td>
<td>18</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>13</td>
<td>0</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>18</td>
<td>14</td>
<td>10</td>
<td>10</td>
<td>86</td>
</tr>
<tr>
<td>Total Persons</td>
<td>48</td>
<td>0</td>
<td>2</td>
<td>62</td>
<td>2</td>
<td>59</td>
<td>59</td>
<td>32</td>
<td>15</td>
<td>112</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
**Persons in Households without Children**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>122</td>
<td>13</td>
<td>7</td>
<td>163</td>
<td>49</td>
<td>153</td>
<td>39</td>
<td>60</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>26</td>
</tr>
<tr>
<td>Total Persons</td>
<td>124</td>
<td>13</td>
<td>8</td>
<td>165</td>
<td>50</td>
<td>154</td>
<td>43</td>
<td>61</td>
<td>15</td>
<td>39</td>
</tr>
</tbody>
</table>

**Persons in Households with Only Children**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Describe the unlisted subpopulations referred to above:

The persons on the unlisted subpopulations above are comprised of persons in a S+C household who are not chronically homeless, who are not veterans, and/or do not have a disability.
5C. Outreach for Participants

**Instructions:**

**ALL PROJECTS EXCEPT HMIS**

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>55%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>45%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td></td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td></td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td></td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:

- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

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

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance X
   - Supportive Services
   - Operations
   - HMIS
6D. 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>CA - Oakland-Fremont, CA HUD Metro FM...</td>
<td>263</td>
<td>$4,724,232</td>
</tr>
</tbody>
</table>
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.

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents: In the FY 2016 CoC Program Competition, eligible renewal projects requesting rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select “Yes” from the dropdown for this question. The project applicant will then have the ability to enter an amount in the “HUD Paid Rent (applicant)” field that is less than the amount listed in the “FMR Area (applicant)” field. The following question is visible when PRA is selected:

Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA? This request is only available for PH PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2016 CoC Program Competition NOFA.

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. The number(s) listed should match the CoC’s HUD-approved FY 2015 GIW.

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

HUD Paid Rent: For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. (If the applicants select “No” above, this column will not be available for edit). In the GIW, HUD Paid Rent is known as “Actual”.

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 “HUD Paid Rent” and by 12 months. If the applicant selected “No” above, the automatic calculation will be based on the FMR and not the “HUD Paid Rent.”.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based on 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 Resource 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:** CA - Oakland-Fremont, CA HUD Metro FMR Area (0600199999)

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?** No

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$778</td>
<td>$778</td>
<td>x</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>9</td>
<td>$1,037</td>
<td>$1,037</td>
<td>= $111,996</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>142</td>
<td>$1,249</td>
<td>$1,249</td>
<td>= $2,128,296</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>69</td>
<td>$1,580</td>
<td>$1,580</td>
<td>= $1,308,240</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>30</td>
<td>$2,202</td>
<td>$2,202</td>
<td>= $792,720</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>13</td>
<td>$2,455</td>
<td>$2,455</td>
<td>= $382,980</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$2,823</td>
<td>$2,823</td>
<td>= $0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$3,192</td>
<td>$3,192</td>
<td>= $0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$3,560</td>
<td>$3,560</td>
<td>= $0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$3,928</td>
<td>$3,928</td>
<td>= $0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$4,296</td>
<td>$4,296</td>
<td>= $0</td>
</tr>
<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td><strong>263</strong></td>
<td></td>
<td></td>
<td><strong>$4,724,232</strong></td>
</tr>
</tbody>
</table>

**Grant Term**

1 Year

**Total Request for Grant Term**

$4,724,232

Click the 'Save' button to automatically calculate totals.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Abode Services</td>
<td>01/15/2015</td>
<td>$78,720</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>AIDS Project of t...</td>
<td>01/15/2015</td>
<td>$9,840</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Alameda County Be...</td>
<td>01/15/2015</td>
<td>$452,508</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Alameda County He...</td>
<td>01/15/2015</td>
<td>$200,000</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Alameda County So...</td>
<td>01/15/2015</td>
<td>$72,816</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Bay Area Communit...</td>
<td>01/15/2015</td>
<td>$45,573</td>
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Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6l. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Abode Services
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 01/15/2015
6. Value of Written Commitment: $78,720
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: AIDS Project of the East Bay

   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 01/15/2015

6. Value of Written Commitment: $9,840

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field
that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Government
4. Name the Source of the Commitment: Alameda County Behavioral Services (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 01/15/2015
6. Value of Written Commitment: $452,508

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The
Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Government
4. Name the Source of the Commitment: Alameda County Health Services Agency (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 01/15/2015
6. Value of Written Commitment: $200,000

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and
include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Government
4. Name the Source of the Commitment: Alameda County Social Services Agency
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 01/15/2015
6. Value of Written Commitment: $72,816

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.
Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Bay Area Community Services
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 01/15/2015
6. Value of Written Commitment: $45,573

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.
1. Will this commitment be used towards Match? **Yes**

2. Type of Commitment: **In-Kind**

3. Type of Source: **Private**

4. Name the Source of the Commitment: Berkeley Drop In Center

   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: **01/15/2015**

6. Value of Written Commitment: **$78,720**

**Sources of Match Detail**

**Instructions:**

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps.guides/coc-program-competition-resources/
Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private
4. Name the Source of the Commitment: Bonita House, Inc.  
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 01/15/2015

6. Value of Written Commitment: $164,000

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Building Opportunities for Self Sufficiency  
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 01/15/2015
6. Value of Written Commitment: $32,800

Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Center for Independent Living
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 01/15/2015
6. Value of Written Commitment: $75,000
Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: East Bay Community Recovery Program
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 01/15/2015
6. Value of Written Commitment: $52,480

Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or
greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: FESCO
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 01/15/2015
6. Value of Written Commitment: $52,480
6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%)."

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

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<th>Eligible Costs</th>
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<td>$5,012,291</td>
</tr>
<tr>
<td>9</td>
<td>Cash Match</td>
<td>$0</td>
</tr>
<tr>
<td>10</td>
<td>In-Kind Match</td>
<td>$1,317,537</td>
</tr>
<tr>
<td>11</td>
<td>Total Match</td>
<td>$1,317,537</td>
</tr>
<tr>
<td>12</td>
<td>Total Budget</td>
<td>$6,329,828</td>
</tr>
</tbody>
</table>

**Applicant:** Alameda County Housing and Community Development Department 021116418

**Project:** Alameda County Shelter Plus Care - TRA 146164
7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part 1), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section’s nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official**  Linda Gardner

**Date:**  09/08/2016

**Title:**  Housing Director

**Applicant Organization:**  Alameda County

**PHA Number (For PHA Applicants Only):**

I certify that I have been duly authorized by the applicant to submit this Application  X

Renewal Project Application FY2016  Page 59  09/12/2016
Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
### 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. Congressional District(s)</td>
<td>08/31/2016</td>
</tr>
<tr>
<td>1E. Compliance</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>1F. Declaration</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>2B. Recipient Performance</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>-------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/31/2016</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/31/2016</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/17/2016</td>
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<tr>
<td>5A. Households</td>
<td>08/25/2016</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>08/17/2016</td>
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<tr>
<td>5C. Outreach</td>
<td>08/31/2016</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>6D. Rental Assistance</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>6H. Match</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>6I. Summary Budget</td>
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<tr>
<td>7A. Attachment(s)</td>
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</tr>
<tr>
<td>7B. Certification</td>
<td>09/08/2016</td>
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</tbody>
</table>
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
## 1A. Application Type

**Instructions:**

- **Type of Submission:** This field is pre-populated and cannot be changed.
- **Type of Application:** This field is pre-populated and cannot be changed.
- **Date Received:** This field is pre-populated with the date on which the application is submitted and cannot be edited.
- **Applicant Identifier:** Field intentionally left blank, cannot edit.
- **Federal Entity Identifier:** Field intentionally left blank, cannot edit.
- **Federal Award Identifier:** This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.
  
  Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

- **Date Received by State:** Field intentionally left blank, cannot edit.
- **State Application Identifier:** Field intentionally left blank, cannot edit.

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

<table>
<thead>
<tr>
<th>1. Type of Submission:</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Type of Application:</td>
<td>Renewal Project Application</td>
</tr>
</tbody>
</table>

If "Revision", select appropriate letter(s):

- If "Other", specify:

<table>
<thead>
<tr>
<th>3. Date Received:</th>
<th>09/08/2016</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>4. Applicant Identifier:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>5a. Federal Entity Identifier:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>5b. Federal Award Identifier:</th>
<th>CA0086L9T021508</th>
</tr>
</thead>
</table>

(e.g., the "Expanding Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

<table>
<thead>
<tr>
<th>6. Date Received by State:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>7. State Application Identifier:</th>
</tr>
</thead>
</table>
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant

a. Legal Name: Alameda County

b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000501

c. Organizational DUNS: 02116418

PLUS 4

d. Address

Street 1: 224 W. Winton Ave, Room 108
Street 2: 
City: Hayward
County: 
State: California
Country: United States
Zip / Postal Code: 94544

e. Organizational Unit (optional)

Department Name: Housing and Community Development
Division Name: 

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

<table>
<thead>
<tr>
<th>Applicant: Alameda County Housing and Community Development Department</th>
<th>02116418</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project: Alameda Point Permanent</td>
<td>146155</td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016 Page 3 09/12/2016
First Name: Riley
Middle Name: 
Last Name: Wilkerson
Suffix: 
Title: HCD Manager
Organizational Affiliation: Alameda County
Telephone Number: (510) 670-9797
Extension: 
Fax Number: (510) 670-6378
Email: riley.wilkerson@acgov.org
1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

9. Type of Applicant: B. County Government
   If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
    Title: CoC Program
    CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25
    Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
    Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Alameda Point Permanent

16. Congressional District(s):

   a. Applicant: CA-013, CA-017, CA-015
   (for multiple selections hold CTRL key)

   b. Project: CA-013
   (for multiple selections hold CTRL key)

17. Proposed Project

   a. Start Date: 07/01/2017
   b. End Date: 06/30/2018

18. Estimated Funding ($)
Applicant: Alameda County Housing and Community Development Department
Project: Alameda Point Permanent

| a. Federal:   |
| b. Applicant: |
| c. State:     |
| d. Local:     |
| e. Other:     |
| f. Program Income: |
| g. Total:     |
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?

No

If "YES," provide an explanation:
1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Linda
Middle Name: M
Last Name: Gardner
Suffix:

Title: Housing Director

Telephone Number: (510) 670-5404
(Format: 123-456-7890)

Fax Number: (510) 670-6378
(Format: 123-456-7890)

Email: linda.gardner@acgov.org
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  09/08/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $210,288

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda Point Collaborative</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$210,288</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: Alameda Point Collaborative

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

If "Other" specify:
c. Employer or Tax Identification Number: 94-3361464

d. Organizational DUNS: 003685489

plus 4

e. Physical Address
   Street 1: 677 W. Ranger Ave
   Street 2:
   City: Alameda
   State: California
   Zip Code: 94501

f. Congressional District(s): CA-013
   (for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

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

i. Expected Sub-Award Amount: $210,288

j. Contact Person
   Prefix: Mr.
   First Name: Douglas
   Middle Name:
   Last Name: Biggs
   Suffix:
   Title: Executive Director
   E-mail Address: dbiggs@apcollaborative.org
   Confirm E-mail Address: dbiggs@apcollaborative.org
   Phone Number: 510-898-7849
   Extension:
   Fax Number:
Documentation of the subrecipient's nonprofit status is required with the submission of this application.
2B. Recipient Performance

Instructions:
The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes
Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

The amount underspent in the last grant year was extremely small ($882). We should be able to fully spend the grant in the next grant period.
3A. Project Detail

Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select “Yes” or “No” to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: CA0086L9T021508
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Alameda Point Permanent
4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? Yes
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

1. Provide a description that addresses the entire scope of the proposed project.

This Project provides operational support to 40 units of permanent housing (12 shared living units, 25 clustered 3&4 bdrm family units and 3 - 2bdrm family cottages) at the former Alameda Naval Air Station.

2. Does your project have a specific population focus?  Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
<th>Veterans</th>
<th>Substance Abuse</th>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant: Alameda County Housing and Community Development Department
Project: Alameda Point Permanent

Renewal Project Application FY2016  Page 20  09/12/2016
3. Housing First

3a. Does the project quickly move participants into permanent housing   Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

- Having too little or little income   X
- Active or history of substance abuse   X
- Having a criminal record with exceptions for state-mandated restrictions   X
- History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)   X
- None of the above

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

- Failure to participate in supportive services   X
- Failure to make progress on a service plan   X
- Loss of income or failure to improve income   X
- Domestic violence   X
- Any other activity not covered in a lease agreement typically found in the project’s geographic area.   X
- None of the above

3d. Does the project follow a "Housing First" approach?   Yes

4. Does the PH project provide PSH or RRH?   PSH
4a. Does the project request costs under the rental assistance budget line item?  No
4A. Supportive Services for Participants

Instructions:
ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:
- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:
- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Annually</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016 Page 23 09/12/2016
<table>
<thead>
<tr>
<th>Service Type</th>
<th>Provider Type</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? Yes
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 40
Total Beds: 113
Total Dedicated CH Beds: 0
Total Prioritized CH Beds: 15

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clustered apartments</td>
<td>12</td>
<td>12</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Clustered apartments</td>
<td>25</td>
<td>94</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Single family homes/townhou...</td>
<td>3</td>
<td>7</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. **Housing Type:** Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   - a. **Units:** 12
   - b. **Beds:** 12

3. **Beds for the Chronically Homeless**
   - a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 0
   - b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 12
   - c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 3
   - d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 3

4. **Address:**
   - Street 1: 200 Corpus Christi
   - Street 2: Apt A-D
   - **City:** Alameda
   - **State:** California
   - **ZIP Code:** 94501

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   - 060012 Alameda

**4B. Housing Type and Location Detail**
Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Clustersed apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 25
   b. Beds: 94

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 0
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 94
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 10
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 10

4. Address:
   Street 2:
   City: Alameda
   State: California
   ZIP Code: 94501

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   060012 Alameda
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps-guides/coc-program-competition-resources/
1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 3
   b. Beds: 7

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 0
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 7
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 2
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 2

4. Address:
   Street 1: 2580 Pensacola, 500 Corpus Christi, 530 Corpus Christi
   Street 2:  
   City: Alameda
   State: California
   ZIP Code: 94501

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)
   060012 Alameda
5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number...” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

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

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>26</td>
<td>14</td>
<td>0</td>
<td>40</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
</table>

Renewal Project Application FY2016  Page 32  09/12/2016
<table>
<thead>
<tr>
<th>Demographic Category</th>
<th>Adults over age 24</th>
<th>Adults ages 18-24</th>
<th>Accompanied Children under age 18</th>
<th>Unaccompanied Children under age 18</th>
<th>Total Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>55</td>
<td>14</td>
<td></td>
<td></td>
<td>69</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>9</td>
<td>3</td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>49</td>
<td></td>
<td>0</td>
<td></td>
<td>49</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>113</td>
<td>17</td>
<td>0</td>
<td>0</td>
<td>130</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
**5B. Project Participants - Subpopulations**

**Instructions:**

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>11</td>
<td>0</td>
<td>2</td>
<td>5</td>
<td>0</td>
<td>23</td>
<td>11</td>
<td>20</td>
<td>12</td>
<td>19</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>14</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>12</td>
<td>6</td>
<td>1</td>
<td>5</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>27</td>
<td>0</td>
<td>2</td>
<td>7</td>
<td>0</td>
<td>37</td>
<td>20</td>
<td>21</td>
<td>18</td>
<td>43</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

---

Applicant: Alameda County Housing and Community Development Department

Project: Alameda Point Permanent
### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>8</td>
<td>8</td>
<td>7</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Total Persons</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>9</td>
<td>9</td>
<td>8</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Describe the unlisted subpopulations referred to above:
non chronically homeless not disabled
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>50%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td>0%</td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td></td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td></td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Do any of the properties in this project have an active restrictive covenant? Yes

Applicant: Alameda County Housing and Community Development Department
Project: Alameda Point Permanent

021116418 146155
09/12/2016
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

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

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Supportive Services
   - Operations X
   - HMIS
### Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g., .75 FTE hours and benefits for staff, utility types, and monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating “1 FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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

Are you requesting a 15 year renewal per the FY2016 CoC Program NOFA? This request is only available for Operating Costs budget line items in projects in which the applicant owns the building and needs to provide maintenance. Only 1 year of funding is allowed according to the relevant section of the FY 2016 CoC Program Competition NOFA.

Grant term: This field is populated with the value “1 Year” 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 Resource Exchange:
https://www.hudexchange.info/e-snaps-guides/coc-program-competition-resources/

---

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintenance/Repair</td>
<td>prorated amount for staff and materials based on square footage and number of units $9770/mo</td>
<td>$145,396</td>
</tr>
<tr>
<td>2. Property Taxes and Insurance</td>
<td>local CAM fee in lieu of taxes $5,883, Insurance $19553</td>
<td>$25,439</td>
</tr>
<tr>
<td>3. Replacement Reserve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Building Security</td>
<td>$417/mo for security monitoring</td>
<td>$5,004</td>
</tr>
<tr>
<td>5. Electricity, Gas, and Water</td>
<td>$2,357.5/mo</td>
<td>$28,290</td>
</tr>
<tr>
<td>6. Furniture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Equipment (lease, buy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td></td>
<td>$204,129</td>
</tr>
</tbody>
</table>

Grant Term: 1 Year
**Applicant:** Alameda County Housing and Community Development Department  
**Project:** Alameda Point Permanent

<table>
<thead>
<tr>
<th>Total Request for Grant Term</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$204,129</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for projects with operating costs and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.
### 6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Commercial Rent I...</td>
<td>10/20/2015</td>
<td>$54,112</td>
</tr>
</tbody>
</table>

Total Value of Cash Commitments: $54,112
Total Value of In-Kind Commitments: $0
Total Value of All Commitments: $54,112
Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

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: Commercial Rent Income
   (Be as specific as possible and include the office or grant program as applicable)
   5. Date of Written Commitment: 10/20/2015
   6. Value of Written Commitment: $54,112
6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Supportive Services</td>
<td>$0</td>
</tr>
<tr>
<td>4</td>
<td>Operating</td>
<td>$204,129</td>
</tr>
<tr>
<td>5</td>
<td>HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6</td>
<td>Sub-total Costs Requested</td>
<td>$204,129</td>
</tr>
<tr>
<td>7</td>
<td>Admin (Up to 10%)</td>
<td>$12,317</td>
</tr>
<tr>
<td>8</td>
<td>Total Assistance plus Admin Requested</td>
<td>$216,446</td>
</tr>
<tr>
<td>9</td>
<td>Cash Match</td>
<td>$54,112</td>
</tr>
<tr>
<td>10</td>
<td>In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11</td>
<td>Total Match</td>
<td>$54,112</td>
</tr>
<tr>
<td>12</td>
<td>Total Budget</td>
<td>$270,558</td>
</tr>
</tbody>
</table>

Applicant: Alameda County Housing and Community Development Department

Project: Alameda Point Permanent

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146155

09/12/2016
7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

<table>
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<th>Document Description</th>
<th>Date Attached</th>
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<tbody>
<tr>
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<td>10/21/2015</td>
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<td>2) Other Attachment</td>
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<td>3) Other Attachment</td>
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</tbody>
</table>
Attachment Details

Document Description: 501(c)3

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. Certification

A. For all projects:

**Fair Housing and Equal Opportunity**

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Linda Gardner
Date: 09/08/2016
Title: Housing Director

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant [X]

Renewal Project Application FY2016 Page 48 09/12/2016
Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties .
(U.S. Code, Title 218, Section 1001).
# 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
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<tbody>
<tr>
<td>1A. Application Type</td>
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</tr>
<tr>
<td>1B. Legal Applicant</td>
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</tr>
<tr>
<td>1C. Application Details</td>
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<tr>
<td>1D. Congressional District(s)</td>
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<tr>
<td>1E. Compliance</td>
<td>08/15/2016</td>
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<tr>
<td>1F. Declaration</td>
<td>08/15/2016</td>
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<tr>
<td>2A. Subrecipients</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>2B. Recipient Performance</td>
<td>08/25/2016</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/15/2016</td>
</tr>
</tbody>
</table>

Applicant: Alameda County Housing and Community Development Department  
Project: Alameda Point Permanent  

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<th>Section</th>
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<tr>
<td>3B. Description</td>
<td>08/25/2016</td>
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<tr>
<td>4A. Services</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/15/2016</td>
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<tr>
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<tr>
<td>5B. Subpopulations</td>
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<tr>
<td>5C. Outreach</td>
<td>08/25/2016</td>
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<tr>
<td>6A. Funding Request</td>
<td>08/15/2016</td>
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<td>6F. Operating</td>
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<td>6H. Match</td>
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<tr>
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<td>09/08/2016</td>
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Employer Identification Number:
94-3361464

EIN:
17033185747324

Contact Person:
DENNIS F. HANES

Contact Telephone Number:
(977) 829-3500

Public Charity Status:
170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated November, 2000, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:00 a.m. - 6:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Letter 1330 (DO/CG)
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/  
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.
Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.
Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 09/08/2016
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: CA0087L9T021508
   (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number X
6. Date Received by State:
7. State Application Identifier:
1B. Legal Applicant

**Instructions:**

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

**8. Applicant**

**a. Legal Name:** Alameda County

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 94-6000501

<table>
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<tr>
<th>c. Organizational DUNS:</th>
<th>02116418</th>
<th>PLUS 4</th>
</tr>
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**d. Address**

- **Street 1:** 224 W. Winton Ave, Room 108
- **Street 2:**
- **City:** Hayward
- **County:**
- **State:** California
- **Country:** United States
- **Zip / Postal Code:** 94544

**e. Organizational Unit (optional)**

- **Department Name:** Housing and Community Development
- **Division Name:**

**f. Name and contact information of person to be contacted on matters involving this application**

- **Prefix:** Mr.
First Name: Riley
Middle Name:
Last Name: Wilkerson
Suffix:
Title: HCD Manager
Organizational Affiliation: Alameda County
Telephone Number: (510) 670-9797
Extension:
Fax Number: (510) 670-6378
Email: riley.wilkerson@acgov.org
1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant: B. County Government
If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: APC Multi-Service Center

16. Congressional District(s):

   a. Applicant: CA-013, CA-017, CA-015
   (for multiple selections hold CTRL key)

   b. Project: CA-013
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 04/01/2017
   b. End Date: 03/31/2018

18. Estimated Funding ($)
a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:
1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Linda
Middle Name: M
Last Name: Gardner
Suffix: 
Title: Housing Director
Telephone Number: (510) 670-5404
(Format: 123-456-7890)
Fax Number: (510) 670-6378
(Format: 123-456-7890)
Email: linda.gardner@acgov.org
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.

Date Signed:  09/08/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $1,074,781

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<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
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<tbody>
<tr>
<td>Alameda Point Collaborative</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$1,074,781</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps_guides/coc-program-competition-resources/

a. Organization Name: Alameda Point Collaborative

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

If "Other" specify:
c. Employer or Tax Identification Number: 94-3361464

e. Physical Address
   Street 1: 677 W. Ranger Ave
   City: Alameda
   State: California
   Zip Code: 94501

f. Congressional District(s): CA-013
   (for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

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

i. Expected Sub-Award Amount: $1,074,781

j. Contact Person
   Prefix: Mr.
   First Name: Doug
   Middle Name: 
   Last Name: Biggs
   Suffix: 
   Title: Executive Director
   E-mail Address: dbiggs@apcollaborative.org
   Confirm E-mail Address: dbiggs@apcollaborative.org
   Phone Number: 510-898-7849
   Extension:
   Fax Number:
Documentation of the subrecipient's nonprofit status is required with the submission of this application.
2B. Recipient Performance

Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If “Yes” is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes
Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

The amount underspent in the last grant year was extremely small (1.1% of the total grant). We should be able to fully spend the grant in the next grant period.
3A. Project Detail

Instructions:
The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: CA0087L9T021508
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: APC Multi-Service Center
4. Project Status:  Standard

5. Component Type:  PH

6. Does this project use one or more properties that have been conveyed through the Title V process?  Yes
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.

- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.

- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.

- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.

- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type pf SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

1. Provide a description that addresses the entire scope of the proposed project.

Alameda Point Collaborative Multi Service Center grant funds the supportive services provided to permanent supportive housing designated for homeless and formerly homeless individual and families on Alameda Point. Without MSC supportive services these units would no longer be supported housing. APC was developed through the base reuse homeless accommodation process to provide supportive housing to homeless families and individuals in Alameda County. In addition to providing direct services, APC has also worked diligently to access mainstream and non COC operations support to housing units on Alameda Point. Multi Service Center services include case management outreach, brokerage, service coordination and life skills training, mental health treatment, employment readiness life skills, education and academic support, nutrition education, wellness and recovery support, employment services. Households are engaged prior to move in and supported through the move in process by MSC case managers. CM’s conduct initial needs and resource assessments that include move in support application and coordination of benefits and housing retention life skill needs.

2. Does your project have a specific population focus? Yes
**2a. Please identify the specific population focus. (Select ALL that apply)**

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
<td>☑</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☑</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☑</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
<td></td>
</tr>
</tbody>
</table>

**Other: (Click ‘Save’ to update)**

**3. Housing First**

**3a. Does the project quickly move participants into permanent housing?** Yes

**3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.**

<table>
<thead>
<tr>
<th>Item</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>☑</td>
</tr>
<tr>
<td>Active or history of substance abuse</td>
<td>☑</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>☑</td>
</tr>
<tr>
<td>History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)</td>
<td>☑</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

**3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>☑</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>☑</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>☑</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>☑</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found in the project's geographic area.</td>
<td>☒</td>
</tr>
<tr>
<td>None of the above</td>
<td>☐</td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? PSH

4a. Does the project request costs under the rental assistance budget line item? No
4A. Supportive Services for Participants

Instructions:
ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.
- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.
Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:
- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes or No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.
Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Annually</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Service</th>
<th>Type</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? Yes
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single family homes/townhou...</td>
<td>30</td>
<td>69</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Clustered apartments</td>
<td>83</td>
<td>302</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>Shared housing</td>
<td>12</td>
<td>12</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Clustered apartments</td>
<td>30</td>
<td>30</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

Total Units: 155
Total Beds: 413
Total Dedicated CH Beds: 0
Total Prioritized CH Beds: 28
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps(guides/coc-program-competition-resources/
1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 30
   b. Beds: 69

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 0
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 69
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 8
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 8

4. Address:
   Street 2:
   City: Alameda
   State: California
   ZIP Code: 94501

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   060012 Alameda
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.
1. Housing Type:  Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 83
   b. Beds: 302

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 0
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 302
      Auto calculated
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 15
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 15

4. Address:
   Street 2:
      City: Alameda
      State: California
5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)
060012 Alameda

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS
Address: This is a required field. Enter the physical address for this proposed project. For
Scattered-site housing, programs should enter the address where the majority of beds are
located or where most beds are located as of the application submission. For scattered-site
apartments or clustered apartments with different addresses, applicants may also choose to
enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the
geographic location(s) of the selected Housing Type.

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

1. Housing Type: Shared housing

2. Indicate the maximum number of units and beds available
   for project participants at the selected housing site.
   a. Units: 12
   b. Beds: 12

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in
      "2b. Beds" are dedicated to the chronically homeless? 0
   b. How many of the total beds entered in
      "2b. Beds" are not dedicated to the chronically homeless? 12
   c. How many of the beds listed in question
      "3b." above will likely become available through
turnover in the FY 2016 operating year? 3
   d. How many of the beds listed in question
      "3c." above will be prioritized for use by the chronically homeless in the FY 2016
      operating year? 3

4. Address:
   Street 1: 200 Corpus Christi A-D
   Street 2: 
   City: Alameda
   State: California
   ZIP Code: 94501
5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   060012 Alameda

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are
located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 30
   b. Beds: 30

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 0
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 30
      Auto calculated
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 2
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 2

4. Address:
   Street 1: 2500 Barbers Point 201-212, 2520 BP 108, 2520 BP 203, 2025 BP 204, 2520 BP 205, 2520 BP 206, 2520 BP 207-212, 2530 BP 107, 2530 BP 207-212
   Street 2:
   City: Alameda
   State: California
5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)

060012 Alameda

ZIP Code: 94501
**5A. Project Participants - Households**

**Instructions:**

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

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

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>90</td>
<td>60</td>
<td>0</td>
<td>150</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016  Page 35  09/12/2016
<table>
<thead>
<tr>
<th></th>
<th>Adults over age 24</th>
<th>Adults ages 18-24</th>
<th>Accompanied Children under age 18</th>
<th>Unaccompanied Children under age 18</th>
<th>Total Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>145</td>
<td>66</td>
<td></td>
<td></td>
<td>211</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>23</td>
<td>11</td>
<td></td>
<td></td>
<td>34</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>164</td>
<td></td>
<td>0</td>
<td>164</td>
<td>164</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>332</td>
<td>77</td>
<td>0</td>
<td>0</td>
<td>409</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>26</td>
<td>0</td>
<td>3</td>
<td>18</td>
<td>8</td>
<td>75</td>
<td>42</td>
<td>45</td>
<td>19</td>
<td>45</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>2</td>
<td>15</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>42</td>
<td>0</td>
<td>3</td>
<td>20</td>
<td>8</td>
<td>116</td>
<td>59</td>
<td>50</td>
<td>44</td>
<td>85</td>
</tr>
<tr>
<td>Total Persons</td>
<td>72</td>
<td>0</td>
<td>3</td>
<td>20</td>
<td>8</td>
<td>116</td>
<td>59</td>
<td>50</td>
<td>44</td>
<td>85</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>8</td>
<td>1</td>
<td>6</td>
<td>31</td>
<td>5</td>
<td>53</td>
<td>42</td>
<td>40</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Total Persons</td>
<td>9</td>
<td>1</td>
<td>6</td>
<td>31</td>
<td>5</td>
<td>56</td>
<td>43</td>
<td>41</td>
<td>6</td>
<td>10</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Describe the unlisted subpopulations referred to above:
non chronically homeless not disabled
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>50%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td></td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td></td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td></td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Do any of the properties in this project have an active restrictive covenant? Yes
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation?  No

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

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:

- Leased Units
- Leased Structures
- Supportive Services X
- Operations
- HMIS X
6E. 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 “1 FTE” 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. 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. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td>.7 FTE @ 49200 plus benefits =60,000/FTE</td>
<td>$42,000</td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>6 FTE @ 49200 plus benefits =60,000/FTE</td>
<td>$360,000</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td>2 FTE @ 49200 plus benefits =60,000/FTE</td>
<td>$120,000</td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td>3 FTE @ 49200 plus benefits = 60,000/FTE plus 12 stipended OJT's @4,000 for 6 month training</td>
<td>$228,000</td>
</tr>
<tr>
<td>7. Food</td>
<td>workshops (30@$100)resident conferences/trainings (2@1000)</td>
<td>$5,000</td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td>3 FTE @ 49200 plus benefits =60,000/FTE</td>
<td>$180,000</td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td>Contract Services with Alameda Family Services for Mental Health Counseling</td>
<td>$63,470</td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Applicant: Alameda County Housing and Community Development Department  
Project: APC Multi-Service Center

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Outreach Services</td>
<td></td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td></td>
</tr>
<tr>
<td>15. Transportation</td>
<td></td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td></td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td></td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td>$998,470</td>
</tr>
<tr>
<td>Grant Term</td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td>$998,470</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
**6G. HMIS Budget**

**Instructions:**

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

**Quantity Detail:** This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g., .75 FTE hours and benefits for staff) for each HMIS cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

**Annual Assistance Requested:** This is a required field. Enter the amount funds requested for each activity. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

**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 the “Funding Request” screen 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 Resource Exchange: [https://www.hudexchange.info/e-snaps-guides/coc-program-competition-resources/](https://www.hudexchange.info/e-snaps-guides/coc-program-competition-resources/)

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Software</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Personnel</td>
<td>.67 FTE @48955 plus benefits = 59701/FTE</td>
<td>$40,000</td>
</tr>
<tr>
<td>5. Space &amp; Operations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Annual Assistance Requested** $40,000

**Grant Term** 1 Year

**Total Request for Grant Term** $40,000

Click the 'Save' button to automatically calculate totals.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>commercial and re...</td>
<td>08/15/2016</td>
<td>$117,000</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>APC skilled volun...</td>
<td>08/15/2016</td>
<td>$165,000</td>
</tr>
</tbody>
</table>

Total Value of Cash Commitments: $117,000
Total Value of In-Kind Commitments: $165,000
Total Value of All Commitments: $282,000
Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

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: commercial and residential rent income
5. Date of Written Commitment: 08/15/2016
6. Value of Written Commitment: $117,000

Sources of Match Detail

Instructions:

Renewal Project Application FY2016 Page 46 09/12/2016
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

| 1. Will this commitment be used towards Match? | Yes |
| 2. Type of Commitment: | In-Kind |
| 3. Type of Source: | Private |
| 4. Name the Source of the Commitment: | APC skilled volunteer program |
| (Be as specific as possible and include the office or grant program as applicable) | |
| 5. Date of Written Commitment: | 08/15/2016 |
| 6. Value of Written Commitment: | $165,000 |
6l. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016  Page 48  09/12/2016
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Supportive Services</td>
<td>$998,470</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$40,000</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$1,038,470</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$72,622</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$1,111,092</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$117,000</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$165,000</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$282,000</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$1,393,092</td>
</tr>
</tbody>
</table>

**Applicant:** Alameda County Housing and Community Development Department  
**Project:** APC Multi-Service Center  
**Project Number:** 021116418  
**09/12/2016**
Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>501(c)3</td>
<td>10/21/2015</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: 501(c)3

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official:** Linda Gardner

**Date:** 09/08/2016

**Title:** Housing Director

**Applicant Organization:** Alameda County

**PHA Number (For PHA Applicants Only):**

X

I certify that I have been duly authorized by the applicant to submit this Applicant

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Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
### 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. Congressional District(s)</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>1E. Compliance</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>1F. Declaration</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>2B. Recipient Performance</td>
<td>08/25/2016</td>
</tr>
<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>5C. Outreach</td>
<td>08/25/2016</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>6G. HMIS Budget</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>6H. Match</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>6I. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>09/08/2016</td>
</tr>
</tbody>
</table>
Dear Applicant:

Our letter dated November, 2000, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:00 a.m. - 6:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,

Lois G. Lerner  
Director, Exempt Organizations  
Rulings and Agreements
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.
Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.
Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 09/08/2016
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: CA0094L9T201508
   (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number X
6. Date Received by State:
7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

8. Applicant
   a. Legal Name: Alameda County
   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000501
   c. Organizational DUNS: 02116418

   d. Address
      Street 1: 224 W. Winton Ave, Room 108
      Street 2:
      City: Hayward
      County:
      State: California
      Country: United States
      Zip / Postal Code: 94544

   e. Organizational Unit (optional)
      Department Name: Housing and Community Development

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mr.
First Name: Riley
Middle Name:
Last Name: Wilkerson
Suffix:
Title: HCD Manager
Organizational Affiliation: Alameda County
Telephone Number: (510) 670-9797
Extension:
Fax Number: (510) 670-6378
Email: riley.wilkerson@acgov.org
1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant:  B. County Government
   If "Other" please specify:

10. Name of Federal Agency:  Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
    Title: CoC Program
    CFDA Number: 14.267

12. Funding Opportunity Number:  FR-6000-N-25
    Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
    Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Banyan House Transitional Housing

16. Congressional District(s):

a. Applicant: CA-013, CA-017, CA-015
(for multiple selections hold CTRL key)

b. Project: CA-015
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 12/01/2017

b. End Date: 11/30/2018

18. Estimated Funding ($)

Applicant: Alameda County Housing and Community Development Department
Project: Banyan House Transitional Housing
Applicant: Alameda County Housing and Community Development Department 02116418
Project: Banyan House Transitional Housing 139703

a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?

If "YES", enter the date this application was made available to the State for review:

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

20. Is the Applicant delinquent on any Federal debt?

No

If "YES," provide an explanation:
1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: [X]

21. Authorized Representative

Prefix: Ms.
First Name: Linda
Middle Name: M
Last Name: Gardner
Title: Housing Director
Telephone Number: (510) 670-5404
(Format: 123-456-7890)
Fax Number: (510) 670-6378
(Format: 123-456-7890)
Email: linda.gardner@acgov.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/08/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $78,660

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Emergency Shelter Coalition (FESCO)</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$78,660</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: Family Emergency Shelter Coalition (FESCO)

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

If "Other" specify:
c. Employer or Tax Identification Number: 94-6000501

* d. Organizational DUNS: 02116418 PLUS 4

e. Physical Address
  Street 1: 224 W. Winton Ave, Room 108
  Street 2:
  City: Hayward
  State: California
  Zip Code: 94544

f. Congressional District(s): CA-013, CA-017, CA-015
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

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

i. Expected Sub-Award Amount: $78,660

j. Contact Person
  Prefix: Ms.
  First Name: Gay
  Middle Name: Ann
  Last Name: McDaniel
  Suffix: MSW
  Title: Executive Director
  E-mail Address: gmcdaniel@fescofamilyshelter.org
  Confirm E-mail Address: gmcdaniel@fescofamilyshelter.org
  Phone Number: 510-886-5473
  Extension: 107
  Fax Number: 510-886-5814
Documentation of the subrecipient's nonprofit status is required with the submission of this application.
2B. Recipient Performance

Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If “Yes” is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No
3A. Project Detail

Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: CA0094L9T201508
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Banyan House Transitional Housing
4. Project Status: Standard

5. Component Type: TH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.

- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.)

- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.

- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.

- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)):  This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

1. Provide a description that addresses the entire scope of the proposed project.

Banyan House provides transitional housing and supportive services to homeless families with children, including two-parent families, female/male single head-of-household, and families that include a teenage male. All families are low/extremely low-income and many have special needs. Based on a Housing First philosophy, the primary goal of this project is to assist families in obtaining permanent housing as quickly as possible. Although families can stay up to 10 months, they typically obtain permanent housing much more quickly, with an average stay of 4.5 months. There are no requirements/barriers to a family’s admittance into the program, other than meeting HUD’s criteria for homelessness/maximum income threshold.

Families residing at Banyan House are offered an array of service and encouraged to meet with the Case Manager (CM) at least weekly. Together they develop a Family Housing Plan (FHP), a written plan that states their goals and identifies steps necessary to achieving these goals, primarily to become permanently housed. Since obtaining permanent housing is the #1 goal of this program, CMs focus on what this requires: gathering necessary documents, credit repair, housing referrals and skills, assisting them in completing applications, and advocating/liaising with landlords. In addition to housing acquisition, CMs provide employment/benefit acquisition assistance, as one or both are essential to residents obtaining/sustaining permanent housing.
Assistance may include support with resume writing, interviewing skills, posting/referral to job opportunities, and referral for job readiness/search/vocational training services. Employment workshops are also provided onsite. To further support a family's success in obtaining housing, CMs assist them with budgeting/savings plans, life skills, parenting/children's services, especially around school enrollment/readiness/special services, and information/referral to mainstream resources. Families residing at Banyan House are required to pay 30% of their adjusted income for rent. Recognizing that many of our residents have special needs, including living with substance abuse, we have adopted a harm reduction model of care, focusing on behaviors, rather than use. Being under the influence of alcohol/drugs on site, does not mandate an adult/family be exited from the project. We do support residents in addressing their addictions, encouraging reductions in use and discussing consequences of their behaviors, and by referring them to treatment/services, as well as groups such as AA and NA.

Banyan House has 8 units that include one-two bedrooms/private bath, and a maximum capacity of 28 individuals, point-in-time. Three meals/snacks are served daily. The project site includes common living/dining rooms, resident computer/children's activity rooms, commercial kitchen, staff offices/counseling room, and a large, fenced outdoor space for children's play/community activities.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Other (Click 'Save' to update)

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.
### 3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found in the project's geographic area.</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

### 3d. Does the project follow a "Housing First" approach? Yes

### 4. Does the project request costs under the rental assistance budget line item? No
4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016 Page 22 09/12/2016
<table>
<thead>
<tr>
<th>Service</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? No

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? Yes
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

- Total Units: 8
- Total Beds: 28
- Total Youth Beds: 0

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dormitory, shared or privat...</td>
<td>8</td>
<td>28</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant: Alameda County Housing and Community Development Department

Project: Banyan House Transitional Housing
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Dormitory, shared or private rooms

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 8
   b. Beds: 28

3. Beds for Youth
   a. How many of the total beds entered in "2b. Beds" are dedicated to the youth?
      0

4. Address:
   Street 1: 21568 Banyan Street
   Street 2:
   City: Hayward
   State: California
   ZIP Code: 94541

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   060012 Alameda
5A. Project Participants - Households

**Instructions:**

**ALL PROJECTS EXCEPT HMIS**

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

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

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
</tbody>
</table>

**Characteristics**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
</table>

Renewal Project Application FY2016 | Page 27 | 09/12/2016
## Applicant: Alameda County Housing and Community Development Department

**Project:** Banyan House Transitional Housing

<table>
<thead>
<tr>
<th>Category</th>
<th>Adults over age 24</th>
<th>Adults ages 18-24</th>
<th>Accompanied Children under age 18</th>
<th>Unaccompanied Children under age 18</th>
<th>Total Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>10</td>
<td>0</td>
<td>17</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>1</td>
<td>0</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>17</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>28</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>28</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>23</td>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
Describe the unlisted subpopulations referred to above:

The persons not represented by listed subpopulations (Columns 1-9) above are low/extremely low-income families (adults and their children), who will meet HUD’s definition of homelessness, as well as its criteria for income level, upon entering this TH project. This project does not exclude families who meet the HUD definitions for the above listed subpopulations; however, it does not currently target these subpopulations specifically.
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>55%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td>0%</td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td>10%</td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td>30%</td>
<td>Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (TH and SSO projects only)</td>
</tr>
<tr>
<td>0%</td>
<td>Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)</td>
</tr>
<tr>
<td>0%</td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Do any of the properties in this project have an active restrictive covenant?  Yes

Applicant: Alameda County Housing and Community Development Department  021116418
Project: Banyan House Transitional Housing  139703
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  
   No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation?  
   No

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

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Supportive Services  X
   - Operations  X
   - HMIS

Applicant: Alameda County Housing and Community Development Department
Project: Banyan House Transitional Housing
**6E. 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 “1 FTE” 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. 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. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

---

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td>Staff wages &amp; benefits for conducting needs assessments for approximately 21 families per year (Banyan House Coordinator @ $31.06 per hr x 16 families x 3.5 hrs and Assistant Case Manager @ $24.28 per hr x 5 families x 3.5 hrs = $2,164)</td>
<td>$2,164</td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td>Staff wages &amp; benefits for assisting approximately 10 families per year to access moving costs (Housing Specialist @ $25.41 per hr x 42 hrs = $1,067)</td>
<td>$1,067</td>
</tr>
<tr>
<td>3. Case Management</td>
<td>Staff wages &amp; benefits for providing case management services to approximately 21 families per year, including bi-weekly case conferencing (Banyan House Coordinator @ $31.06 per hr x 335 hrs and Assistant Case Manager @ $24.28 per hr x 252 hrs = $16,529)</td>
<td>$16,529</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td>Staff wages &amp; benefits for providing employment assistance to approximately 21 families per year, including referrals to collaborative partner agencies (Banyan House Coordinator @ $31.06 per hr x 52 hrs and Assistant Case Manager @ $24.28 per hr x 26 hrs = $2,246)</td>
<td>$2,246</td>
</tr>
</tbody>
</table>
## 7. Food
Staff wages & benefits for preparing meals for approximately 21 families per year (Kitchen Coordinator @ $24.28 per hr x 52 hrs = $1,263)

<table>
<thead>
<tr>
<th>7. Food</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff wages &amp; benefits for preparing meals for approximately 21 families per year (Kitchen Coordinator @ $24.28 per hr x 52 hrs = $1,263)</strong></td>
</tr>
<tr>
<td><strong>$1,263</strong></td>
</tr>
</tbody>
</table>

## 8. Housing/Counseling Services
Staff wages & benefits for providing housing services to approximately 21 families per year (Housing Specialist @ $25.41 per hr x 419 hrs= $10,647)

<table>
<thead>
<tr>
<th>8. Housing/Counseling Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff wages &amp; benefits for providing housing services to approximately 21 families per year (Housing Specialist @ $25.41 per hr x 419 hrs= $10,647)</strong></td>
</tr>
<tr>
<td><strong>$10,647</strong></td>
</tr>
</tbody>
</table>

## 9. Legal Services

<table>
<thead>
<tr>
<th>9. Legal Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff wages &amp; benefits for teaching critical life management skills (Assistant Case Manager - .04 FTE @ $24.28 per hr x 91 hrs = $2,210)</strong></td>
</tr>
<tr>
<td><strong>$2,210</strong></td>
</tr>
</tbody>
</table>

## 10. Life Skills
Staff wages & benefits for teaching critical life management skills (Assistant Case Manager - .04 FTE @ $24.28 per hr x 91 hrs = $2,210)

<table>
<thead>
<tr>
<th>10. Life Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff wages &amp; benefits for teaching critical life management skills (Assistant Case Manager - .04 FTE @ $24.28 per hr x 91 hrs = $2,210)</strong></td>
</tr>
<tr>
<td><strong>$2,210</strong></td>
</tr>
</tbody>
</table>

## 11. Mental Health Services
Staff wages & benefits for providing mental health assessments and individual/family counseling services to approximately 21 families per year (Banyan House Coordinator - .01 FTE @ $31.06 per hr x 21 hrs = $652)

<table>
<thead>
<tr>
<th>11. Mental Health Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff wages &amp; benefits for providing mental health assessments and individual/family counseling services to approximately 21 families per year (Banyan House Coordinator - .01 FTE @ $31.06 per hr x 21 hrs = $652)</strong></td>
</tr>
<tr>
<td><strong>$652</strong></td>
</tr>
</tbody>
</table>

## 12. Outpatient Health Services

<table>
<thead>
<tr>
<th>12. Outpatient Health Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff wages &amp; benefits for outreach services to potential qualifying families for acceptance into Banyan House (Banyan House Coordinator - .08 FTE @ 31.06 per hr x 167 hrs and Assistant Case Manager - .06 FTE @ 24.28 per hr x 125 hrs= $8,222)</strong></td>
</tr>
<tr>
<td><strong>$8,222</strong></td>
</tr>
</tbody>
</table>

## 13. Outreach Services
Staff wages & benefits for outreach services to potential qualifying families for acceptance into Banyan House (Banyan House Coordinator - .08 FTE @ 31.06 per hr x 167 hrs and Assistant Case Manager - .06 FTE @ 24.28 per hr x 125 hrs= $8,222)

<table>
<thead>
<tr>
<th>13. Outreach Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff wages &amp; benefits for outreach services to potential qualifying families for acceptance into Banyan House (Banyan House Coordinator - .08 FTE @ 31.06 per hr x 167 hrs and Assistant Case Manager - .06 FTE @ 24.28 per hr x 125 hrs= $8,222)</strong></td>
</tr>
<tr>
<td><strong>$8,222</strong></td>
</tr>
</tbody>
</table>

## 14. Substance Abuse Treatment Services

<table>
<thead>
<tr>
<th>14. Substance Abuse Treatment Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff wages &amp; benefits for teaching critical life management skills (Assistant Case Manager - .04 FTE @ $24.28 per hr x 91 hrs = $2,210)</strong></td>
</tr>
<tr>
<td><strong>$2,210</strong></td>
</tr>
</tbody>
</table>

## 15. Transportation

<table>
<thead>
<tr>
<th>15. Transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff wages &amp; benefits for teaching critical life management skills (Assistant Case Manager - .04 FTE @ $24.28 per hr x 91 hrs = $2,210)</strong></td>
</tr>
<tr>
<td><strong>$2,210</strong></td>
</tr>
</tbody>
</table>

## 16. Utility Deposits

<table>
<thead>
<tr>
<th>16. Utility Deposits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff wages &amp; benefits for teaching critical life management skills (Assistant Case Manager - .04 FTE @ $24.28 per hr x 91 hrs = $2,210)</strong></td>
</tr>
<tr>
<td><strong>$2,210</strong></td>
</tr>
</tbody>
</table>

## 17. Operating Costs

<table>
<thead>
<tr>
<th>17. Operating Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Annual Assistance Requested</strong></td>
</tr>
<tr>
<td><strong>$45,000</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17. Operating Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grant Term</strong></td>
</tr>
<tr>
<td><strong>1 Year</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17. Operating Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Request for Grant Term</strong></td>
</tr>
<tr>
<td><strong>$45,000</strong></td>
</tr>
</tbody>
</table>

---

**Click the 'Save' button to automatically calculate totals.**
6F. Operating Budget

**Instructions:**

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g., .75 FTE hours and benefits for staff, utility types, and monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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

Are you requesting a 15 year renewal per the FY2016 CoC Program NOFA? This request is only available for Operating Costs budget line items in projects in which the applicant owns the building and needs to provide maintenance. Only 1 year of funding is allowed according to the relevant section of the FY 2016 CoC Program Competition NOFA.

Grant term: This field is populated with the value “1 Year” 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintenance/Repair</td>
<td>Repairs and maintenance to family units when families move out; yard maintenance; daily cleaning, including cleaning products; general repairs, such as plumbing and electrical; pest control = $9,000. Also, includes staff wages and benefits for providing most repairs and maintenance (Facilities Maintenance Specialist @ $20.84 per hr x 8 hrs x 52 wks = $8,669)</td>
<td>$18,545</td>
</tr>
<tr>
<td>2. Property Taxes and Insurance</td>
<td>General liability insurance on building @ $900 and volunteer accident insurance @ $100; property taxes of $243.</td>
<td>$1,243</td>
</tr>
<tr>
<td>3. Replacement Reserve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Building Security</td>
<td>Monthly alarm fee @ ($50 x 12 month)</td>
<td>$600</td>
</tr>
<tr>
<td>5. Electricity, Gas, and Water</td>
<td>Expenses based on last fiscal year costs, including $2,000 for garbage pickup, $3,000 for gas and electricity, and $3,000 for water.</td>
<td>$8,000</td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016  Page 36  09/12/2016
### 6. Furniture
Replacement of furniture, such as beds, dining room, and common area furniture. | $1,000
---
### 7. Equipment (lease, buy)
Lease payments for on-site washers/dryers @ ($51 x 12 mths = $612); replacement of kitchen, office, and maintenance equipment @ $1,000. | $1,612
---
**Total Annual Assistance Requested** | $31,000
---
**Grant Term** | 1 Year
---
**Total Request for Grant Term** | $31,000

Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for projects with operating costs and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA. [ ]
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Eden Area Foundation</td>
<td>10/01/2016</td>
<td>$15,000</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>City of San Leandro</td>
<td>10/01/2016</td>
<td>$5,330</td>
</tr>
</tbody>
</table>

Total Value of Cash Commitments: $20,330
Total Value of In-Kind Commitments: $0
Total Value of All Commitments: $20,330
Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

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: Eden Area Foundation
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 10/01/2016
6. Value of Written Commitment: $15,000
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

2. Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

3. Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

4. Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

5. Date of Written Commitment: Enter the date of the written contribution.

6. Value of Written Commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Government

4. Name the Source of the Commitment: City of San Leandro

5. Date of Written Commitment: 10/01/2016

6. Value of Written Commitment: $5,330
6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%)."

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016 Page 41 09/12/2016
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Supportive Services</td>
<td>$45,000</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$31,000</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$76,000</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$5,320</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$81,320</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$20,330</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$20,330</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$101,650</td>
</tr>
</tbody>
</table>
7A. Attachment(s)

**Instructions:**

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit</td>
<td>No</td>
<td>FESCO IRS 501c3</td>
<td>08/12/2016</td>
</tr>
<tr>
<td>Documentation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: FESCO IRS 501c3

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereof which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section’s nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Linda Gardner
Date: 09/08/2016
Title: Housing Director
Applicant Organization: Alameda County

I certify that I have been duly authorized by the applicant to submit this Applicant [X]

Renewal Project Application FY2016
Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
# 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/10/2016</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. Congressional District(s)</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>1E. Compliance</td>
<td>08/10/2016</td>
</tr>
<tr>
<td>1F. Declaration</td>
<td>08/10/2016</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>2B. Recipient Performance</td>
<td>08/15/2016</td>
</tr>
</tbody>
</table>

**Applicant:** Alameda County Housing and Community Development Department  02116418  09/12/2016

**Project:** Banyan House Transitional Housing  139703
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td>08/12/2016</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/12/2016</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/12/2016</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>5C. Outreach</td>
<td>08/12/2016</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/12/2016</td>
</tr>
<tr>
<td>6F. Operating</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>6H. Match</td>
<td>08/12/2016</td>
</tr>
<tr>
<td>6I. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/12/2016</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/12/2016</td>
</tr>
</tbody>
</table>
Dear Sir or Madam:

This is in response to your request of July 2, 2007, regarding your organization's tax-exempt status.

In June 1987 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations 1
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.
Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.
Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission: Application
2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):
If "Other", specify:
3. Date Received: 09/07/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:
5b. Federal Award Identifier: CA1467L9T021500
(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).
Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:
7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant
   a. Legal Name: Cornerstone Community Development
   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3100741

| c. Organizational DUNS: | 788170355 | PLUS 4 |

<table>
<thead>
<tr>
<th>d. Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street 1: 1395 Bancroft Ave.</td>
</tr>
<tr>
<td>City: San Leandro</td>
</tr>
<tr>
<td>County: Alameda County</td>
</tr>
<tr>
<td>State: California</td>
</tr>
<tr>
<td>Country: United States</td>
</tr>
<tr>
<td>Zip / Postal Code: 94577</td>
</tr>
</tbody>
</table>

e. Organizational Unit (optional)
   Department Name: Building Futures With Women and Children
   Division Name: Bessie Coleman Court

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Mr.
First Name: Richard  
Middle Name:  
Last Name: Lang  
Suffix:  
Title: Finance Director  
Organizational Affiliation: Cornerstone Community Development  
Telephone Number: (510) 357-0205  
Extension: 210  
Fax Number: (510) 357-0688  
Email: rlang@bfwc.org
1C. Application Details

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

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

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25
    Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
    Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant’s Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snapsguides/coc-program-competition-resources/

14. Area(s) affected by the project (State(s) only): California
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Bessie Coleman Court Permanent Supportive Housing

16. Congressional District(s):
   a. Applicant: CA-013, CA-015
   (for multiple selections hold CTRL key)
   b. Project: CA-013
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 10/01/2017
   b. End Date: 10/01/2018

18. Estimated Funding ($)

Applicant: Cornerstone Community Development
Project: Bessie Coleman Court Permanent Supportive Housing

Renewal Project Application FY2016
Page 6
09/12/2016
a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:
Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

   If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

   If "YES," provide an explanation:
1F. Declaration

Instructions:
The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: [X]

21. Authorized Representative

Prefix: Ms.
First Name: Liz
Middle Name: 
Last Name: Varela
Suffix:
Title: Executive Director

Telephone Number: (510) 357-0205
(Format: 123-456-7890)
Fax Number: (510) 357-0688
(Format: 123-456-7890)
Email: lvarela@bfwc.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/07/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
</table>

This list contains no items
2B. Recipient Performance

Instructions:
The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

Not under contract yet.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? No
Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.

Not under contract yet

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No
3A. Project Detail

Instructions:
The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select “Yes” or “No” to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: CA1467L9T021500
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Bessie Coleman Court Permanent Supportive Housing
4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? Yes
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.

- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.

- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.

- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.

- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
1. Provide a description that addresses the entire scope of the proposed project.
10 permanent supportive housing units for chronically homeless victims of domestic violence.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Veterans</td>
<td></td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td></td>
</tr>
<tr>
<td>Families with Children</td>
<td>X</td>
</tr>
</tbody>
</table>

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

3a. Does the project quickly move participants into permanent housing  
Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

- Having too little or little income  
  ✔
- Active or history of substance abuse  
  ✔
- Having a criminal record with exceptions for state-mandated restrictions  
  ✔
- History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)  
  ✔
- None of the above  

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

- Failure to participate in supportive services  
  ✔
- Failure to make progress on a service plan  
  ✔
- Loss of income or failure to improve income  
  ✔
- Domestic violence  
  ✔
- Any other activity not covered in a lease agreement typically found in the project’s geographic area.  
  ✔
- None of the above  

3d. Does the project follow a "Housing First" approach?  
Yes

4. Does the PH project provide PSH or RRH?  
PSH

4a. Does the project request costs under the rental assistance budget line item?  
Yes
4b. Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance?  No
4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:
- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

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2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? No
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 10
Total Beds: 15
Total Dedicated CH Beds: 15
Total Prioritized CH Beds: 0

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clustered apartments</td>
<td>10</td>
<td>15</td>
<td>15</td>
<td>0</td>
</tr>
</tbody>
</table>

Applicant: Cornerstone Community Development
Project: Bessie Coleman Court Permanent Supportive Housing

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4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 10
   b. Beds: 15

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 15
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 0
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 0
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 0

4. Address:
   Street 1: 2500 Barbers Point Rd.
   Street 2: 
   City: Alameda
   State: California
   ZIP Code: 94501

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   060012 Alameda
5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

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

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
</table>

Renewal Project Application FY2016  Page 25  09/12/2016
### Applicant: Cornerstone Community Development

#### Project: Bessie Coleman Court Permanent Supportive Housing

<table>
<thead>
<tr>
<th>Category</th>
<th>Number 1</th>
<th>Number 2</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>4</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>5</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>10</td>
<td>5</td>
<td>15</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

---

**Applicant:** Cornerstone Community Development  
**Project:** Bessie Coleman Court Permanent Supportive Housing  
**Project Number:** 788170355  
**Proposed Applicant:** 147383
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>4</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Acutely Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Acutely Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>25%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>65%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td>0%</td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td>0%</td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td>10%</td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant? This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:

- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Do any of the properties in this project have an active restrictive covenant? Yes
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? Yes

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

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance X
   - Supportive Services X
   - Operations
   - HMIS
6D. 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRA</td>
<td>CA - Oakland-Fremont, CA HUD Metro FM...</td>
<td>10</td>
<td>$157,020</td>
</tr>
</tbody>
</table>

**Total Request for Grant Term:** $157,020

**Total Units:** 10

Applicant: Cornerstone Community Development

Project: Bessie Coleman Court Permanent Supportive Housing
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.

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents: In the FY 2016 CoC Program Competition, eligible renewal projects requesting rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select “Yes” from the dropdown for this question. The project applicant will then have the ability to enter an amount in the “HUD Paid Rent (applicant)” field that is less than the amount listed in the “FMR Area (applicant)” field. The following question is visible when PRA is selected:

Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA? This request is only available for PH PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2016 CoC Program Competition NOFA.

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. The number(s) listed should match the CoC’s HUD-approved FY 2015 GIW.

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

HUD Paid Rent: For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. (If the applicants select “No” above, this column will not be available for edit). In the GIW, HUD Paid Rent is known as “Actual”.

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 “HUD Paid Rent” and by 12 months. If the applicant selected “No” above, the automatic calculation will be based on the FMR and not the “HUD Paid Rent.”

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 with the value “1 Year” and will be read only.

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

All total fields will be calculated once the required field has been completed and saved.
Type of Rental Assistance: PRA

Metropolitan or non-metropolitan fair market rent area: CA - Oakland-Fremont, CA HUD Metro FMR Area (0600199999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td></td>
<td>$778</td>
<td>$778</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>5</td>
<td>$1,037</td>
<td>$1,037</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>5</td>
<td>$1,249</td>
<td>$1,249</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>5</td>
<td>$1,580</td>
<td>$1,580</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td></td>
<td>$2,202</td>
<td>$2,202</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td></td>
<td>$2,455</td>
<td>$2,455</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td></td>
<td>$2,823</td>
<td>$2,823</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td></td>
<td>$3,192</td>
<td>$3,192</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td></td>
<td>$3,560</td>
<td>$3,560</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td></td>
<td>$3,928</td>
<td>$3,928</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td></td>
<td>$4,296</td>
<td>$4,296</td>
<td>x</td>
<td>12</td>
</tr>
<tr>
<td>Total Units and Annual Assistance Requested</td>
<td>10</td>
<td>$157,020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grant Term</td>
<td>1 Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td>$157,020</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.
6E. 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 “1 FTE” 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. 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. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based 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 Resource Exchange: https://www.hudexchange.info/e-snaps-guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>.25 FTE case management to ensure residents are able to maintain housing</td>
<td>$20,676</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>------------------</td>
<td></td>
</tr>
<tr>
<td>15. Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td>$20,676</td>
<td></td>
</tr>
<tr>
<td>Grant Term</td>
<td>1 Year</td>
<td></td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td>$20,676</td>
<td></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6H. 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**

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>California Office...</td>
<td>07/12/2016</td>
<td>$19,000</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Bessie Coleman Co...</td>
<td>06/20/2016</td>
<td>$20,000</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Clinical Interns</td>
<td>06/20/2016</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

**Total Value of Cash Commitments:** $39,000

**Total Value of In-Kind Commitments:** $10,000

**Total Value of All Commitments:** $49,000
Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match?  Yes
2. Type of Commitment:  Cash
3. Type of Source:  Government
4. Name the Source of the Commitment:  California Office of Emergency Services
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment:  07/12/2016
6. Value of Written Commitment:  $19,000
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

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: Bessie Coleman Court Program Income
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 06/20/2016
6. Value of Written Commitment: $20,000

Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field.
Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Clinical Interns

5. Date of Written Commitment: 06/20/2016

6. Value of Written Commitment: $10,000
6l. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$157,020</td>
</tr>
</tbody>
</table>

Applicant: Cornerstone Community Development
Project: Bessie Coleman Court Permanent Supportive Housing
Renewal Project Application FY2016
Page 41
09/12/2016
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Supportive Services</td>
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<tr>
<td>4</td>
<td>Operating</td>
<td>$0</td>
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<tr>
<td>5</td>
<td>HMIS</td>
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<tr>
<td>6</td>
<td>Sub-total Costs Requested</td>
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<tr>
<td>7</td>
<td>Admin (Up to 10%)</td>
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<tr>
<td>8</td>
<td>Total Assistance plus Admin Requested</td>
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<td>9</td>
<td>Cash Match</td>
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<tr>
<td>10</td>
<td>In-Kind Match</td>
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<td>11</td>
<td>Total Match</td>
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<tr>
<td>12</td>
<td>Total Budget</td>
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</table>

**Applicant:** Cornerstone Community Development  
**Project:** Bessie Coleman Court Permanent Supportive Housing
7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient’s nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant’s application for funding is consistent with the jurisdiction’s HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

<table>
<thead>
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<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official**  
Liz Varela

**Date:** 09/07/2016

**Title:** Executive Director

**Applicant Organization:** Cornerstone Community Development

**PHA Number (For PHA Applicants Only):**

**I certify that I have been duly authorized by the applicant to submit this Applicant** [X]

---

**Applicant:** Cornerstone Community Development  
**Project:** Bessie Coleman Court Permanent Supportive Housing  
**PHA Number (For PHA Applicants Only):**  
**Renewal Project Application FY2016**  
**Page 46**  
**09/12/2016**
Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
### 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
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<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/29/2016</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
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<tr>
<td>1C. Application Details</td>
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<tr>
<td>1D. Congressional District(s)</td>
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<tr>
<td>1E. Compliance</td>
<td>08/29/2016</td>
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<tr>
<td>1F. Declaration</td>
<td>08/29/2016</td>
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<td>2A. Subrecipients</td>
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<td>2B. Recipient Performance</td>
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<td>--------------------------------</td>
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<td>3A. Project Detail</td>
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<td>3B. Description</td>
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<td>5C. Outreach</td>
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<td>6A. Funding Request</td>
<td>09/01/2016</td>
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<tr>
<td>6D. Rental Assistance</td>
<td>08/29/2016</td>
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<tr>
<td>6H. Match</td>
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<td>6I. Summary Budget</td>
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<tr>
<td>7A. Attachment(s)</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/29/2016</td>
</tr>
</tbody>
</table>
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
If Revision, select appropriate letters: This field is pre-populated and cannot be changed.
If "Other", specify: Field intentionally left blank, cannot edit.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: Field intentionally left blank, cannot edit.
Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission:
2. Type of Application: New Project Application
If Revision, select appropriate letter(s):
   If "Other", specify:
3. Date Received: 09/09/2016
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier:
6. Date Received by State:
7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode on the Submission Summary screen to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode on the Submission Summary screen before clicking on "Back to New Project Application FY2016" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant
   a. Legal Name: Berkeley Food and Housing Project
   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2979073

   c. Organizational DUNS: 363816703

   d. Address
      Street 1: 1901 Fairview St
      Street 2: 
      City: Berkeley
      County: Alameda
      State: California
      Country: United States
      Zip / Postal Code: 94703

   e. Organizational Unit (optional)
      Department Name: Berkeley Food and Housing Project
      Division Name:

   f. Name and contact information of person to be contacted on matters involving this
application

Prefix: Ms.
First Name: Kirsten
Middle Name:
Last Name: Anderson
Suffix:
Title: Accounting Manager

Organizational Affiliation: Berkeley Food and Housing Project
Telephone Number: (510) 318-6626
Extension:
Fax Number: (510) 649-4982
Email: kanderson@bfhp.org
1C. Application Details

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode on the Submission Summary screen to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode on the Submission Summary screen before clicking on “Back to New Project Application FY2016” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

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

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. Congressional District(s)

Instructions:
Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this screen. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select district(s) in which the project is expected to operate.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (state(s) only):
   California
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Berkeley Way - BFHP Permanent

16. Congressional District(s):
   a. Applicant: CA-013
   b. Project: CA-013
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 06/01/2018
   b. End Date: 05/31/2021

18. Estimated Funding ($)
   a. Federal:
Applicant: Berkeley Food and Housing Project
Project: Berkeley Way - BFHP Permanent

b. Applicant:

c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected, an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?

No

If "YES," provide an explanation:
Instructions:
The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA (Section VI.A.i.b) and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative
Prefix: Ms.
First Name: Terrie
Middle Name: 
Last Name: Light
Suffix: 
Title: Executive Director
Telephone Number: (510) 318-6607
Fax Number: (510) 649-4982
Email: tlight@bfhp.org
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  09/09/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

**Total Expected Sub-Awards:**

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<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
2B. Experience of Applicant, Subrecipient(s), and Other Partners

Instructions:

Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations: This is a required field. Describe why the applicant, subrecipients, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) are the appropriate entities to receive funding. Provide concrete examples that illustrate their experience and expertise in the following: 1) working with and addressing the target population’s identified housing and supportive service needs; 2) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; 3) identifying and securing matching funds from a variety of sources; and 4) managing basic organization operations including financial accounting systems.

Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds: This is a required field. Include experience with all Federal, State, local and private sector funds. If the applicant and subrecipient have no experience leveraging other funds, include the phrase “No experience leveraging other Federal, State, local, or private sector funds.”

Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system: This is a required field. Include the organization and management structure of the applicant and all subrecipients, making sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.

Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any): This is a required field. Select “Yes” or “No” to indicate whether or not the subrecipient has open OIG audit findings; poor or non-compliance with applicable Civil Rights Laws and/or Executive Orders; or open McKinney-Vento related monitoring findings. The question is related to those projects for which the subrecipient organization is either a direct recipient or a subrecipient.

Describe the unresolved monitoring or audit findings: This is a required field if “Yes” to the previous question. Use the space provided to explain the details of the unresolved monitoring or audit findings and the steps the applicant or subrecipient will take to resolve the findings.

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

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

BFHP has been providing services to the homeless since 1970 and was awarded one of the first HUD SHP grants in Alameda County. BFHP has been successfully managing Federal grants since 1992. We have effectively managed the funds and effectively provided the services that were under contract. Our last four OMB A-133 annual audits have been clean. Our programs have consistently ranked high in the Continuum scoring and have consistently met or exceeded performance outcome measures. We draw
LOCCS down on a regular basis and expend all of our grant funds on an annual basis. We have been managing a PSH project since 2002. Our housing retention rate over time is extremely high at 98%. We have successfully maintained severely mentally ill residents in housing, some of them for over ten years.

BRIDGE Housing Corporation ("BRIDGE"), founded and headquartered in San Francisco, is the largest developer of affordable and workforce housing in California. Our mission is to produce high-quality homes for families and seniors at a variety of income levels, with a focus on those who are not served by the housing market. BRIDGE is organized as a non-profit. Since beginning active operations in 1983, BRIDGE has participated in the development of over 13,000 housing units and over 350,000 square feet of retail/commercial space in close to 100 properties valued at more than $3 billion. We have a particular expertise in complex mixed-use projects, and take great pride in finishing what we start. We are expert at blending a variety of private and public funding sources to accomplish our goals and have the internal financial resources to carry projects through the ups and downs of lengthy entitlement efforts. BRIDGE pursues an ambitious goal of “quality, quantity and affordability” while meeting the growing demand for affordable housing in high-cost California.

BFHP and BRIDGE are partnering on the development of the Berkeley Way Development. The Berkeley Way Development will consist of four uses: tax credit affordable housing, permanent supportive housing, transitional housing and supportive services, and public parking. The subject of this Continuum of Care application is the permanent supportive housing ("Berkeley Way - BFHP Permanent").

In order to facilitate the development and financing of the Berkeley Way Development, BFHP and BRIDGE are forming a jointly-controlled LLC ("Master LLC"). The Master LLC will be responsible for all development activities prior to construction and BFHP will remain a member of the LLC throughout this process. Prior to the start of construction, the Master LLC will transfer its ownership in Berkeley Way - BFHP Permanent to a Limited Partnership. Again, BFHP will remain a member of the Limited Partnership throughout construction and ownership of Berkeley Way - BFHP Permanent. The Limited Partnership is being utilized as part of the Low Income Housing Tax Credit financing for Berkeley Way - BFHP Permanent. More information about this ownership structure can be found in section 3B.6.

BFHP is the applicant and recipient of the CoC funds for Berkeley Way - BFHP Permanent. BFHP will be part of the Berkeley Way - BFHP Permanent ownership throughout the life of the project.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

BFHP has over thirty years managing and leveraging federal, local and private sector funds. BFHP has developed deep and long standing collaborative relationships with a network of local governmental agencies and non profit providers. All of our government contracts leverage these relationships to add valuable additional support services to our residents and participants.

BRIDGE Housing Corporation will be the controlling partner of this joint
development effort for the Berkeley Way site, and will make the financial commitments necessary to complete the project. BRIDGE is in excellent financial condition and has ample access to capital, multiple successful lender and investor relationships, exemplary past performance and strong creditworthiness. BRIDGE’s long track record of success has resulted in the company having access to both debt and equity resources at extremely favorable rates. The fact that BRIDGE developments get the best rates for financing means that our local government partners have a smaller funding gap to fill. BRIDGE has also used a variety of innovative financing tools to finance the development and operations of its mixed-use, urban infill developments. BRIDGE has been financing developments with Low Income Housing Tax Credits since the program was established in 1986, and is especially adept at competing in California’s allocation system. BRIDGE is also a frequent user of the State Housing and Community Development Department’s Multifamily Housing, Transit Oriented Development, and Infill Infrastructure programs. These programs all reward experience, financial strength, and management company performance, all areas in which BRIDGE routinely scores the maximum available points, which is crucial when competing for scarce resources. We have also been successful in accessing MHSA funds for three recent projects with significant social service components.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

BFHP is a 501c3 organization. There is executive management team which includes the Executive Director, Director of Finance, Director of Client Services, Senior Program Manager and Director of Development. There is a program leadership team which includes those staff members and all of the program managers. BFHP has a Finance Director, Accounting Manager, a contracts manager, a payroll specialist and a general bookkeeper. BFHP has an annual audit performed by and outside audit firm. BFHP has successfully managed federal grants for decades and has clean audits. We have developed very good relationships with our local HUD field office. With their assistance and guidance we have been able to make budget amendments and even one grant consolidation. We have developed Board approved internal accounting practices and developed an agency financial management policies and procedure manual.

BRIDGE Housing has ample capacity to undertake the redevelopment of the Berkeley Way site. BRIDGE has a large and very well seasoned development team with a very deep bench. BRIDGE’s structure helps us take on and integrate new work into our pipeline while ensuring a continuity of staffing and responsibilities. Within the company there are several groups that will play a role in the development of the project including; Business Development, Project Development, Property Management, Asset Management, and Programs and Services. Additionally we will be supported by our in-house legal counsel, architect, and our capital markets group, who will source financing for the project.

BFHP and BRIDGE will form a jointly-controlled Master LLC to undertake the development of the Berkeley Way Development. The Master LLC will lead the entitlements and pre-construction activities for the Berkeley Way Development.
Prior to the start of construction, the Master LLC will transfer its ownership in Berkeley Way - BFHP Permanent to a Limited Partnership. Again, BFHP will remain a member of the Limited Partnership throughout construction and ownership of Berkeley Way - BFHP Permanent. The Limited Partnership is being utilized as part of the Low Income Housing Tax Credit financing for Berkeley Way - BFHP Permanent. More information about this ownership structure can be found in section 3B.6.

4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)?

No
3A. Project Detail

Instructions:
The selections made on this screen will determine the remaining screens that must be completed for this project application.

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see the Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a populated field with PH, SSO and HMIS as options for selection and cannot be edited. PH-Permanent Supportive Housing, Rapid Re-Housing, SSO for Coordinated Entry and Dedicated HMIS projects are the only types of new project applications that can be submitted in the FY 2016 CoC Program Competition.

Energy Star: this field is required. Select “Yes” or “No” to indicate if Energy Star is being used in this project at one or more properties that will receive funding in this CoC Program Competition.

Title V: This field is required. Select “Yes” or “No” to indicate if one or more properties being served by this project were acquired under Title V.

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

1a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

1b. CoC Collaborative Applicant Name: Alameda County

2. Project Name: Berkeley Way - BFHP Permanent

3. Project Status: Standard

4. Component Type: PH
5. Is Energy Star used at one or more of the proposed properties?  Yes

6. Does this project use one or more properties that have been conveyed through the Title V process?  No
3B. Project Description

Instructions:

Provide a description that addresses the entire scope of the proposed project: This field is required. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: This is a required field. Provide a schedule and describe both a management plan and implementation methodology that will ensure that the project will begin operating within the requirements described in the FY 2016 CoC Program NOFA and CoC Program interim rule if it is selected for a funding award.

Will your project participate in a CoC Coordinated Entry Process: This is a required field. Select “Yes” if the project is currently participating in a coordinated entry process. Select “No” if a coordinated entry process does not exist in the CoC or if the project does not participate. You will then be asked to explain why your project will not participate in a CoC Coordinated Entry Process, and this is required.

Please identify the project’s specific population focus. (Select ALL that apply): PH and SSO projects must select the applicable populations as outlined in the FY 2016 CoC Program NOFA. Multiple checkboxes are provided as options.

PH PROJECTS ONLY

Housing First: This is a required field for PH projects and does not apply to SSO and HMIS projects. The following questions are required fields to complete the Housing First question. Select all applicable checkboxes that indicate whether or not the project will follow a housing first approach. Select “none of the above” if the project will not follow a housing first approach.

Will the project quickly move participants into permanent housing?: Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.)

Will the project ensure that participants will not be screened out based on the listed reasons? (Check all that apply): The applicant must select at least one checkbox.

Will the project ensure that participants are not terminated from the program for listed reasons? (Check all that apply): The applicant must select at least one checkbox.

Will the project follow a "Housing First" approach?: This question’s response of “Yes” or “No” is auto-scored based upon the responses to the questions above. This field is not editable.

If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property. This field must be completed if the project applicant will request capital costs (e.g., acquisition, rehabilitation, or new construction) in the project application. Provide a detailed list of the activities and responsibilities assigned to the applicant and each subrecipient (if any)

Will the PH project provide PSH or RRH: This is a required field. Select PSH if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select
RRH if the project will operate according to a rapid rehousing model as defined by 24 CFR 578. “

Will the project request costs under the rental assistance budget line item?: This is a required field. Select “Yes” or “No” from the dropdown menu and if “Yes” is selected, provide an explanation in the textbox provided.

Describe the method for determining the type, amount, and duration of rental assistance that participants can receive. Textbox is provided if the response to the question above is “Yes”. If the project is requesting rental assistance, describe the method or process the applicant will use to determine the type, amount, and duration of rental assistance that participants can receive. For PH-PSH projects this generally means a brief explanation of the choice of rental assistance type (PRA, SRA, or TRA).

Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation: This is a required field. If “Yes” is selected, explain, in the textbox provided, how and why the project will implement this requirement for participants to live in particular structure, unit, or locality during all or a portion of the period of participation.

Will more than 16 persons live in one structure: This is a required field. If “Yes” is selected, describe, in the textbox provided, the local market conditions, that necessitate a project of this size and describe how the project will be integrated into the neighborhood.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Only option will be Coordinated Entry

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

1. Provide a description that addresses the entire scope of the proposed project.

Berkeley Food and Housing Project (“BFHP”) is partnering with BRIDGE Housing Corporation (“BRIDGE”) on the development of a new mixed-use development in Downtown Berkeley. The Berkeley Way Development will consist of four uses: tax credit affordable housing, permanent supportive housing, transitional housing and supportive services, and public parking.

The subject of this Continuum of Care application is the permanent supportive housing (“Berkeley Way - BFHP Permanent”). BRIDGE and BFHP entered into
an MOU in 2013 for the purpose of developing the Berkeley Way Development. The Development team secured site control in June 2016, via a Disposition and Development Agreement with the City of Berkeley. BFHP and BRIDGE are currently forming a jointly-controlled LLC, which will serve as the master developer for the entire Berkeley Way Development. Construction is projected to begin in June of 2018.

Berkeley Way - BFHP Permanent will provide 30 units of permanent supportive housing for formerly homeless individuals. The units will be restricted to 30% AMI, but are being underwritten to 10% AMI to more accurately reflect the rent contributions from the future tenants. Berkeley Way - BFHP Permanent tenants will access case management services in a services space being constructed as part of the transitional housing and supportive services phase of the Berkeley Way Development ("Berkeley Way - BFHP Transitional"). BFHP and BRIDGE will partner with Homestretch on leasing the Berkeley Way - BFHP Permanent units.

All incoming residents will be screened for income and medical benefits. Any resident who does not have MediCal or Medicaid will be assisted with initial application and then assisted every year going forward with re-authorization. Similarly, all Berkeley Way - BFHP Permanent residents will be screened for disability income and assisted annually with reassessment process. Additional needs for mainstream benefits will be determined while creating and updating the residents' needs and service plans. Lifelong Medical will have medical clinic hours in the building for all residents.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

The Berkeley Way Development is scheduled to begin construction in June 2018. The project team secured site control in May 2016 via a Development and Disposition Agreement with the City of Berkeley. This document outlines the interim steps leading up to the start of construction. The DDA defines the responsibilities shared by BFHP, BRIDGE, and the City during the pre-construction and construction phases. The DDA also outlines the impacts to the project if these timelines are not satisfied.

BFHP and BRIDGE are also developing an Operating Agreement for the Master LLC ("Master LLC Operating Agreement") responsible for the development of the Berkeley Way Development. The Master LLC Operating Agreement will finalize the responsibilities of each party. The document will also include default and cure provisions.

These two documents, along with the completion requirements included in the various financial sources being pursued for the development help ensure that the Berkeley Way Development will be completed in a timely manner. For more information about ownership of Berkeley Way - BFHP Permanent during operations, please see section 3B.6. below.

3. Will your project participate in a CoC Coordinated Entry Process?  Yes
**4. Please identify the project's specific population focus.**

*(Select ALL that apply)*

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="https://example.com" alt="X" /></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><img src="https://example.com" alt="X" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><img src="https://example.com" alt="X" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other (Click ‘Save’ to update)</th>
<th></th>
</tr>
</thead>
</table>

**5. Housing First**

a. **Will the project quickly move participants into permanent housing**  
   Yes

b. **Does the project ensure that participants are not screened out based on the following items? Select all that apply.**

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th><img src="https://example.com" alt="X" /></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Active or history of substance abuse</th>
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</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Having a criminal record with exceptions for state-mandated restrictions</th>
<th><img src="https://example.com" alt="X" /></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)</th>
<th><img src="https://example.com" alt="X" /></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>None of the above</th>
<th></th>
</tr>
</thead>
</table>

c. **Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.**

<table>
<thead>
<tr>
<th>Failure to participate in supportive services</th>
<th><img src="https://example.com" alt="X" /></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Failure to make progress on a service plan</th>
<th><img src="https://example.com" alt="X" /></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Loss of income or failure to improve income</th>
<th><img src="https://example.com" alt="X" /></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Being a victim of domestic violence</th>
<th><img src="https://example.com" alt="X" /></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Any other activity not covered in a lease agreement typically found in the project's geographic area.</th>
<th><img src="https://example.com" alt="X" /></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>None of the above</th>
<th></th>
</tr>
</thead>
</table>
**Applicant:** Berkeley Food and Housing Project  
**Project:** Berkeley Way - BFHP Permanent

**d. Will the project follow a "Housing First" approach?**  
Yes

**6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.**

The success of the Berkeley Way Development will be rooted in the affordable housing development and homeless program delivery expertise of BFHP and BRIDGE. Our partnership will draw on years of experience to deliver a thoughtfully-designed development that provides much needed affordable housing while also creating a centralized homeless services center.

BRIDGE and BFHP will form a Master LLC to lead the design, entitlements, and construction of the Berkeley Way Development. The Master LLC Operating Agreement will specifically delegate responsibilities during this period. Due to its extensive experience in real estate development, BRIDGE will take the lead on the master development of all phases of the Berkeley Way Development as the controlling entity in the Master LLC. Both BRIDGE and BFHP will be responsible for identifying and applying for financing sources for their respective phases of the development, including Berkeley Way - BFHP Permanent.

BRIDGE and BFHP will share responsibility for maintaining all phases of the Berkeley Way Development. Berkeley Way - BFHP Permanent will utilize Low Income Housing Tax Credits ("LIHTC") to finance the development. As a result, Berkeley Way - BFHP Permanent will be owned by a Limited Partnership for the 15 year LIHTC compliance period. While BFHP has extensive experience managing permanent supportive housing programs, they do not have experience with the LIHT program. For this reason, BRIDGE may remain part of the Berkeley Way - BFHP Permanent Limited Partnership with BFHP during the LIHTC compliance period (15 years). BFHP will be a member of the Berkeley Way - BFHP Permanent ownership entity through entitlements, construction, and operations of Berkeley Way - BFHP Permanent.

**7. Will the PH project provide PSH or RRH?**  
PSH

**8. Will the project request costs under the rental assistance budget line item?**  
No

**9. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?**  
Yes

**Explain how and why the project will implement this requirement.**

This application is being submitted to fund both the construction and operation of Berkeley Way - BFHP Permanent. All 30 units of permanent supportive housing will be located in a new building in Downtown Berkeley.
10. Will more than 16 persons live in one structure? Yes

10a. Describe the local market conditions that necessitate a project of this size.

In the greater nine county San Francisco Bay Area region, landlords are no longer accepting rental subsidy vouchers such as VASH, Shelter Plus Care and Section 8. In 2016, HUD FMRs were actually reduced, despite a very strong real estate market. This has only furthered the difficulty for voucher holders to find stable housing. A May 2016 market study found that the average rent for a studio apartment in Berkeley is approximately $2,500. This is in stark contrast to the CTCAC 100% AMI rent of $1,706. Our most vulnerable, chronically homeless and impoverished participants are increasingly left outdoors as no landlord will accept them even with a rental voucher in hand. In order to insure that our most vulnerable find the deeply affordable housing that they need a permanently affordable PSH structure is needed.

10b. Describe how the project will be integrated into the neighborhood.

BFHP and BRIDGE share a long standing commitment to community engagement in the communities in which we operate. This commitment has been critical to both organizations’ success developing affordable housing and delivering homeless service programs. Additionally, LMS - the project architect - has strong experience delivering high-quality design to its affordable and permanent supportive housing developments. This is particularly true in urban infill environments similar to the Berkeley Way Development site. BRIDGE and LMS have worked together previously on successful developments in this environment. One of the keys to our past success has been creating developments that not only serve its residents with a quality living environment, but also serve its neighbors by adding value and amenities to the broader community.

Given the visibility of the Berkeley Way Development, our team understands the great importance of strong and continued community outreach. As a central aspect of the entitlements process, the Master LLC will lead community outreach and engagement. We believe that the presence of both BFHP and BRIDGE at community meetings will demonstrate both organizations’ commitment to moving the development forward in the most efficient manner possible.

As part of the City of Berkeley entitlements process, the project will have to receive approvals from the City of Berkeley’s Design Review Committee and Zoning Adjustments Board. Additionally, the project has the support of the Berkeley Housing Advisory Commission and the Homeless Commission.

The project site is located in the downtown buffer zone, which serves as a transitional area from more suburban areas to the north and Downtown Berkeley to the south. The Berkeley Way Development will be designed and sized to respect that transitional zoning.
3C. Project Expansion Information

Instructions:
Will the project use an existing housing facility or incorporate activities provided by an existing project: This is a required field. Select “Yes” or “No” to indicate whether the proposed project expands an existing project in any way either by increasing the number of persons served, providing additional supportive services, bringing existing facilities up to state or local government health and safety standards, or if the funding replaces the loss of non-renewable funding. If “Yes” select all of the applicable expansion activities and provide a description for each.

Select the activities below that describe the expansion project, and click on the “Save” button below to provide additional details. Select one or more of the following activities that describe the type of expansion being proposed. Once all selections have been made, click on the “Save” button in order for follow-up questions related to the applicable selections to be made visible.

- Increase the number of homeless persons served
  The project applicant will complete a table to indicate what the current level of effort (i.e., number of persons currently being served) and what the new level of effort will be as a result of this expansion project. The project applicant should enter the number of persons/units/beds based on the full capacity (currently and after expansion) at a single point in time and not based on the number of persons served over the course of an operating year.

- Provide additional supportive services to homeless persons
  Select from the available items in the first menu and click “Add” or “Add All” to move them to the second menu. To cancel selection of one or more items added to the second menu, click on the appropriate selection(s) and then click “Remove” or “Remove All.”

- Use the text box provided to justify the supportive service increase indicated in the second menu screen above.

- Bring existing facilities up to state or local government health and safety standards
  Use the text box provided to describe how the project is proposing to “bring the existing facility(ies) up to state/local government health and safety standards.” Please reference the applicable standard(s).

- Replace the loss of nonrenewable funding
  a) Use the text box provided to describe the source of non-renewable funding.
  b) Use the text box provided to describe why the funds are non-renewable.
  c) Select the date from the date field corresponding to the date when the non-renewable funds will expire
  d) Use the text box provided to describe what steps were taken to obtain other funding sources.
  e) Use the text box provided to describe why CoC Program funds are needed to continue operating the project.

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

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? No
4A. Supportive Services for Participants

Instructions:

Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: This is a required field. Select "Yes", "No" or "N/A" to indicate whether the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with local and federal educational laws, including the McKinney-Vento Act. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Does the proposed project have a designated staff person to ensure that children are enrolled in school and receive educational services, as appropriate: This is a required field. Select "Yes", "No" or "N/A" to indicate whether the project has a designated staff person responsible for ensuring that children and youth are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Describe the manner in which the project applicant will take into account the educational needs of children when children and/or families are placed in housing: This is a required field if a response of "No" is given for either one of the two preceding questions. Use this space to explain how the project will plan to meet the educational needs of children and youth participants according to the requirements specified under section 426.B.4 of the McKinney-Vento Act as amended by HEARTH.

Describe how participants will be assisted to obtain and remain in permanent housing: This is a required field. Describe how the project applicant will assist project participants to obtain and remain in permanent housing. The response should address how the applicant will take into consideration the needs of the target population and the barriers that are currently preventing them from obtaining and maintaining permanent housing. The applicant should describe how those needs and barriers will be addressed through case management and/or other supportive services that will be offered through the project. If participants will be housed in units not owned by the project applicant, the narrative must also indicate how appropriate units will be identified and how the project applicant or subrecipient will ensure that rents are reasonable. Established arrangements and coordination with landlords and other homeless services providers should be detailed in the narrative.

Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently: This is a required field. Describe the supportive services that will be provided to help project participants locate employment and access mainstream resources so that they are more likely to be able to live independently.

For all supportive services available to participants, indicate who will provide them and how often they are provided. This field is required and at least one value must be entered. Complete each row from the dropdown menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- • Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then
Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

  Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project will include the following activities:

Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs: This is a required field. Select “Yes” if the project provides regular or as requested transportation assistance to mainstream and community resources, including appointments, employment training, or jobs. Select “No” if transportation is not regularly provided or cannot be provided consistently as requested.

Use of a single application form for four or more mainstream programs: This is a required field. Select “Yes” if the project uses a single application form that allow participants to sign up for four or more mainstream programs. Select “No” if mainstream forms are for 3 or fewer programs.

Regular follow-ups with participants to ensure mainstream benefits are received and renewed: This is a required field. Select “Yes” if the project regularly follows-up with participants to ensure that they are receiving their mainstream benefits and to renew benefits when required. Select “No” if there is no follow-ups or the follow-ups are irregular concerning mainstream benefits.

Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency: This is a required field. Select “Yes” if project participants have access to SSI/SSDI technical assistance. The assistance can be provided by the applicant, a subrecipient, or a partner agency – through a formal or informal relationship. Select “No” if there is no or significantly limited access to SSI/SSDI technical assistance.

Indicate the last SOAR training date for the staff person providing the technical assistance: This is a required field. Indicate the date of the last SOAR training date for the staff person who is providing the technical assistance.

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

1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Not Applicable

1b. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? Not Applicable

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

Berkeley Way - BFHP Transitional will provide a myriad of supports to assist residents to maintain their housing. Tenants in Berkeley Way - BFHP Permanent will have access to all of the services provided in Berkeley Way - BFHP Transitional. There will be onsite case management, 24 hour a day
service team members, on site food services, and medical and dental clinics. We anticipate having daily encounters with all residents through the front desk staff and through the food services staff. They will be able to interact on a casual basis with residents and observe how they are doing. Staff in Berkeley Way - BFHP Transitional will also see residents on a regular basis. The facility will provide intensive wrap around services either with in the facility itself or with a nearby partner. Berkeley Mental Health clinicians will make regular visits to check in their patients.

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

The Berkeley Way Development project site is one block away from Rubicon Employment services which specializes in assisting homeless individuals with obtaining employment. The Berkeley Coordinated Entry System, which is operated by BFHP, has slots at Homeless Action Center to assist chronically homeless individuals with obtaining federal disability income and medical benefits. BFHP has over 30 years of experience providing case management to chronically homeless disabled individuals. Our case management staff are very familiar with the annual disability re-certification process. We are proactive not reactive which helps our residents maintain their housing.

4. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Semi-annually</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Case Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Applicant</td>
<td>Daily</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Outreach Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5b. Use of a single application form for four or more mainstream programs? No

5c. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? Yes
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Room Occupancy (SRO)...</td>
<td>30</td>
<td>30</td>
<td>30</td>
<td>0</td>
</tr>
</tbody>
</table>

Total Units: 30  
Total Beds: 30  
Total Dedicated CH Beds: 30  
Total Prioritized CH Beds: 0
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in “2b. Beds” are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field, but it is auto calculated to zero. Since all new PH-PSH projects have to dedicate all units to CH, the number here will be zero.

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field, but it is auto calculated to zero. Since all new PH-PSH projects have to dedicate all units to CH, the number here will be zero.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

1. Housing Type: Single Room Occupancy (SRO) units
2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 30
   b. Beds: 30

New PSH projects are required to dedicate ALL units and beds to persons and families experiencing chronic homelessness.

*3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless?
      (Auto-calculated) 30
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?
      (Auto-calculated) 0
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?
      (Auto-calculated) 0
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?
      (Auto-calculated) 0

4. Address:
   Street 1: 2012 Berkeley Way
   Street 2: 
   City: Berkeley
   State: California
   ZIP Code: 94704

*5. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
   (for multiple selections hold CTRL key)
069001 Alameda County
Instructions:

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

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

<table>
<thead>
<tr>
<th>Households Table</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Number of Households</td>
</tr>
<tr>
<td>--------------------</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Characteristics</td>
</tr>
<tr>
<td>New Project Application FY2016</td>
</tr>
<tr>
<td>Category</td>
</tr>
<tr>
<td>-------------------------------------</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

Instructions:

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on the screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

Persons in Households with at least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Persons in Households without Children
<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronicall y Homeless Non-Veterans</th>
<th>Chronicall y Homeless Veterans</th>
<th>Non-Chronicall y Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represent ed by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>24</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>24</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

**Persons in Households with Only Children**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronicall y Homeless Non-Veterans</th>
<th>Chronicall y Homeless Veterans</th>
<th>Non-Chronicall y Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represent ed by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>under age 18</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Unaccompanied Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Total Persons</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
5C. Outreach for Participants

Instructions:

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements: This field is required if the total percentage calculated above is less than 100 percent. If required, explain where the unaccounted for participants will come from. All participants served in CoC Program funded projects must meet eligibility criteria set forth in the CoC Program interim rule and the FY 2016 CoC Program NOFA.

Describe the outreach plan to bring these homeless participants into the project: This field is required. Describe how the applicant/subrecipient plans to bring homeless persons into the project. Also describe the contingency plan that the applicant/subrecipient will implement if the project experiences difficulty in meeting the requirements to serve exclusively chronically homeless individuals and/or families. The contingency plan may include re-evaluating the intake assessment procedures or outreach plan.

*NOTE* The definition of Chronic Homelessness qualifies persons as chronically homeless only when they come from the street or other locations not meant for human habitation, emergency shelter, or safe havens. Additionally, to qualify for rapid re-housing, persons may only come from the street or other locations not meant for human habitation, emergency shelter, or safe havens.

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>50%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td></td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>

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

BFHP has several plans to insure that the beds at the Berkeley Way Project are kept full. BFHP has a outreach team that visits Berkeley encampments to engage residents and encourage them to enroll in the coordinated entry system. BFHP runs Berkeley's coordinated entry system and will make sure...
that the CES staff engage with eligible residents of the Berkeley Way project. In addition, BFHP will coordinate with the County Wide Home Stretch project to request eligible Chronically Homeless residents for the project. Because of the high level of disability of our intended pool of residents we will have staff available to help potential residents acquire necessary certification documentation.
6A. Funding Request

Instructions:

Will it be feasible for the project to be under grant agreement by September 30, 2018? This is a required field. Select “Yes” or “No” to indicate if this project application is awarded if it will be in a position to begin operating by September 30, 2018. The FY 2016 HUD Appropriations Act requires HUD to obligate FY 2016 CoC Program funds by this date. If “No” is selected, or if the deadline is not met, this may result in the rejection of a grant or the recapture of conditionally awarded funds.

Is the project proposing to use funds reallocated from the CoC’s annual renewal demand
OR
Is the project applying for funding through the permanent housing bonus? Select “Reallocation” if this project application was created through the use of funds reallocated from one or more eligible renewal projects.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Applicant must complete at least one row in the grid.
- Has this rate been approved by your cognizant agency? Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate?: Select “Yes” or “No” from the dropdown menu.

Select a grant term: This is a required field. Select the term of the proposed project application. The selection here will determine how the “Summary Budget” will calculate the total funding request. Please refer to the FY 2016 CoC Program NOFA for details concerning grant terms and years of funding for different project types and eligible costs. If a 15 year grant term is selected, only requested costs up to 5 years will be calculated on the application.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budgets for which funding is being requested. The choices available will depend on the project type selected on Screen “3A Project Detail.” The following eligible cost budgets may be listed: acquisition/rehabilitation/new construction, leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities for which the applicant is requesting funding from HUD through the FY 2016 CoC Program competition.

If you do not see the eligible cost budgets that you expected, you may need to return to Screen “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Will it be feasible for the project to be under grant agreement by September 30, 2018? Yes

2. Is the project proposing to using funds reallocated from the CoCs annual renewal demand Permanent Housing Bonus
is the project applying for funding through the permanent housing bonus?

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

4. Select a grant term: 3 Years

* 5. Select the costs for which funding is being requested:
   - Acquisition/Rehabilitation/New Construction X
   - Leased Units
   - Leased Structures
   - Supportive Services X
   - Operations X
   - HMIS
### Funding Request

(HIDDEN) Grant Term in years, for use in calculations: 3

(HIDDEN) Grant Term in Months, for use in calculations: 36

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquisition/Rehabilitation/New Construction</td>
<td>X</td>
</tr>
<tr>
<td>Supportive Services</td>
<td></td>
</tr>
<tr>
<td>Rental Assistance</td>
<td>X</td>
</tr>
<tr>
<td>Leased Units</td>
<td></td>
</tr>
<tr>
<td>Leased Structures</td>
<td></td>
</tr>
<tr>
<td>Housing Relocation &amp; Stabilization</td>
<td></td>
</tr>
<tr>
<td>Operations</td>
<td>X</td>
</tr>
<tr>
<td>HMIS</td>
<td></td>
</tr>
</tbody>
</table>
6B. Acquisition/Rehabilitation/New Construction Budget

The following list summarizes the total request for each structure. To add a structure to the list, select the icon. To view or update a structure already listed, select the icon.

<table>
<thead>
<tr>
<th>Name of Structure</th>
<th>Street Address 1</th>
<th>Street Address 2</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Total Request</th>
<th>Acquisition</th>
<th>Rehabilitation</th>
<th>New Construction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berkeley Way</td>
<td>2012 Berkeley Way</td>
<td>--</td>
<td>Berkeley</td>
<td>California</td>
<td>94704</td>
<td>$600,000</td>
<td>$0</td>
<td>$0</td>
<td>$600,000</td>
</tr>
</tbody>
</table>

Total Acquisition: $0
Total Rehabilitation: $0
Total New Construction: $600,000
Total Assistance Requested: $600,000
Acquisition/Rehabilitation/New Construction

Budget Detail

Instructions:

Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new construction of the new project. Complete the following fields for the location of each structure:

Address: Only 1 “Street Address...” field is required. Enter the actual street number and name in the first field. Do not list a PO Box or other mailing address. Use the second field for apartment or subsection numbers. Complete fields for City, State and Zip Code.

Assistance Requested: This is a required field. Enter the amount ($) requested for eligible development costs at the structure site. The line item costs for new construction may include the actual cost of real property acquisition; however, project applicants may not enter an amount for both new construction and acquisition or rehabilitation for the same structure. For projects requesting funds for new construction, the cost of acquiring land should be included in the New Construction costs. Project applicants may apply for acquisition and rehabilitation costs for the same structure. Refer to section 578.43-47 of the CoC Program interim rule and the FY 2016 CoC Program NOFA for more information, including what activities are eligible under each of these costs.

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

Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new construction of the new project.

Name of Structure: Berkeley Way
Street Address 1: 2012 Berkeley Way
City: Berkeley
State: California
Zip Code: 94704

<table>
<thead>
<tr>
<th>Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Acquisition</td>
</tr>
<tr>
<td>2. Rehabilitation</td>
</tr>
<tr>
<td>3. New Construction</td>
</tr>
<tr>
<td>4. Total Assistance Requested</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate the Total Assistance
Requested.
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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>1 FTE Case Manager salary + benefits</td>
<td>$65,050</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td>.25 FTE cook hrly pay + benefits</td>
<td>$10,050</td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td>Service Coordinator</td>
<td>$2,000</td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

363816703
Project: Berkeley Way - BFHP Permanent

New Project Application FY2016 Page 45 09/12/2016
### 14. Substance Abuse Treatment Services

<table>
<thead>
<tr>
<th>15. Transportation</th>
<th>Transportation assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Annual Assistance Requested</td>
<td>$5,050</td>
</tr>
<tr>
<td>Grant Term</td>
<td>3 Years</td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td>$246,450</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
**6G. Operating**

**Instructions:**

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g., .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the 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 operating the housing or supportive services facility.

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintenance/Repair</td>
<td>.75% Facilities-repair manager and .5 FTE Maintenance services with benefits; /supplies, Bed Bug treatment, Fire safety</td>
<td>$40,490</td>
</tr>
<tr>
<td>2. Property Taxes and Insurance</td>
<td>Operating insurance and property taxes based upon likely special assessments</td>
<td>$6,400</td>
</tr>
<tr>
<td>3. Replacement Reserve</td>
<td>Lender required $600 per unit</td>
<td>$10,800</td>
</tr>
<tr>
<td>4. Building Security</td>
<td>1.5 FTE front door security staff</td>
<td>$62,048</td>
</tr>
<tr>
<td>5. Electricity, Gas, and Water</td>
<td>Estimated electricity, gas, and water/sewer charges</td>
<td>$20,000</td>
</tr>
<tr>
<td>6. Furniture</td>
<td>Furniture replacement</td>
<td>$5,000</td>
</tr>
<tr>
<td>7. Equipment (lease, buy)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Annual Assistance Requested $144,738

Grant Term 3 Years

Total Request for Grant Term $434,214

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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>Alameda County Bo...</td>
<td>11/07/2016</td>
<td>$200,000</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>City of Berkeley ...</td>
<td>12/15/2016</td>
<td>$50,000</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>LifeLong Medical ...</td>
<td>08/17/2016</td>
<td>$136,000</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>City of Berkeley ...</td>
<td>09/20/2016</td>
<td>$835,897</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Fundraising commi...</td>
<td>08/01/2016</td>
<td>$500,000</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>State of CA HCD A...</td>
<td>07/17/2018</td>
<td>$6,018,840</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Tax credit equity...</td>
<td>08/07/2018</td>
<td>$4,125,875</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>State of CA Veteran...</td>
<td>04/10/2018</td>
<td>$1,112,658</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>City of Berkeley ...</td>
<td>03/06/2018</td>
<td>$200,000</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Federal Home Loan...</td>
<td>07/10/2018</td>
<td>$300,000</td>
</tr>
</tbody>
</table>
Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal or
greater than 25% of the total grant request for all eligible costs under the CoC Program interim
rule with the exception of leasing costs. Please review 24 CFR Part 578, and the FY 2016 CoC
Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field
that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution
that describes this match commitment.

Type of source: Select Private or Government to denote the source of the contribution. The
Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program)
funds may be considered Government sources. Project applicants are encouraged to include
funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant,
Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and
include the office or grant program as applicable. Enter the name of the entity providing the
contribution. It is important to provide as much detail as possible so that the local HUD office can
quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match screen will populate the Screen “6J. Summary
Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary
budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards match? Yes
2. Type of commitment: Cash
3. Type of source: Government
4. Name the source of the commitment: Alameda County Boomerang Innovation Fund
(As specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 11/07/2016
6. Value of Written Commitment: $200,000
Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, and the FY 2016 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match screen will populate the Screen “6J. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards match? Yes
2. Type of commitment: Cash
3. Type of source: Government
4. Name the source of the commitment: City of Berkeley Pre-development funding
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 12/15/2016
6. Value of Written Commitment: $50,000

Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, and the FY 2016 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match screen will populate the Screen “6J. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards match? Yes
2. Type of commitment: In-Kind
3. Type of source: Private
4. Name the source of the commitment: LifeLong Medical fundraising contribution
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/17/2016
6. Value of Written Commitment: $136,000

Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, and the FY 2016 CoC Program NOFA for more detailed information concerning Match.
Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match screen will populate the Screen “6J. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards match?
   Yes

2. Type of commitment: Cash

3. Type of source: Government

4. Name the source of the commitment: City of Berkeley Pre-development funding additional tranche

5. Date of Written Commitment: 09/20/2016

6. Value of Written Commitment: $835,897

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, and the FY 2016 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.
Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match screen will populate the Screen “6J. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

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: Fundraising commitments from 2015-2016 to BFHP for HOPE Center
5. Date of Written Commitment: 08/01/2016
6. Value of Written Commitment: $500,000

Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, and the FY 2016 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match commitment.

Type of source: Select Private or Government to denote the source of the contribution. The
Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g., HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match screen will populate the Screen “6J. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards match? Yes
2. Type of commitment: Cash
3. Type of source: Government
4. Name the source of the commitment: State of CA HCD AHSC program loan
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 07/17/2018
6. Value of Written Commitment: $6,018,840

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, and the FY 2016 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.
Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match screen will populate the Screen “6J. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

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: Tax credit equity from limited partner investor

(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/07/2018

6. Value of Written Commitment: $4,125,875

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, and the FY 2016 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can
quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match screen will populate the Screen “6J. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards match? Yes

2. Type of commitment: Cash

3. Type of source: Government

4. Name the source of the commitment: State of CA Veteran’s Homeless Housing Prevention program

(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 04/10/2018

6. Value of Written Commitment: $1,112,658

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, and the FY 2016 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.
Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match screen will populate the Screen “6J. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards match? 
Yes

2. Type of commitment: 
Cash

3. Type of source: 
Government

4. Name the source of the commitment: 
City of Berkeley Affordable Housing Fund
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 
03/06/2018

6. Value of Written Commitment: 
$200,000

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, and the FY 2016 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match screen will populate the Screen “6J. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget.
budget where the 25% match minimum will be calculated and applied.

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

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: (Be as specific as possible and include the office or grant program as applicable)
   Federal Home Loan Bank AHP loan
5. Date of Written Commitment:  07/10/2018
6. Value of Written Commitment:  $300,000
6J. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “8. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The grant will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6I. Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6I. Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6I. Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the “Save” button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Annual Assistance Requested (Applicant)</th>
<th>Grant Term (Applicant)</th>
<th>Total Assistance Requested for Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Acquisition</td>
<td>$0</td>
<td>3 Years</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Rehabilitation</td>
<td>$0</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>1c. New Construction</td>
<td>$600,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a. Leased Units</td>
<td>$0</td>
<td></td>
<td>$0</td>
</tr>
</tbody>
</table>

Applicant: Berkeley Food and Housing Project
Project: Berkeley Way - BFHP Permanent

New Project Application FY2016 Page 59 09/12/2016
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Years</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2b. Leased Structures</td>
<td>$0</td>
<td>3</td>
<td>$0</td>
</tr>
<tr>
<td>3. Rental Assistance</td>
<td>$0</td>
<td>3</td>
<td>$0</td>
</tr>
<tr>
<td>4. Supportive Services</td>
<td>$82,150</td>
<td>3</td>
<td>$246,450</td>
</tr>
<tr>
<td>5. Operating</td>
<td>$144,738</td>
<td>3</td>
<td>$434,214</td>
</tr>
<tr>
<td>6. HMIS</td>
<td>$0</td>
<td>3</td>
<td>$0</td>
</tr>
<tr>
<td>7. Sub-total Costs Requested</td>
<td></td>
<td></td>
<td>$1,280,664</td>
</tr>
<tr>
<td>8. Admin (Up to 10%)</td>
<td></td>
<td></td>
<td>$128,066</td>
</tr>
<tr>
<td>9. Total Assistance Plus Admin Requested</td>
<td></td>
<td></td>
<td>$1,408,730</td>
</tr>
<tr>
<td>10. Cash Match</td>
<td></td>
<td></td>
<td>$13,343,270</td>
</tr>
<tr>
<td>11. In-Kind Match</td>
<td></td>
<td></td>
<td>$136,000</td>
</tr>
<tr>
<td>12. Total Match</td>
<td></td>
<td></td>
<td>$13,479,270</td>
</tr>
<tr>
<td>13. Total Budget</td>
<td></td>
<td></td>
<td>$14,888,000</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
7A. Attachment(s)

**Instructions:**

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located that the applicant’s application for funding is consistent with the jurisdiction’s HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan.

If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. Applicant Certification

A. For all projects:
Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**15-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.**

**Name of Authorized Certifying Official:** Terrie Light  
**Date:** 09/09/2016  
**Title:** Executive Director  
**Applicant Organization:** Berkeley Food and Housing Project  

**PHA Number (For PHA Applicants Only):**

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent
statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1E. Compliance</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>1F. Declaration</td>
<td>08/10/2016</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>No Input Required</td>
</tr>
<tr>
<td>2B. Experience</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>3C. Expansion</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>5C. Outreach</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>6B. Acq/Rehab/Const</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>6F. Supp Srvcs Budget</td>
<td>09/09/2016</td>
</tr>
<tr>
<td>6G. Operating</td>
<td>09/09/2016</td>
</tr>
<tr>
<td>6I. Match</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>6J. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/15/2016</td>
</tr>
</tbody>
</table>
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.
Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.
Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.
Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 08/18/2016
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: CA0748L9T021506
   (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number
   X
6. Date Received by State:
7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant
a. Legal Name:   Alameda County Allied Housing Program
b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3205085

c. Organizational DUNS: 839883139  PLUS 4

d. Address
   Street 1:   40849 Fremont Blvd
   Street 2:
      City: Fremont
      County: Alameda County
      State: California
      Country: United States
      Zip / Postal Code: 94538

e. Organizational Unit (optional)
   Department Name: Housing Department
   Division Name: Allied Housing

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Ms.
First Name: Vivian
Middle Name:
Last Name: Wan
Suffix:
Title: Chief Operating Officer
Organizational Affiliation: Alameda County Allied Housing Program
Telephone Number: (510) 657-7409
Extension: 212
Fax Number: (510) 657-7293
Email: vwan@abodeservices.org
Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

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

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. Congressional District(s)

**Instructions:**

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) only): California

(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Carmen Avenue Apartments

16. Congressional District(s):

a. Applicant: CA-013, CA-017, CA-014, CA-015, CA-019, CA-018, CA-020

(for multiple selections hold CTRL key)

b. Project: CA-015

(for multiple selections hold CTRL key)

17. Proposed Project

   a. Start Date: 06/01/2017
   b. End Date: 05/31/2018

18. Estimated Funding ($)

---

Renewal Project Application FY2016  Page 6  09/12/2016
a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?

No

If "YES," provide an explanation:
1F. Declaration

Instructions:
The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: [X]

21. Authorized Representative

Prefix: Mr.
First Name: Louis
Middle Name: 
Last Name: Chicoine
Suffix: 
Title: Executive Director
Telephone Number: (510) 657-7409
(Format: 123-456-7890)
Fax Number: (510) 657-7293
(Format: 123-456-7890)
Email: lchicoine@abodeservices.org
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.

Date Signed:  08/18/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>This list contains no items</td>
</tr>
</tbody>
</table>
2B. Recipient Performance

Instructions:
The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?
   Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?
   No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?
   Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?
   No
3A. Project Detail

Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: CA0748L9T021506
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Carmen Avenue Apartments
4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.

- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.

- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.

- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.

- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
1. Provide a description that addresses the entire scope of the proposed project.

Carmen Avenue Apartments is a 7-unit permanent supportive housing project situated within a larger 29-unit affordable housing program in Livermore, CA. The 7 CoC-supported units are home to 3 families and 4 individuals, all of whom were homeless and living with disabilities at the time of program entry.

The Service Coordinator at Carmen Avenue works to ensure long-term housing stability as well as increased self-sufficiency among the participant households by providing regular on-site case management services, ensuring that they are connected to all of the services that they need, including medical and mental health services, substance abuse services, educational programs, life skills and money management, and other programs as needed.

The program focused on leveraging a number of community resources to support the program. More specifically, Carmen Avenue is directly across the street from the Livermore Multi-Service Center, where participants can work with County Social Services to get connected to income, CalFresh, and other benefits; County Behavioral Health Care Services; Community Justice Center for legal services; Axis Community Health Services; and other providers.

The success of the program is measured by long-term housing stability and
increased resident self-sufficiency, and it is our goal that at least 85% of participants remain stably housed or exit to permanent housing, and at least 75% maintain or increase their income while in the program.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

| Chronic Homeless | Domestic Violence | X |
| Veterans | Substance Abuse | X |
| Youth (under 25) | Mental Illness | X |
| Families with Children | HIV/AIDS | |
| Other (Click ‘Save’ to update) | |

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income X
Active or history of substance abuse X
Having a criminal record with exceptions for state-mandated restrictions X
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement) X
None of the above

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services X
<table>
<thead>
<tr>
<th>Issue</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found in the project's geographic area.</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? PSH

4a. Does the project request costs under the rental assistance budget line item? No
4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, "Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Service</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clustered apartments</td>
<td>7</td>
<td>13</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type:  Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units:  7
   b. Beds:  13

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless?  0
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?  13
       Auto calculated
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?  2
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?  2

4. Address:
   Street 1:  2891 Carmen Avenue
   Street 2:  
   City:  Livermore
   State:  California
   ZIP Code:  94550

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   062034 Livermore
### 5A. Project Participants - Households

**Instructions:**

**ALL PROJECTS EXCEPT HMIS**

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

Additional Resources can be found at the HUD Resource Exchange: [https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/](https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/)

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>3</td>
<td>4</td>
<td></td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2016</td>
<td></td>
<td></td>
<td></td>
<td>09/12/2016</td>
</tr>
</tbody>
</table>
### Applicant: Alameda County Allied Housing Program

**Project:** Carmen Avenue Apartments

<table>
<thead>
<tr>
<th></th>
<th>4</th>
<th>5</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>12</td>
<td>6</td>
<td>18</td>
</tr>
</tbody>
</table>

**Click Save to automatically calculate totals**
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Total Persons</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Veterans Non-Veterans</th>
<th>Chronic Homeless Veterans Veterans</th>
<th>Non-Chronic Homeless Veterans Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total Persons</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals.

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Veterans Non-Veterans</th>
<th>Chronically Homeless Veterans Veterans</th>
<th>Non-Chronically Homeless Veterans Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Describe the unlisted subpopulations referred to above:

We expect that some of the households will have one adult and/or children who do not fall into the subcategories listed above.
5C. Outreach for Participants

**Instructions:**

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

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

### 1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>65%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>35%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td></td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td></td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td></td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant? This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snapsguides/coc-program-competition-resources/

1. Do any of the properties in this project have an active restrictive covenant? Yes
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Yes

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

4. Does this project propose to allocate funds according to an indirect cost rate? Yes

   Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

   Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

   a. Please complete the indirect cost rate schedule below:

<table>
<thead>
<tr>
<th>Administering Department/Agency</th>
<th>Indirect Cost Rate</th>
<th>Direct Cost Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUD CPD</td>
<td>10%</td>
<td>$33,800</td>
</tr>
</tbody>
</table>

   b. Has this rate been approved by your cognizant agency? No

   c. Do you plan to use the 10% de minimis rate? Yes

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Supportive Services X
   - Operations
   - HMIS
### 6E. 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. 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. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based on 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td>6% FTE of Service Coordinator (47,500)</td>
<td>$2,850</td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>35% FTE of Service Coordinator ($47,500) plus 5% of Program Manager ($58,710) for supervision</td>
<td>$19,560</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td>30% of Children's Program Coordinator ($33,280) providing tutoring, after school services, and other educational programs</td>
<td>$9,984</td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Applicant: Alameda County Allied Housing Program

### Project: Carmen Avenue Apartments

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>13. Outreach Services</strong></td>
<td></td>
</tr>
<tr>
<td><strong>14. Substance Abuse Treatment Services</strong></td>
<td></td>
</tr>
<tr>
<td><strong>15. Transportation</strong></td>
<td>Mileage costs (approx. $117/month) associated with case management services</td>
</tr>
<tr>
<td><strong>16. Utility Deposits</strong></td>
<td></td>
</tr>
<tr>
<td><strong>17. Operating Costs</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total Annual Assistance Requested</strong></td>
<td>$33,800</td>
</tr>
<tr>
<td><strong>Grant Term</strong></td>
<td>1 Year</td>
</tr>
<tr>
<td><strong>Total Request for Grant Term</strong></td>
<td>$33,800</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Abode Services</td>
<td>08/16/2016</td>
<td>$9,042</td>
</tr>
</tbody>
</table>

Total Value of Cash Commitments: $0
Total Value of In-Kind Commitments: $9,042
Total Value of All Commitments: $9,042
Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6l. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Abode Services
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/16/2016

6. Value of Written Commitment: $9,042
6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016

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09/12/2016
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Supportive Services</td>
<td></td>
<td>$33,800</td>
</tr>
<tr>
<td>4. Operating</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td></td>
<td>$33,800</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td></td>
<td>$2,366</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td></td>
<td>$36,166</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td></td>
<td>$9,042</td>
</tr>
<tr>
<td>11. Total Match</td>
<td></td>
<td>$9,042</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td></td>
<td>$45,208</td>
</tr>
</tbody>
</table>
7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant’s application for funding is consistent with the jurisdiction’s HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official**  Louis Chicoine

**Date:** 08/18/2016

**Title:** Executive Director

**Applicant Organization:** Alameda County Allied Housing Program

**PHA Number (For PHA Applicants Only):**

I certify that I have been duly authorized by the applicant to submit this Applicant [X]

Renewal Project Application FY2016  Page 40  09/12/2016
Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
8B Submission Summary

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<td>6l. Summary Budget</td>
<td>No Input Required</td>
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<tr>
<td>7A. Attachment(s)</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/18/2016</td>
</tr>
</tbody>
</table>
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission: Application
2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):
If "Other", specify:

3. Date Received: 08/26/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: CA0091L9T021508
(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number X

6. Date Received by State:

7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant
a. Legal Name: Bonita House, Inc.
b. Employer/Taxpayer Identification Number (EIN/TIN): 94-1735133
c. Organizational DUNS: 119740322
   PLUS 4

d. Address
   Street 1: 6333 Telegraph Avenue, Suite #102
   Street 2:
   City: Oakland
   County: Alameda
   State: California
   Country: United States
   Zip / Postal Code: 94609

e. Organizational Unit (optional)
   Department Name:
   Division Name:

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Ms.
First Name: Lori
Middle Name: 
Last Name: Magistrado
Suffix: 
Title: Director of Administrative Services
Organizational Affiliation: Bonita House, Inc.
Telephone Number: (510) 923-1099
Extension: 313
Fax Number: (510) 923-0894
Email: Lori@bonitahouse.org
1C. Application Details

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

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

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Channing Way Apartments

16. Congressional District(s):
   a. Applicant: CA-013
   (for multiple selections hold CTRL key)
   b. Project: CA-013
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 02/01/2017
   b. End Date: 01/31/2018

18. Estimated Funding ($)

Renewal Project Application FY2016 Page 6 09/12/2016
Applicant: Bonita House, Inc.
Project: Channing Way Apartments

a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

   If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?
   No

   If "YES," provide an explanation:
1F. Declaration

Instructions:
The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

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

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Lorna
Middle Name: D.
Last Name: Jones
Suffix:
Title: Executive Director
Telephone Number: (510) 923-1099
(Format: 123-456-7890)
Fax Number: (510) 923-0894
(Format: 123-456-7890)
Email: Lorna@bonitahouse.org
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  08/26/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>This list contains no items</td>
</tr>
</tbody>
</table>
2B. Recipient Performance

Instructions:
The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?  Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?  No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?  No

   Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.
For the grant term 2/1/2015 - 1/31/2016, there was a technical e-snaps issue with the C1.9a and I was unable to access and complete this step. Consequently, there was a significant delay in executing our grant agreement.

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No
3A. Project Detail

Instructions:
The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select “Yes” or “No” to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: CA0091L9T021508
   (e.g., the “Federal Award Identifier” indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Channing Way Apartments
4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

1. Provide a description that addresses the entire scope of the proposed project.

The primary population (100%) served in this project are former homeless, unaccompanied adults living with severe and persistent mental illness and substance use disabilities. The project provides permanent housing with supportive services to help tenants live a healthy lifestyle and maintain their housing for several years and maintain their mainstream benefits during their stay in program or at the time of exit from project. The project provides 4 units of permanent housing for 4 unaccompanied adults. Each tenant holds a lease for their housing unit. All tenants have access to services including mental health and substance use counseling, housing retention counseling, basic Independent living skills training, linkage to vocational and educational opportunities, social skills training, referral for legal and benefits assistance, organized social and cultural events, and psychiatric crisis services. The project has established referral links with the City of Berkeley Housing Department, Berkeley.
Emergency Food and Housing Project (HUB- Berkeley Coordinated Entry System), Alameda County Continuum Of Care (Alameda County Coordinated Entry System)

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
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<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other (Click ‘Save’ to update)

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Active or history of substance abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Having a criminal record with exceptions for state-mandated restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement) X

<table>
<thead>
<tr>
<th>None of the above</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Failure to participate in supportive services</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
<tr>
<td>Issue</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
</tr>
<tr>
<td>Domestic violence</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found in the project's geographic area.</td>
</tr>
<tr>
<td>None of the above</td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach?  Yes

4. Does the PH project provide PSH or RRH?  PSH  

4a. Does the project request costs under the rental assistance budget line item?  No
4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clustered apartments</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Total Units: 4
Total Beds: 4
Total Dedicated CH Beds: 0
Total Prioritized CH Beds: 0
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 4
   b. Beds: 4

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 0
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 4
       Auto calculated
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 0
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 0

4. Address:
   Street 1: 1843, 1845, 1847, 1849
   Street 2: Channing Way
   City: Berkeley
   State: California
   ZIP Code: 94703

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   060324 Berkeley
### 5A. Project Participants - Households

**Instructions:**

**ALL PROJECTS EXCEPT HMIS**

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Totals:** All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

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

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
</table>

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<table>
<thead>
<tr>
<th>Category</th>
<th>Adults over age 24</th>
<th>Adults ages 18-24</th>
<th>Accompanied Children under age 18</th>
<th>Unaccompanied Children under age 18</th>
<th>Total Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicants over age 24</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Applicants 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Accompanied children under age 18</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied children under age 18</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total persons</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless w/ Non-Veterans</th>
<th>Chronically Homeless w/ Veterans</th>
<th>Non-Chronically Homeless w/ Non-Veterans</th>
<th>Non-Chronically Homeless w/ Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Applicant: Bonita House, Inc.
Project: Channing Way Apartments

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5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations. This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>25%</th>
<th>Directly from the street or other locations not meant for human habitation.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td></td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td>50%</td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td>25%</td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

**Instructions:**

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Do any of the properties in this project have an active restrictive covenant? Yes
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

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

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Supportive Services X
   - Operations X
   - HMIS
# 6E. 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. 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. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based 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 Resource Exchange: [https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/](https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/)

---

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td>0.33 FTE @ $52,150 salary + benefits = $21,423.</td>
<td>$21,423</td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Renewal Project Application FY2016  
Page 32  
09/12/2016
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td></td>
</tr>
<tr>
<td>15. Transportation</td>
<td></td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td></td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td>$0</td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td>$21,423</td>
</tr>
<tr>
<td>Grant Term</td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td>$21,423</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6F. Operating Budget

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g., .75 FTE hours and benefits for staff, utility types, and monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating “1 FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Are you requesting a 15 year renewal per the FY2016 CoC Program NOFA? This request is only available for Operating Costs budget line items in projects in which the applicant owns the building and needs to provide maintenance. Only 1 year of funding is allowed according to the relevant section of the FY 2016 CoC Program Competition NOFA.

Grant term: This field is populated with the value “1 Year” 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintenance/Repair</td>
<td>1 unit @ $121 x 4 units per month for landscaping, pest control, fire inspections/extinguisher services, electrical/plumbing and other repairs.</td>
<td>$5,795</td>
</tr>
<tr>
<td>2. Property Taxes and Insurance</td>
<td>Annual insurance premium ($2,900); annual property tax ($600)</td>
<td>$3,500</td>
</tr>
<tr>
<td>3. Replacement Reserve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Building Security</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Electricity, Gas, and Water</td>
<td>1 unit @ $50 x 4 units (this is an estimation) per month for electric, gas, and water.</td>
<td>$2,400</td>
</tr>
<tr>
<td>6. Furniture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Equipment (lease, buy)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Total Annual Assistance Requested** | $11,695  
**Grant Term** | 1 Year  
**Total Request for Grant Term** | $11,695

Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for projects with operating costs and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.
6H. 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: | $8,831 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $8,831 |

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Bonita House</td>
<td>08/12/2016</td>
<td>$8,831</td>
</tr>
</tbody>
</table>
Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

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: Bonita House (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/12/2016
6. Value of Written Commitment: $8,831
Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Supportive Services</td>
<td>$21,423</td>
</tr>
<tr>
<td>4</td>
<td>Operating</td>
<td>$11,695</td>
</tr>
<tr>
<td>5</td>
<td>HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6</td>
<td>Sub-total Costs Requested</td>
<td>$33,118</td>
</tr>
<tr>
<td>7</td>
<td>Admin (Up to 10%)</td>
<td>$2,205</td>
</tr>
<tr>
<td>8</td>
<td>Total Assistance plus Admin Requested</td>
<td>$35,323</td>
</tr>
<tr>
<td>9</td>
<td>Cash Match</td>
<td>$8,831</td>
</tr>
<tr>
<td>10</td>
<td>In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11</td>
<td>Total Match</td>
<td>$8,831</td>
</tr>
<tr>
<td>12</td>
<td>Total Budget</td>
<td>$44,154</td>
</tr>
</tbody>
</table>
7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

- CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

- Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official**

Lorna Jones

**Date:** 08/26/2016

**Title:** Executive Director

**Applicant Organization:** Bonita House, Inc.

**PHA Number (For PHA Applicants Only):**

I certify that I have been duly authorized by the applicant to submit this Applicant X

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Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
### 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. Congressional District(s)</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>1E. Compliance</td>
<td>08/10/2016</td>
</tr>
<tr>
<td>1F. Declaration</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>No Input Required</td>
</tr>
<tr>
<td>2B. Recipient Performance</td>
<td>08/26/2016</td>
</tr>
<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/26/2016</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/26/2016</td>
</tr>
<tr>
<td>5A. Households</td>
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</tr>
<tr>
<td>5B. Subpopulations</td>
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</tr>
<tr>
<td>5C. Outreach</td>
<td>08/26/2016</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/10/2016</td>
</tr>
<tr>
<td>6F. Operating</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>6H. Match</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>6I. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/11/2016</td>
</tr>
</tbody>
</table>
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.
Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 08/15/2016
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number
5b. Federal Award Identifier: CA0749L9T021506
6. Date Received by State:
7. State Application Identifier:
1B. Legal Applicant

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

8. Applicant
a. Legal Name: City of Berkeley
b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000299
c. Organizational DUNS: 076529924
   PLUS 4

d. Address
   Street 1: 2180 Milvia Street
   Street 2:
   City: Berkeley
   County: Alameda
   State: California
   Country: United States
   Zip / Postal Code: 94704

e. Organizational Unit (optional)
   Department Name: Health, Housing & Community Services
   Division Name: Housing & Community Services

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Mr.
First Name: Andrew
Middle Name:
Last Name: Wicker
Suffix:
Title: Community Services Specialist
Organizational Affiliation: City of Berkeley
Telephone Number: (510) 981-5418
Extension:
Fax Number: (510) 981-5450
Email: awicker@ci.berkeley.ca.us
1C. Application Details

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant:  C. City or Township Government
   If "Other" please specify:

10. Name of Federal Agency:  Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
    Title:  CoC Program
    CFDA Number:  14.267

12. Funding Opportunity Number:  FR-6000-N-25
    Title:  Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
    Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: COACH Project

16. Congressional District(s):

a. Applicant: CA-013
(for multiple selections hold CTRL key)

b. Project: CA-013
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 01/01/2018

b. End Date: 12/31/2018

18. Estimated Funding ($)
Applicant: City of Berkeley
Project: COACH Project

a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?

No

If "YES," provide an explanation:
1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: ☑

21. Authorized Representative

Prefix: Ms.
First Name: Dee
Middle Name: 
Last Name: Williams-Ridley
Suffix: 
Title: City Manager
Telephone Number: (510) 981-7000
(Format: 123-456-7890)
Fax Number: (510) 981-7099
(Format: 123-456-7890)
Email: DWilliams-Ridley@ci.berkeley.ca.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/15/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
2B. Recipient Performance

Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If “Yes” is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes
Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

For rental assistance projects, it is not possible to fully expend the funds. While the rental assistance provided for each household is an ongoing obligation, the HUD grant agreement is for only one year and the award amounts change annually based on Fair Market Rents. Thus rental assistance projects must maintain a prudent reserve of funds to be prepared for the annual fluctuations in the actual award amounts, and to account for the many variables that affect the monthly amount of rental assistance being paid.

The actual expenditures fluctuate monthly based on changes in a household’s income, changes in contract rents, changes in bedroom sizes of the units assisted, participants temporarily not using the rental assistance while they complete residential treatment, subsidies being withheld during periods of abatement when landlords have failed to make necessary repairs, deposit payments and damage claims, and the length of time it takes a participant to find a rental unit in the tight rental market in Alameda County.
3A. Project Detail

Instructions:
The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: CA0749L9T021506
(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: COACH Project
4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

1. Provide a description that addresses the entire scope of the proposed project.

The Collaborative Opportunity to Address Chronic Homelessness (COACH) Project is a partnership between the City of Berkeley's Health, Housing & Community Services Department (HHCS) and the following community agencies: LifeLong Medical Care, Homeless Action Center, Bay Area Community Services, Berkeley Food and Housing Project, Building Opportunities for Self-Sufficiency, and YEAH. The program serves chronically homeless adults living on the streets in Berkeley with a serious mental illness and/or a chronic history of drug/alcohol dependence. The program also specifically prioritizes individuals who have been frequent users of crisis and emergency services, or whose behavior has generated numerous community complaints to the Berkeley Police Department or Mobile Crisis Team.

The program operates with a "housing first" approach. Outreach is provided by the City's Homeless Outreach staff, and participants are connected to case management services at one of the partner agencies or services within the HHCS Department provided through the Mental Health Division or Aging Services Division. The City of Berkeley contracts with the Homeless Action Center to provide benefits advocacy.
2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Veterans</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td>Mental Illness</td>
</tr>
<tr>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Families with Children</td>
<td>HIV/AIDS</td>
</tr>
</tbody>
</table>

Other: (Click 'Save' to update)

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Active or history of substance abuse</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

| Failure to participate in supportive services | X |
| Failure to make progress on a service plan | X |
| Loss of income or failure to improve income | X |
### 3d. Does the project follow a "Housing First" approach?

**Yes**

### 4. Does the PH project provide PSH or RRH?

**PSH**

### 4a. Does the project request costs under the rental assistance budget line item?

**Yes**

### 4b. Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance?

**No**
4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Partner</td>
<td>Weekly</td>
</tr>
<tr>
<td>Case Management</td>
<td>Partner</td>
<td></td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016 Page 20 09/12/2016
<table>
<thead>
<tr>
<th>Service</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
</tr>
<tr>
<td>Food</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Partner</td>
</tr>
<tr>
<td>Legal Services</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Partner</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Non-Partner</td>
</tr>
<tr>
<td>Transportation</td>
<td>Partner</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 33
Total Beds: 36
Total Dedicated CH Beds: 36
Total Prioritized CH Beds: 0

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments</td>
<td>33</td>
<td>36</td>
<td>36</td>
<td>0</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

Instructions:
ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 33
   b. Beds: 36

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 36
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 0
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 0
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 0

4. Address:
   Street 1: 2180 Milvia Street
   Street 2: Berkeley
   State: California
   ZIP Code: 94704

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)
   069001 Alameda County
### 5A. Project Participants - Households

**Instructions:**

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

**Households:** Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Characteristics:** Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Totals:** All fields in the “Total Number...” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

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

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>2</td>
<td>31</td>
<td>0</td>
<td>33</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant: City of Berkeley
Project: COACH Project

Renewal Project Application FY2016
Page 25
09/12/2016
<table>
<thead>
<tr>
<th>Category</th>
<th>Count 1</th>
<th>Count 2</th>
<th>Count 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>1</td>
<td>30</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>2</td>
<td></td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>4</td>
<td>32</td>
<td>0</td>
<td>36</td>
</tr>
</tbody>
</table>
5B. Project Participants - Subpopulations

**Instructions:**

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be tallied automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

**Persons in Households with at Least One Adult and One Child**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>2</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>27</td>
<td>3</td>
<td>0</td>
<td>28</td>
<td>1</td>
<td>24</td>
<td>9</td>
<td>14</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>29</td>
<td>3</td>
<td>0</td>
<td>28</td>
<td>1</td>
<td>24</td>
<td>9</td>
<td>14</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>75%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>25%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td></td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td></td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td></td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>


**6A. Funding Request**

**Instructions:**

**ALL PROJECT APPLICATIONS**

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant? This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:

- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

---

1. **Do any of the properties in this project have an active restrictive covenant?** No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Yes

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

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

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance X
   - Supportive Services
   - Operations
   - HMIS
6D. 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>CA - Oakland-Fremont, CA HUD Metro FM...</td>
<td>33</td>
<td>$484,728</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $484,728

Total Units: 33
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.

Does the applicant request rental assistance funding for less than the area’s per unit size fair market rents: In the FY 2016 CoC Program Competition, eligible renewal projects requesting rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select “Yes” from the dropdown for this question. The project applicant will then have the ability to enter an amount in the “HUD Paid Rent (applicant)” field that is less than the amount listed in the “FMR Area (applicant)” field. The following question is visible when PRA is selected:

Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA? This request is only available for PH PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2016 CoC Program Competition NOFA.

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. The number(s) listed should match the CoC’s HUD-approved FY 2015 GIW.

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

HUD Paid Rent: For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. (If the applicants select “No” above, this column will not be available for edit). In the GIW, HUD Paid Rent is known as “Actual”.

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 “HUD Paid Rent” and by 12 months. If the applicant selected “No” above, the automatic calculation will be based on the FMR and not the “HUD Paid Rent.”

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 with the value “1 Year” and will be read only.

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

All total fields will be calculated once the required field has been completed and saved.
Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: CA - Oakland-Fremont, CA HUD Metro FMR Area (060019999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>2 x</td>
<td>$778</td>
<td>$778 x</td>
<td></td>
<td>$18,672</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>1 x</td>
<td>$1,037</td>
<td>$1,037 x</td>
<td></td>
<td>$12,444</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>29 x</td>
<td>$1,249</td>
<td>$1,249 x</td>
<td></td>
<td>$434,652</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>1 x</td>
<td>$1,580</td>
<td>$1,580 x</td>
<td></td>
<td>$18,960</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,202</td>
<td>$2,202 x</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$2,455</td>
<td>$2,455 x</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$2,823</td>
<td>$2,823 x</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$3,192</td>
<td>$3,192 x</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$3,560</td>
<td>$3,560 x</td>
<td></td>
<td>$0</td>
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<td>8 Bedrooms</td>
<td>x</td>
<td>$3,928</td>
<td>$3,928 x</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$4,296</td>
<td>$4,296 x</td>
<td></td>
<td>$0</td>
</tr>
</tbody>
</table>

Total Units and Annual Assistance Requested 33

Total Request for Grant Term: $484,728

Grant Term: 1 Year

Click the 'Save' button to automatically calculate totals.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Berkeley Mental H...</td>
<td>02/16/2016</td>
<td>$243,127</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>LifeLong Medical ...</td>
<td>02/16/2016</td>
<td>$115,007</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>YEAH</td>
<td>02/18/2016</td>
<td>$16,290</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Building Opportun...</td>
<td>02/17/2016</td>
<td>$52,280</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Bay Area Communit...</td>
<td>02/08/2016</td>
<td>$44,122</td>
</tr>
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</table>
Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match screen will populate the Screen “6l. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment: Berkeley Mental Health

   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 02/16/2016

6. Value of Written Commitment: $243,127
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Government
4. Name the Source of the Commitment: LifeLong Medical Care
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 02/16/2016
6. Value of Written Commitment: $115,007

Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field
that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Government
4. Name the Source of the Commitment: YEAH
5. Date of Written Commitment: 02/18/2016
6. Value of Written Commitment: $16,290

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The
Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

### Sources of Match Detail

**Instructions:**

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and
include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment: Bay Area Community Services (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 02/08/2016

6. Value of Written Commitment: $44,122
6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

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<thead>
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<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
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<tr>
<td>1a. Leased Units</td>
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<tr>
<td>1b. Leased Structures</td>
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<tr>
<td>2. Rental Assistance</td>
<td>$484,728</td>
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Applicant: City of Berkeley  Project: COACH Project

076529924  144958

Renewal Project Application FY2016  Page 41  09/12/2016
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<td>4. Operating</td>
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<td>7. Admin (Up to 10%)</td>
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<td>12. Total Budget</td>
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7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant’s application for funding is consistent with the jurisdiction’s HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

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<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
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<td>2) Other Attachment</td>
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<td>08/11/2016</td>
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<tr>
<td>3) Other Attachment</td>
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</table>
Attachment Details

Document Description:

Attachment Details

Document Description:  Service Match

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official:** Dee Williams-Ridley

**Date:** 08/15/2016

**Title:** City Manager

**Applicant Organization:** City of Berkeley

**PHA Number (For PHA Applicants Only):**

I certify that I have been duly authorized by the applicant to submit this Applicant [X]
Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
# 8B Submission Summary

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<td>7A. Attachment(s)</td>
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<td>7B. Certification</td>
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**Applicant:** City of Berkeley  
**Project:** COACH Project

**Project Number:** 076529924  
**Project ID:** 144958
City of Berkeley  
SHELTER PLUS CARE (S+C) PROGRAM  
SERVICE MATCH for COACH Project:  
January 1, 2015 through December 31, 2015

Agency/Program Name: CITY OF BERKELEY MENTAL HEALTH

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<th>Value of services</th>
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<td>Outreach</td>
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<tr>
<td>Case Management</td>
<td>$</td>
</tr>
<tr>
<td>Life Skills (outside of case management)</td>
<td>$</td>
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<tr>
<td>Alcohol/Drug Treatment/Recovery</td>
<td>$</td>
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<tr>
<td>Mental Health</td>
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<td>AIDS Related Services</td>
<td>$</td>
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<tr>
<td>Other Health Services</td>
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<tr>
<td>Education</td>
<td>$</td>
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**TOTAL**                             $ 243,127.45

Abeni Bender  Accounting Office Specialist III  
Name and Title of Authorized Agency Representative  

Signature and Date  
[Signature]  
2/16/16
City of Berkeley
SHELTER PLUS CARE (S+C) PROGRAM
SERVICE MATCH for COACH Project:
January 1, 2015 through December 31, 2015

Agency/Program Name: Bay Area Community Services

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<tr>
<th>Types of services provided for S+C</th>
<th>Value of services</th>
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<td>Life Skills (outside of case management)</td>
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<td>Alcohol/Drug Treatment/Recovery</td>
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<td>Mental Health</td>
<td>$ 16,100.05</td>
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<td>AIDS Related Services</td>
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<td>Other Health Services</td>
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<td>Education</td>
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<td>Housing Placement</td>
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<td>Transportation</td>
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<td>Other: (please specify)</td>
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<tr>
<td>TOTAL</td>
<td>$ 44,122.05</td>
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---

Jamie Almanza, Executive Director
Name and Title of Authorized Agency Representative

Signature and Date: February 8, 2016
City of Berkeley  
SHELTER PLUS CARE (S+C) PROGRAM  
SERVICE MATCH for COACH Project:  
December 14, 2013 through December 13, 2014

Agency/Program Name:  Building Opportunities for Self-Sufficiency

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<td>Legal</td>
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</tr>
<tr>
<td>Other: (please specify)</td>
<td></td>
</tr>
<tr>
<td>Shelter Services</td>
<td>$22,530.85</td>
</tr>
</tbody>
</table>

TOTAL  $52,280.31

Donald Frazier, Executive Director

Name and Title of Authorized Agency Representative

Signature and Date  2/7/16
February 16, 2016

Andrew Wicker
City of Berkeley
Department of Health, Housing & Community Services
2180 Milvia Street
Berkeley, CA 94704

Dear Andrew:

Attached is a copy of the match report for City of Berkeley Shelter Plus Care clients for the period January 1, 2015 through December 31, 2015.

The match was calculated based on services provided by the LifeLong case manager and by our licensed medical, dental and mental health providers. Total costs are based on:

1. Salary plus benefits (30%) of 1 FTE case manager
2. Supervision and operating expenses (client support, mileage etc.)
3. 170 medical, dental and mental health encounters which are reimbursed at a rate of $250 per encounter according to our FQHC negotiated MediCal rate.

The total match amount, $115,007 represents the sum of the clinical encounters ($42,500) plus the cost for the case management ($72,507).

Please let me know if you have any questions.

Sincerely,

[Signature]

Brenda Goldstein
Psychosocial Services Director
City of Berkeley  
SHELTER PLUS CARE (S+C) PROGRAM  
SERVICE MATCH for COACH Project:  
January 1, 2015 through December 31, 2015

Agency/Program Name: _______YEAH!___________________________

<table>
<thead>
<tr>
<th>Types of services provided for S+C</th>
<th>Value of services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach</td>
<td>$_______________</td>
</tr>
<tr>
<td>Case Management</td>
<td>$ 16,290</td>
</tr>
<tr>
<td>Life Skills (outside of case management)</td>
<td>$_______________</td>
</tr>
<tr>
<td>Alcohol/Drug Treatment/Recovery</td>
<td>$_______________</td>
</tr>
<tr>
<td>Mental Health</td>
<td>$_______________</td>
</tr>
<tr>
<td>AIDS Related Services</td>
<td>$_______________</td>
</tr>
<tr>
<td>Other Health Services</td>
<td>$_______________</td>
</tr>
<tr>
<td>Education</td>
<td>$_______________</td>
</tr>
<tr>
<td>Housing Placement</td>
<td>$_______________</td>
</tr>
<tr>
<td>Employment Assistance</td>
<td>$_______________</td>
</tr>
<tr>
<td>Child Care</td>
<td>$_______________</td>
</tr>
<tr>
<td>Transportation</td>
<td>$_______________</td>
</tr>
<tr>
<td>Legal</td>
<td>$_______________</td>
</tr>
<tr>
<td>Other: (please specify)</td>
<td>$_______________</td>
</tr>
</tbody>
</table>

TOTAL $16,290

______________________________  
Jaclyn Grant, Executive Director

______________________________  
Name and Title of Authorized Agency Representative

______________________________  
Signature and Date  2/18/16
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:
- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2016 CoC Program grant competition.
- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2016 CoC Program NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA, including the General Section Technical Correction, and all requirements and criteria met.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with the instructions found on each individual screen
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2016 CoC Program NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: Field intentionally left blank, cannot edit.
Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission:

2. Type of Application: CoC Planning Project Application

If Revision, select appropriate letter(s):
   If "Other", specify:

3. Date Received: 09/12/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier

6. Date Received by State:

7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 CoC Planning Project Application” from the left-menu bar. For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant
   a. Legal Name: Alameda County
   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000501

c. Organizational DUNS: 02116418 PLUS 4

d. Address
   Street 1: 224 W. Winton Ave, Room 108
   Street 2:
   City: Hayward
   County:
   State: California
   Country: United States
   Zip / Postal Code: 94544

e. Organizational Unit (optional)
   Department Name:
   Division Name:

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Mr.
   First Name: Riley
   Middle Name:

Applicant: Alameda County Housing and Community Development Department
Project: Alameda County CoC Planning Project FY2016

FY2016 CoC Planning Project Application Page 3 09/12/2016
Last Name: Wilkerson  
Suffix:  
Title: HCD Manager  
Organizational Affiliation: Alameda County  
Telephone Number: (510) 670-9797  
Extension:  
Fax Number: (510) 670-6378  
Email: riley.wilkerson@acgov.org
1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 CoC Planning Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant: B. County Government

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. Congressional District(s)

Instructions:
Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this screen. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates. For new projects, select the district(s) in which the project is expected to operate.

Proposed Project Start and End Dates: In this required field, indicate the estimated operating start and end date of the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (state(s) only): California
(for multiple selections hold CTRL+Key)

15. Descriptive Title of Applicant's Project: Alameda County CoC Planning Project FY2016

16. Congressional District(s):
   a. Applicant: CA-013, CA-017, CA-015
   b. Project: CA-013, CA-017, CA-015

17. Proposed Project
   a. Start Date: 11/01/2017
   b. End Date: 10/31/2018

18. Estimated Funding ($)
   a. Federal:
b. Applicant:
   c. State:
   d. Local:
   e. Other:

f. Program Income:
   g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?  
b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?  
No

If "YES," provide an explanation:
1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA (Section VI.A.1.b) and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Linda
Middle Name: M
Last Name: Gardner
Suffix:andle
Title: Housing Director
Telephone Number: (510) 670-5404
(Format: 123-456-7890)
Fax Number: (510) 670-6378
(Format: 123-456-7890)
Email: linda.gardner@acgov.org
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  09/12/2016

Applicant: Alameda County Housing and Community Development Department
Project: Alameda County CoC Planning Project FY2016
2A. Project Detail

Instructions:

CoC Number and Name: Select the number and name of the CoC that the project applicant – also the collaborative applicant – represents. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline.

CoC Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. The selection should be the same as the project applicant for the CoC Planning grant. In most cases, there will only be one name from which to choose. Make sure to select the correct applicant name.

Project Name: This is pre-populated from the "Project" form and cannot be edited.

Component Type: This field is pre-populated with the value "CoC Planning Project Application" and cannot be edited.

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

1a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

1b. Collaborative Applicant Name: Alameda County

2. Project Name: Alameda County CoC Planning Project FY2016

3. Component Type: CoC Planning Project Application
2B. Project Description

Instructions:

Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7: This is a required field. The project description must clearly describe the proposed planning activities that will be carried out by the CoC with these grant funds and how the CoC will ensure compliance with the provisions of 24 CFR 578.7 as well as the associated planning activities at 24 CFR 578.39.

Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: This is a required field. The description must clearly demonstrate the estimated schedule of implementing the proposed activities, the management plan in place to ensure timely start of the project if awarded, and a description of how the Collaborative Applicant will complete the proposed activities.

How will the requested funds improve the CoC’s ability to evaluate the outcome of CoC and ESG projects: This is a required field. The narrative should include the Collaborative Applicant’s increased capacity for evaluation, and how that capacity will allow for the evaluation of both CoC and ESG projects.

How will the planning activities continue beyond the expiration of HUD financial assistance: This is a required field. The narrative should provide a brief description of how the planning activities paid for by the grant funds might continue beyond the grant term listed in this application and without HUD funds.

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

1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7.

The activities in this planning grant will be jointly implemented by Alameda Housing and Community Development (Collaborative Applicant) and EveryOne Home (CoC Lead Organization). EveryOne Home will use the grant funds to expand CoC capacity to support an effective housing and service system. The new CoC governance structure has more committees to oversee planning and coordination of the system and will require additional staff support. A system analyst/planner will add needed capacity to the CoC’s ability to coordinate with mainstream systems and to project and evaluate the impact of system-wide strategies for preventing and ending homelessness. Funds will also be used to assess current “service based count” methodology for its unsheltered PIT and determine whether and how to change to HUD’s recommended “Night of the Count-Complete Census” methodology. Funds will support preparation for the 2019 PIT Count. The CoC will add a more robust project monitoring function for both CoC funded and ESG funded projects, to include site visits and client file review. The grant will enable the CoC to evaluate and adjust policies and practices as the Coordinated Entry System (CES) becomes Continuum-wide in July 2017. The Alameda County HMIS, InHOUSE initially began in 2003 and the funding level for this program has remained static since then. With the release of the HEARTH Act and the revised CoC regulations and HMIS data standards, more responsibilities were required of HMIS. This planning project...
will address a variety of additional requirements that are under resourced in the current HMIS structure. This planning grant will allow the HMIS to increase participation rates of emergency shelter and permanent supportive housing, increase the ability to monitor data quality and enhance our ability to use existing data in HMIS and other systems of care to research trends in homelessness in Alameda County and to evaluate the performance of programs and the homeless system as a whole.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

At the time of submission of this application, we are not yet in contract with the Planning Grant that was approved in the 2015 application. After execution of this grant, EveryOne Home will add three staff positions to conduct the activities. Existing staff will be prepared to proceed with job announcements and hiring as soon as the grant agreement is executed. Prior to execution of the grant agreement existing staff will identify the scopes of work and conduct the bidders processes for 2019 PIT Count. The EveryOne Home Continuum of Care Board will monitor the implementation of all grant activities with specific tasks being delegated to sub-committees such as CES, Performance Management and HUD NOFA Committee. All activities described above will be implemented by the end of the grant period.

The HMIS enhancement will be integrated into the current Alameda County HMIS, InHOUSE. Alameda County Housing and Community Development is both the Collaborative Applicant and the Lead Agency for HMIS. Alameda County’s HMIS has oversight from EveryOne Home’s Performance Management Committee, which will monitor implementation and assure effective and timely completion.

3. How will the requested funds improve the CoC’s ability to evaluate the outcome of CoC and ESG projects?

Alameda County currently has the ability to compile data on basic outcome measures for both programs and system wide. Primarily, these outcome measures mirror the system-wide performance measures that HUD has currently adopted. We are able to evaluate both individual program and system-wide effectiveness using these measures. The addition of the planning grant funding will allow us investigate, compile and analyze data on other indicators that have an impact on preventing homelessness, shortening the length of homelessness episodes and cross-systems data analysis with mainstream system factors that may contribute to homelessness, towards more extensive and effective coordination of homeless and mainstream systems of care. By adding a data quality monitor and project monitor, staff will have more capacity to conduct site visits, review client files, and support projects to improve performance and data quality.

4. How will the planning activities continue beyond the expiration of HUD financial assistance?

These activities are needed to meet the mandates established by HUD in the
HEARTH Act. We plan to use funding under this grant to establish protocols, report formats, and other templates that can be used going forward with only minor adjustments, which would reduce the amount of funds needed on a continuing basis or allow additional innovations to be undertaken. Ideally, the on-going activities will continue to be funded by HUD. In the event that HUD declines to continue funding these activities, we will look to other funding sources, such as County and City General Funds and foundation funding. However, without ongoing HUD funding, the activities outlined in this proposal will likely be significantly reduced moving forward. Some of this reduction may be offset by reductions in costs of for the one-time activities listed above.
3A. Governance and Operations

Instructions

Screen 3A requires project applicants to detail important aspects of their CoC’s governance structure and operations.

How often does the CoC conduct meetings of the full CoC membership? In this required field, select the appropriate dropdown option from the menu to indicate how often the CoC conducts meetings with the full CoC membership invited and largely accounted for.

Does the CoC include membership of a homeless or formerly homeless person? This is a required field. Select “Yes” or “No” to indicate whether or not the CoC membership includes at least one homeless or formerly homeless individual.

For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply): Select an option from the dropdown menu to indicate the roles that homeless or formerly homeless members play in the CoC.

Does the CoC’s governance charter incorporate written policies and procedures for each of the following: Select “Yes” for each of the following if it is included in the CoC’s governance charter. Select “No” for each of the following if is NOT included in the CoC’s governance charter.

a. Written agendas of CoC meetings?

b. Coordinated Entry? (Also known as centralized or coordinated assessment)

*Please explain why written policies and procedures for Coordinated Entry have not been incorporated into the CoC’s governance charter? This question will appear if no is selected for question “b” above.

c. Process for monitoring outcomes of ESG recipients?

d. CoC policies and procedures?

e. Written process for board selection?

f. Code of Conduct for board members that includes a recusal process?

g. Written standards for administering assistance?

Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months? Select “Yes” if there were any written complaints, from any source, received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months.

If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved. This question will appear if “Yes” is selected for question 4 above. Remember to include how the complaint(s) was resolved and the date of resolution.

1. How often does the CoC conduct meetings of the full CoC membership?  
   Semi-Annually

2. Does the CoC include membership of a homeless or formerly homeless person?  
   Yes
2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)

<table>
<thead>
<tr>
<th>Role</th>
<th>Yes</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participates in CoC meetings</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Votes, including electing Coc Board</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Sits on CoC Board</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Does the CoC's governance charter incorporate written policies and procedures for each of the following

   a. Written agendas of CoC meetings? Yes
   b. Coordinated Entry? (Also known as centralized or coordinated assessment) Yes
   c. Process for monitoring outcomes of ESG recipients? No
   d. CoC policies and procedures? Yes
   e. Written process for board selection? Yes
   f. Code of Conduct for board members that includes a recusal process? Yes
   g. Written standards for administering assistance? Yes

4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months? No
**3B. Committees**

**Instructions**

Screen 3B provides an opportunity for project applicants to list the CoC committees that meet regularly regarding CoC-wide planning and policy. Please list no more than five committees and choose those that have the broadest impact and/or that meet most frequently.

Committees: In the following table, provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, including a brief description of the role, the frequency of the meetings and name of individuals and/or organizations represented. Only include committees, subcommittees, and/or workgroups that are directly involved in CoC-wide planning and not the regular delivery of services.

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

<table>
<thead>
<tr>
<th>Committee Name</th>
<th>Role of the Committee (max 750 characters)</th>
<th>Meeting Frequency</th>
<th>Name of Individuals and/or Organizations Represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC Committee</td>
<td>Functions as the CoC Board. Ensures compliance with Interim Rule requirements for operating a CoC, including oversight of HMIS, CES, needs and gaps analysis, coordinating with ESG recipients and Con Plan jurisdictions, monitoring CoC and ESG funded project performance, conducting the biennial homeless count, and the submission of the annual funding application. Consist of nine members, 3 elected by the full membership, 6 appointed by a nominating committee of the EveryOne Home Board. Members must include at least one member with lived experience of homelessness and employees of relevant county and city departments, homeless and housing service providers representing the full geography of the County and sub-populations of the homeless.</td>
<td>Monthly</td>
<td>Alameda County HCD HMIS Lead; Homeless Programs City of Berkeley; Housing Services City of Oakland, Human Services City of Hayward; one consumer; Abode Services; Berkeley Food and Housing Project; Alameda Point Collaborative; Rubicon Programs.</td>
</tr>
<tr>
<td>Performance Management Sub-Committee</td>
<td>Oversees the operations of the HMIS, which includes ensuring compliance with federal requirements, planning, provider participation, coordination of data resources, data integration either with outside systems or with participating agencies' internal data collection systems, updating policies and procedures, recommendations about the software/vendor, supporting and protecting the rights and privacy of service users; review periodic outcome reports; recommend revisions to performance measures and targets; and ensures the publication of reports such as the Homeless Count and the Annual Outcomes Report.</td>
<td>Monthly</td>
<td>This committee is open to any interested members. Regular participation from HMIS Lead, EveryOne Home staff, Berkeley, Oakland, Fremont, 7-10 providers</td>
</tr>
<tr>
<td>Committee</td>
<td>Description</td>
<td>Frequency</td>
<td>Membership</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Coordinated Entry Committee</td>
<td>Oversees the planning and implementation of the Coordinated Entry System, including recommending program models, HMIS modifications, development and testing of assessment tools, monitoring performance of the system and planning for changes and improvements. The membership includes funders, providers and users in the system.</td>
<td>Monthly</td>
<td>Members include reps fr County Health Care, Social Services, HCD; Berkeley, Oakland, Hayward, Livermore, Fremont; victim, youth, and vet services providers; 211; outreach, emergency shelter, RRH and PSH providers; hospital and law enforcement</td>
</tr>
<tr>
<td>Home Stretch Committee</td>
<td>Implements and oversees the strategy to end chronic homelessness, including the creation of a centralized registry for all persons eligible for permanent supportive housing, the delivery of housing navigation services to the most vulnerable chronically homeless. Roles and responsibilities include ensure the implementation of the Permanent Supportive Housing prioritization policy; monitor and revise system-wide policies and practices for locating, enrolling, serving and housing the system’s most vulnerable homeless persons; and Convene stakeholders as a learning community for ending chronic homelessness. Membership is open to any stakeholders.</td>
<td>Monthly</td>
<td>This committee is open to any interested members. Regular participation from all street outreach providers, health care, HCD, S+C operators, full service partnerships, and EveryOne Home staff</td>
</tr>
<tr>
<td>Operation Vets Home</td>
<td>Implements and oversees the strategy to end veteran homelessness. Roles and responsibilities include maintains a master list of all the homeless veterans; monitor and revise system-wide policies and practices for locating, enrolling, serving and housing veterans; convene stakeholders as a learning community for ending veteran homelessness. Membership is open to any stakeholders.</td>
<td>Monthly</td>
<td>This committee is open to any interested members. Regular participation from all SSVF grantees, the VA, EveryOne Home staff, street outreach and GPD providers.</td>
</tr>
</tbody>
</table>
4A. Sources of Match

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2016 Funding Notice, and the FY 2016 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Select Match to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match screen will populate the Screen "3B. Funding Request." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>County General Fund</td>
<td>09/01/2016</td>
<td>$212,000</td>
</tr>
</tbody>
</table>

| Total Value of Cash Commitments: | $212,000 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $212,000 |
Sources of Match Details

1. Will this commitment be used towards Match?  Yes

2. Type of commitment:  Cash

3. Type of source:  Government

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

5. Date of Written Commitment:  09/01/2016

6. Value of Written Commitment:  $212,000
4B. Funding Request

Instructions:
Is it feasible for the project to be under grant agreement by September 30, 2018: Select “Yes” or “No” to indicate whether the grant agreement will be executed and the project will begin operating by September 30, 2018. The FY 2016 HUD Appropriations Act requires HUD to obligate FY 2016 CoC Program funds by this date. A selection of “No” may result in the rejection of a project application during the HUD assessment. Further, if a CoC Planning award is not obligated with the grant execution by September 30, 2018, the conditional award will be terminated and the funds recaptured.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:

- Please complete the indirect cost rate schedule below: Applicant must complete at least one row in the grid.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate?: Select “Yes” or “No” from the dropdown menu.

Select a grant term: This field is populated with the value "1 Year" and cannot be edited.

Eligible Costs: For items 1 through 8, enter a “Quantity AND Description” and amount of assistance for each activity for which funds are being requested. “Quantity AND Description” details should be thorough, and failure to enter adequate “Quantity AND Detail” may result in conditions being placed on an award and a delay of grant funding. Once a “Quantity AND Detail” and an amount have been entered into one or more of the items, click “Save” and e-snaps will total the assistance requested and determine the total Match amount required.

Total Costs Requested: This field is automatically calculated based total amount requested for each eligible cost.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “4A. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “4A. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “4A. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement. The Total Budget automatically calculates when you click the "Save" button.

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

1. Will it be feasible for the project to be  Yes
under grant agreement by September 30, 2018?

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

3. Select a grant term: 1 Year

A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.

<table>
<thead>
<tr>
<th>Eligible Costs:</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Coordination Activities</td>
<td>.25 FTE Continuum of Care Director taxes and benefits, portion of office rental, computer and phone system, 250 hrs of CES consulting support</td>
<td>$77,850</td>
</tr>
<tr>
<td>2. Project Evaluation</td>
<td>.1 FTE Continuum of Care Director, .1 FTE System Analyst, .2 FTE Project Monitor, taxes and benefits, office, phone, technology</td>
<td>$45,299</td>
</tr>
<tr>
<td>3. Project Monitoring Activities</td>
<td>1 FTE Data Analyst and benefits, .1 FTE System Analyst, .3 FTE Project Monitor, taxes &amp; benefits, portion of office rental, computer and phone system</td>
<td>$219,795</td>
</tr>
<tr>
<td>4. Participation in the Consolidated Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. CoC Application Activities</td>
<td>.2 FTE Continuum of Care Director, .5 FTE project monitor, taxes and benefits, portion of office rental, computer and phone system</td>
<td>$73,057</td>
</tr>
<tr>
<td>6. Determining Geographical Area to Be Served by the CoC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Developing a CoC System</td>
<td>.25 FTE of CoC director, .4 FTE of a System Analyst, taxes and benefits, portion of office rental, computer and phone system</td>
<td>$101,111</td>
</tr>
<tr>
<td>8. HUD Compliance Activities</td>
<td>1 FTE HMIS Trainer/Compliance Monitor and benefits, .2 FTE CoC Director, .4 FTE of System Analyst, taxes and benefits, portion of office rental, computer and phone system, researcher contract for Homeless Count</td>
<td>$328,126</td>
</tr>
</tbody>
</table>

Total Costs Requested $845,238
Cash Match $212,000
In-Kind Match $0
Total Match $212,000
Total Budget $1,057,238

Click the 'Save' button to automatically calculate the Total Assistance
5A. Attachment(s)

**Instructions:**
Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:
A. For all projects:

**Fair Housing and Equal Opportunity**

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or
disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section’s nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. For Rental Assistance Only.

Supportive Services.

It will make available supportive services appropriate to the needs of the population served and equal in value to the aggregate amount of rental assistance funded by HUD for the full term of the rental assistance.

D. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall attach an explanation behind this page.

Name of Authorized Certifying Official: Linda Gardner

Date: 09/12/2016

Title: Housing Director

Applicant Organization: Alameda County

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to X

Applicant: Alameda County Housing and Community Development Department

Project: Alameda County CoC Planning Project FY2016
criminal, civil, or administrative penalties .
(U.S. Code, Title 218, Section 1001).
6A. Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Application Type</td>
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</tr>
<tr>
<td>1B. Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. Congressional District(s)</td>
<td>09/08/2016</td>
</tr>
<tr>
<td>1E. Compliance</td>
<td>08/08/2016</td>
</tr>
<tr>
<td>1F. Declaration</td>
<td>08/08/2016</td>
</tr>
<tr>
<td>2A. Project Detail</td>
<td>08/08/2016</td>
</tr>
<tr>
<td>2B. Description</td>
<td>09/12/2016</td>
</tr>
<tr>
<td>3A. Governance and Operations</td>
<td>09/09/2016</td>
</tr>
<tr>
<td>3B. Committees</td>
<td>09/11/2016</td>
</tr>
<tr>
<td>4A. Match</td>
<td>09/09/2016</td>
</tr>
<tr>
<td>4B. Funding Request</td>
<td>09/09/2016</td>
</tr>
<tr>
<td>5A. Attachment(s)</td>
<td>No Input Required</td>
</tr>
<tr>
<td>5B. Certification</td>
<td>09/09/2016</td>
</tr>
</tbody>
</table>
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.
Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.
Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 08/24/2016
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: CA0092L9T021507
   (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number X
6. Date Received by State:
7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

8. Applicant
   a. Legal Name: Resources for Community Development
   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2952466

<table>
<thead>
<tr>
<th>c. Organizational DUNS:</th>
<th>363812082</th>
<th>PLUS 4</th>
</tr>
</thead>
</table>

d. Address
   Street 1: 2220 Oxford St
   Street 2: 
   City: Berkeley
   County: Alameda
   State: California
   Country: United States
   Zip / Postal Code: 94704

e. Organizational Unit (optional)
   Department Name: Services
   Division Name: N/A

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Ms.
First Name: Olivia
Middle Name: 
Last Name: King 
Suffix: 
Title: Director of Resident Services
Organizational Affiliation: Resources for Community Development
Telephone Number: (510) 841-4410
Extension: 332
Fax Number: (510) 548-3502
Email: oking@rcdhousing.org
1C. Application Details

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

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

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance

   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25

   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

   Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant’s Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) only): California
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Concord House

16. Congressional District(s):
   a. Applicant: CA-011, CA-015
   (for multiple selections hold CTRL key)
   b. Project: CA-013
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 02/01/2017
   b. End Date: 01/31/2018

18. Estimated Funding ($)
Applicant: Resources for Community Development
Project: Concord House

a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?  
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?  
   No

   If "YES," provide an explanation:
1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Mr.
First Name: Daniel
Middle Name: 
Last Name: Sawislak
Suffix: 
Title: Executive Director
Telephone Number: (510) 841-4410
(Format: 123-456-7890)
Fax Number: (510) 548-3502
(Format: 123-456-7890)
Email: dsawislak@rcdhousing.org
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  08/24/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abode</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$32,001</td>
</tr>
</tbody>
</table>

Total Expected Sub-Awards: $32,001
2A. Project Subrecipients Detail

Instructions:
Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: Abode

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

If "Other" specify:
c. Employer or Tax Identification Number: 94-3087060

* d. Organizational DUNS: 012042880 PLUS 4

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td>Street 1:</td>
<td>40849 Fremont Blvd</td>
<td>Street 2:</td>
</tr>
<tr>
<td>City:</td>
<td>Fremont</td>
<td>State:</td>
</tr>
<tr>
<td>Zip Code:</td>
<td>94538</td>
<td></td>
</tr>
</tbody>
</table>

f. Congressional District(s): CA-013, CA-017, CA-015, CA-019, CA-018, CA-020

(g. Is the subrecipient a Faith-Based Organization?) No

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

i. Expected Sub-Award Amount: $32,001

j. Contact Person
Prefix: Ms.
First Name: Vivian
Middle Name:
Last Name: Wan
Suffix:
Title: Program Evaluation Manager
E-mail Address: vwan@abodeservices.org
Confirm E-mail Address: vwan@abodeservices.org
Phone Number: 510-657-7409
Extension: 212
Fax Number:  

Documentation of the subrecipient's nonprofit status is required with the submission of this application.
2B. Recipient Performance

**Instructions:**

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?</td>
<td>No</td>
</tr>
<tr>
<td>3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?</td>
<td>No</td>
</tr>
</tbody>
</table>
3A. Project Detail

Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: CA0092L9T021507
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Concord House
4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.

- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.

- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.

- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.

- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type pf SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

1. Provide a description that addresses the entire scope of the proposed project.

Concord House is an 8 unit permanent housing program serving chronically homeless individuals with Disabling HIV or AIDS. The property is made up of two houses where residents have their own room, with private bath, and share communal cooking and living space with three other residents. The property is managed by the John Stewart Management Company, owned by RCD, who collaborates with Abode Services to provide service coordination and other supportive services focused on keeping participants stably housed, generating positive health outcomes and helping residents to attain greater self-sufficiency

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>X</th>
<th>Domestic Violence</th>
</tr>
</thead>
</table>

Applicant: Resources for Community Development
Project: Concord House

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**Veterans** | **Substance Abuse**
---|---
X |  

**Youth (under 25)** | **Mental Illness**
---|---
|  

**Families with Children** | **HIV/AIDS**
---|---
| X 

**Other** (Click 'Save' to update)

### Other:

#### 3. Housing First

**3a. Does the project quickly move participants into permanent housing?**

Yes

**3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.**

<table>
<thead>
<tr>
<th>Item</th>
<th>Screened Out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance abuse</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

**3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Terminated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found in the project's geographic area.</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

**3d. Does the project follow a "Housing First" approach?**

Yes
4. Does the PH project provide PSH or RRH?  PSH

4a. Does the project request costs under the rental assistance budget line item?  No
4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Education Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 8
Total Beds: 8
Total Dedicated CH Beds: 8
Total Prioritized CH Beds: 0

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared housing</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>0</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type:  Shared housing

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units:  8
   b. Beds:  8

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 8
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 0
      Auto calculated
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 0
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 0

4. Address:
   Street 1:  20373 Concord Ave
   Street 2:
   City:  Hayward
   State:  California
   ZIP Code:  94541

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   061602 Hayward
**5A. Project Participants - Households**

**Instructions:**

**ALL PROJECTS EXCEPT HMIS**

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number...” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

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

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Renewal Project Application FY2016</th>
<th>Page 27</th>
<th>09/12/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category</td>
<td>Adults over age 24</td>
<td>Adults ages 18-24</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>--------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

**Click Save to automatically calculate totals**
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>8</td>
<td>5</td>
<td>3</td>
<td>8</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>8</td>
<td>5</td>
<td>3</td>
<td>8</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>8</td>
<td>5</td>
<td>3</td>
<td>8</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>75%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>25%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td>0%</td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td>0%</td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td>0%</td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Do any of the properties in this project have an active restrictive covenant?  Yes
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation?  No

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

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Supportive Services  X
   - Operations  X
   - HMIS
6E. 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. 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. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>this line supports approximately 0.53 FTE, of a Service Coordinator position at a salary of $48,303, plus 25% fringe benefits</td>
<td>$32,001</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
13. Outreach Services
14. Substance Abuse Treatment Services
15. Transportation
16. Utility Deposits
17. Operating Costs

<table>
<thead>
<tr>
<th>Total Annual Assistance Requested</th>
<th>$32,001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Term</td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td>$32,001</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6F. Operating Budget

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g., .75 FTE hours and benefits for staff, utility types, and monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW

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

Are you requesting a 15 year renewal per the FY2016 CoC Program NOFA? This request is only available for Operating Costs budget line items in projects in which the applicant owns the building and needs to provide maintenance. Only 1 year of funding is allowed according to the relevant section of the FY 2016 CoC Program Competition NOFA.

Grant term: This field is populated with the value “1 Year” 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintenance/Repair</td>
<td>Manager 5.2 hrs/wk, Maintenance 6 hrs/+ benefits, garbage, landscape, electrical, appl and genl, maint. and supplies</td>
<td>$28,358</td>
</tr>
<tr>
<td>2. Property Taxes and Insurance</td>
<td>Property Liability</td>
<td>$3,194</td>
</tr>
<tr>
<td>3. Replacement Reserve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Building Security</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Electricity, Gas, and Water</td>
<td>Utilities, electricity, gas, water, &amp; sewer</td>
<td>$8,867</td>
</tr>
<tr>
<td>6. Furniture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Equipment (lease, buy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td></td>
<td>$40,419</td>
</tr>
</tbody>
</table>

Grant Term

<table>
<thead>
<tr>
<th>Grant Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Year</td>
</tr>
</tbody>
</table>

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.
Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for projects with operating costs and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Resources for Com...</td>
<td>08/01/2016</td>
<td>$19,364</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Abode Services</td>
<td>08/01/2016</td>
<td>$15,912</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Resources for Com...</td>
<td>08/01/2016</td>
<td>$1,250</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Alameda County</td>
<td>08/01/2016</td>
<td>$80,000</td>
</tr>
</tbody>
</table>
Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

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: Resources for Community Development
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/01/2016
6. Value of Written Commitment: $19,364
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) Abode Services

5. Date of Written Commitment: 08/01/2016

6. Value of Written Commitment: $15,912

Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field.
that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Resources for Community Development

   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/01/2016

6. Value of Written Commitment: $1,250

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The
Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Government
4. Name the Source of the Commitment: Alameda County
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/01/2016
6. Value of Written Commitment: $80,000
6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
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<td>$0</td>
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<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
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</table>

Renewal Project Application FY2016  Page 43  09/12/2016
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
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<tr>
<td>3</td>
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<td>4</td>
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<td>HMIS</td>
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<td>6</td>
<td>Sub-total Costs Requested</td>
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<td>7</td>
<td>Admin (Up to 10%)</td>
<td>$4,679</td>
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<td>8</td>
<td>Total Assistance plus Admin Requested</td>
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<tr>
<td>9</td>
<td>Cash Match</td>
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<tr>
<td>10</td>
<td>In-Kind Match</td>
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<td>11</td>
<td>Total Match</td>
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<tr>
<td>12</td>
<td>Total Budget</td>
<td>$193,625</td>
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7A. Attachment(s)

Instructions:
Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant’s application for funding is consistent with the jurisdiction’s HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

<table>
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<th>Document Description</th>
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<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
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<td>08/24/2016</td>
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<td>2) Other Attachment</td>
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<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
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<td></td>
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</tbody>
</table>
Attachment Details

Document Description: 501c3

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Daniel Sawislak
Date: 08/24/2016
Title: Executive Director
Applicant Organization: Resources for Community Development

I certify that I have been duly authorized by the applicant to submit this Applicant: X

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Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
## 8B Submission Summary

<table>
<thead>
<tr>
<th>Section</th>
<th>Last Updated</th>
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<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/24/2016</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
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</tr>
<tr>
<td>1C. Application Details</td>
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<tr>
<td>1D. Congressional District(s)</td>
<td>08/24/2016</td>
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<tr>
<td>1E. Compliance</td>
<td>08/09/2016</td>
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<tr>
<td>1F. Declaration</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>2B. Recipient Performance</td>
<td>08/09/2016</td>
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<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/09/2016</td>
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<tr>
<td>3B. Description</td>
<td>08/09/2016</td>
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<td>4A. Services</td>
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<td>5C. Outreach</td>
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<td>6A. Funding Request</td>
<td>08/24/2016</td>
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<td>6F. Operating</td>
<td>08/09/2016</td>
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<td>6H. Match</td>
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<tr>
<td>7A. Attachment(s)</td>
<td>08/24/2016</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/09/2016</td>
</tr>
</tbody>
</table>
Employer Identification Number: 94-3087060
Person to Contact: Barb Herald
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of June 11, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in November 1989, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(03) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Cindy Westcott
Manager, EO Determinations
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission: Application
2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/18/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: CA1063L9T021503

(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

X

6. Date Received by State:

7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

8. Applicant

a. Legal Name: Abode Services

b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3087060

c. Organizational DUNS: 012042880

d. Address

Street 1: 40849 Fremont Blvd
Street 2:
City: Fremont
County: Alameda
State: California
Country: United States
Zip / Postal Code: 94538

e. Organizational Unit (optional)

Department Name:
Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.
First Name: Vivian
Middle Name: 
Last Name: Wan
Suffix: 
Title: Chief Operating Officer
Organizational Affiliation: Abode Services
Telephone Number: (510) 657-7409
Extension: 212
Fax Number: (510) 657-7293
Email: vwan@abodeservices.org
1C. Application Details

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

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

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
    Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) only): California
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Impact

16. Congressional District(s):
   a. Applicant: CA-013, CA-017, CA-014, CA-015, CA-019, CA-018, CA-020
   (for multiple selections hold CTRL key)
   b. Project: CA-013, CA-017, CA-015
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 08/01/2017
   b. End Date: 07/31/2018

18. Estimated Funding ($)
a. Federal:

b. Applicant:
   c. State:
   d. Local:
   e. Other:

f. Program Income:
   g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?  
   a. Program is subject to E.O. 12372 and has been selected by the State for review.
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?  
   No

   If "YES," provide an explanation:
1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snapsguides/coc-program-competition-resources/

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Mr.
First Name: Louis
Middle Name: 
Last Name: Chicoine
Suffix: 
Title: Executive Director

Telephone Number: (510) 657-7409
(Format: 123-456-7890)
Fax Number: (510) 657-7293
(Format: 123-456-7890)
Email: lchicoine@abodeservices.org
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  08/18/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $64,318

<table>
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<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
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<tbody>
<tr>
<td>LifeLong Medical Care</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$64,318</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

Instructions:
Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: LifeLong Medical Care

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

If "Other” specify:
c. Employer or Tax Identification Number: 94-2502308

d. Organizational DUNS: 177726908

* e. Physical Address
Street 1: 2344 Sixth Street
Street 2: 
City: Berkeley
State: California
Zip Code: 94710

f. Congressional District(s): CA-013, CA-011, CA-005, CA-002
(for multiple selections hold CTRL key)

 g. Is the subrecipient a Faith-Based Organization? No

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

i. Expected Sub-Award Amount: $64,318

j. Contact Person
Prefix: Ms.
First Name: Brenda
Middle Name:
Last Name: Goldstein
Suffix:
Title: Psychosocial Services Director
E-mail Address: bgoldstein@lifelongmedical.org
Confirm E-mail Address: bgoldstein@lifelongmedical.org
Phone Number: 510-981-4136
Extension:
Fax Number: 510-981-4191
Documentation of the subrecipient's nonprofit status is required with the submission of this application.
2B. Recipient Performance

Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If “Yes” is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes
Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

We have had some difficulty leasing up this program, due to an unforgiving housing market and specific geographic requirements in housing. In addition, this program targets the highest-need individuals, who may have unexpected exits (such as death or incarceration), which also affects the leasing line item. At the time of writing, our monthly spending rate will bring us very close to full spending on this grant. We also plan to lease more units than specified in the grant, which will maximize the funding amount.
3A. Project Detail

**Instructions:**

The selections made on this screen will determine which additional forms will need to be completed for this project application.

**Expiring Grant Number:** This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

**CoC Number and Name:** Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

**CoC Collaborative Applicant Name:** Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

**Project Name:** This is pre-populated from the “Project” Form and cannot be edited.

**Project Status:** The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

**Component Type:** This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

**Title V:** This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Resource Exchange: [https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/](https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/)

---

**1. Expiring Grant Number:** CA1063L9T021503
(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

**2a. CoC Number and Name:** CA-502 - Oakland, Berkeley/Alameda County CoC

**2b. CoC Collaborative Applicant Name:** Alameda County

**3. Project Name:** Impact
4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

1. Provide a description that addresses the entire scope of the proposed project.

The Alameda County Impact Project (Impact) is a collaboration of Abode Services, EveryOne Home, several community-based agencies, and four local cities and police departments (Oakland, Hayward, Fremont and Livermore). Modeled on local and national partnerships with law enforcement, AC Impact provides permanent supportive housing to 46 chronically homeless persons living in public unsheltered environments. The purpose of AC Impact is to improve the quality of life for both the chronically homeless persons and for the general community, which is currently affected by their presence living outside or disturbing public areas. The program launched on August 1, 2013.

Impact is a Housing First program serving a target population with a range of unmet needs that require an integrated services approach. They have substantial barriers to housing and are often initially uninterested in participating in housing or case management. They have little or no income at entry, frequent interactions with law enforcement (which includes significant criminal justice histories) and untreated disabilities and health conditions including substance addiction and serious mental illness. Many have "failed" in other conventional housing programs, where insufficient housing stabilization services, strict service requirements, or zero-tolerance policies led quickly to exit or eviction.
AC Impact offers scattered-site leased units in each of the target communities and provide enhanced case management and access to a variety of critical community services. Existing networks of city and community agencies conduct outreach, and our targeting strategies are tailored to each jurisdiction through regular conversations between local law enforcement, community stakeholders, city officials and AC Impact partner agencies. The goal is to attain the greatest community impact with the subsidies that we do have.

Abode Services, as the grantee, and EveryOne Home, the county’s ten-year planning body, together co-coordinate the multi-community effort. Abode Services manages the leasing subsidies, conducts outreach to landlords, and works with individuals to find housing appropriate to their needs. Abode and LifeLong Medical Care provide enhanced case management to support the participants to maintain their housing, including intensive landlord engagement and support, frequent home visits, and individualized service planning. AC Impact provides participants with essential leveraged services including benefits advocacy, representative payee services, employment training, and medical and mental health care through longstanding community partnerships.

The success of the program is measured in terms of housing stability and increased self-sufficiency for participants. In the last contract year, 98% of participants remained stably housed, and 69% of adults maintained or increased their income.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Veterans</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td>Mental Illness</td>
</tr>
<tr>
<td>Families with Children</td>
<td>HIV/AIDS</td>
</tr>
</tbody>
</table>

Other: History of police interaction

3. Housing First

3a. Does the project quickly move participants into permanent housing? Yes
3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Item</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance abuse</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found in the project's geographic area.</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? PSH

4a. Does the project request costs under the rental assistance budget line item? No
4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.
- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:
- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No
## 4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

- **Total Units:** 46
- **Total Beds:** 46
- **Total Dedicated CH Beds:** 46
- **Total Prioritized CH Beds:** 0

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...</td>
<td>46</td>
<td>46</td>
<td>46</td>
<td>0</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 46
   b. Beds: 46

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 46
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 0
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 0
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 0

4. Address:
   Street 1: 40849 Fremont Boulevard
   Street 2: 
   City: Fremont
   State: California
   ZIP Code: 94538

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   061404 Fremont, 062034 Livermore, 061602 Hayward, 062508 Oakland
5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number...” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

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

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>1</td>
<td>45</td>
<td>0</td>
<td>46</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2016</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Applicant:** Abode Services  
**Project:** Impact

<table>
<thead>
<tr>
<th>Category</th>
<th>Adults over age 24</th>
<th>Adults ages 18-24</th>
<th>Accompanied Children under age 18</th>
<th>Unaccompanied Children under age 18</th>
<th>Total Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>1</td>
<td>45</td>
<td></td>
<td></td>
<td>46</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>2</td>
<td>45</td>
<td></td>
<td></td>
<td>47</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
## Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>43</td>
<td>2</td>
<td>0</td>
<td>34</td>
<td>0</td>
<td>34</td>
<td>16</td>
<td>28</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>43</td>
<td>2</td>
<td>0</td>
<td>34</td>
<td>0</td>
<td>34</td>
<td>16</td>
<td>28</td>
<td>8</td>
<td>0</td>
</tr>
</tbody>
</table>

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Describe the unlisted subpopulations referred to above:

We anticipate that any children in a household will not fit into any of the listed subpopulations.
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>10%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td></td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td></td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td></td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Do any of the properties in this project have an active restrictive covenant?  No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Yes

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

4. Does this project propose to allocate funds according to an indirect cost rate? Yes

   Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

   Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

   a. Please complete the indirect cost rate schedule below:

<table>
<thead>
<tr>
<th>Administering Department/Agency</th>
<th>Indirect Cost Rate</th>
<th>Direct Cost Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUD CPD</td>
<td>10%</td>
<td>$915,191</td>
</tr>
</tbody>
</table>

   b. Has this rate been approved by your cognizant agency? No

   c. Do you plan to use the 10% de minimis rate? Yes

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:

   Leased Units X
   Leased Structures
   Supportive Services X
   Operations
   HMIS

Applicant: Abode Services
Project: Impact
6B. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

<table>
<thead>
<tr>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Annual Budget Requested</th>
<th>Total Budget Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA - Oakland-Frem...</td>
<td>46</td>
<td>$753,016</td>
<td>$753,016</td>
</tr>
</tbody>
</table>

Total Annual Assistance Requested: $753,016
Grant Term: 1 Year
Total Request for Grant Term: $753,016
Total Units: 46
Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY2016 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 rent for each unit in the FMR Area column in the chart below. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

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. The number(s) entered must match the HUD approved FY 2016 GIW.

Total Units and Annual Assistance Requested: This is a required field. Enter in the total leased units amount according to the CoC’s HUD approved FY 2016 GIW.

Grant Term: This field is populated with “1 Year” and will be read only.

Total Request for Grant Term: This field will equal the total leasing amount entered above.

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

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

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: CA - Oakland-Fremont, CA HUD Metro FMR Area (0600199999)

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>46</td>
</tr>
<tr>
<td>2 Bedroom</td>
<td></td>
</tr>
<tr>
<td>3 Bedroom</td>
<td></td>
</tr>
<tr>
<td>4 Bedroom</td>
<td></td>
</tr>
<tr>
<td>5 Bedroom</td>
<td></td>
</tr>
<tr>
<td>6 Bedroom</td>
<td></td>
</tr>
<tr>
<td>7 Bedroom</td>
<td></td>
</tr>
<tr>
<td>8 Bedroom</td>
<td></td>
</tr>
<tr>
<td>9 Bedroom</td>
<td></td>
</tr>
</tbody>
</table>

Applicant: Abode Services
Project: Impact

Renewal Project Application FY2016 Page 36 09/12/2016
### Applicant: Abode Services

**Project:** Impact  

<table>
<thead>
<tr>
<th>Total Units and Annual Assistance Requested</th>
<th>46</th>
<th>$753,016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Term</td>
<td></td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td></td>
<td>$753,016</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6E. 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 “1 FTE” 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. 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. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based 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 Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>This budget line supports 2.4 Service Coordinators ($45,000/year) and 0.3 Program Manager ($64,000/year) for direct supervision of client cases, plus 25% fringe benefits. [($45,000 x 2.4) + ($64,000 x 0.3)] x 1.25 = $159,000</td>
<td>$159,000</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Transportation</td>
<td>This line includes $3,175 in transportation costs, which consists of mileage used by all program staff (2.7 FTEs total) traveling for the purposes of case management and service coordination. This is calculated as $98/month per FTE or $98 x 12 x 2.7 = $3,175.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$3,175</td>
<td></td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grant Term</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>City of Fremont</td>
<td>08/16/2016</td>
<td>$30,000</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>City of Hayward</td>
<td>08/01/2016</td>
<td>$30,000</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>City of Livermore</td>
<td>07/22/2016</td>
<td>$104,318</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>City of Livermore</td>
<td>07/22/2016</td>
<td>$16,000</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Abode Services -</td>
<td>08/16/2016</td>
<td>$43,000</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Abode Services</td>
<td>08/16/2016</td>
<td>$19,678</td>
</tr>
</tbody>
</table>
Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6l. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: City of Fremont
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/16/2016
6. Value of Written Commitment: $30,000
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: City of Hayward (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/01/2016
6. Value of Written Commitment: $30,000

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field
that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: City of Livermore (Be as specific as possible and include the office or grant program as applicable)
   5. Date of Written Commitment: 07/22/2016
   6. Value of Written Commitment: $104,318

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The
Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) City of Livermore
5. Date of Written Commitment: 07/22/2016
6. Value of Written Commitment: $16,000

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and
include the office or grant program as applicable. Enter the name of the entity providing the
contribution. It is important to provide as much detail as possible so that the local HUD office can
quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary
Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary
budget where the 25% match minimum will be calculated and applied.

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

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: Abode Services - program income
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/16/2016

6. Value of Written Commitment: $43,000

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or
greater than 25% of the total grant request for all eligible costs under the CoC Program interim
rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC
Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field
that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution
that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The
Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program)
funds may be considered Government sources. Project applicants are encouraged to include
funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant,
Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and
include the office or grant program as applicable. Enter the name of the entity providing the
contribution. It is important to provide as much detail as possible so that the local HUD office can
quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.
Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Abode Services
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/16/2016
6. Value of Written Commitment: $19,678
6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the “Save” button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$753,016</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
</tbody>
</table>

Applicant: Abode Services
Project: Impact

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<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Supportive Services</td>
<td>$162,175</td>
</tr>
<tr>
<td>4</td>
<td>Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5</td>
<td>HMIS</td>
<td>$0</td>
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<tr>
<td>6</td>
<td>Sub-total Costs Requested</td>
<td>$915,191</td>
</tr>
<tr>
<td>7</td>
<td>Admin (Up to 10%)</td>
<td>$56,792</td>
</tr>
<tr>
<td>8</td>
<td>Total Assistance plus Admin Requested</td>
<td>$971,983</td>
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<tr>
<td>9</td>
<td>Cash Match</td>
<td>$207,318</td>
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<tr>
<td>10</td>
<td>In-Kind Match</td>
<td>$35,678</td>
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<td>11</td>
<td>Total Match</td>
<td>$242,996</td>
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<td>12</td>
<td>Total Budget</td>
<td>$1,214,979</td>
</tr>
</tbody>
</table>
7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient’s nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant’s application for funding is consistent with the jurisdiction’s HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>LMC Nonprofit Doc...</td>
<td>12/31/2013</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: LMC Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section’s nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official**: Louis Chicoine

**Date**: 08/18/2016

**Title**: Executive Director

**Applicant Organization**: Abode Services

**PHA Number (For PHA Applicants Only):**

I certify that I have been duly authorized by the applicant to submit this Applicant X

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Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
### 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. Congressional District(s)</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>1E. Compliance</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>1F. Declaration</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>2B. Recipient Performance</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/16/2016</td>
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<tr>
<td>4A. Services</td>
<td>08/16/2016</td>
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<td>4B. Housing Type</td>
<td>08/16/2016</td>
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<tr>
<td>5A. Households</td>
<td>08/16/2016</td>
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<tr>
<td>5B. Subpopulations</td>
<td>08/16/2016</td>
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<tr>
<td>5C. Outreach</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>6B. Leased Units</td>
<td>08/16/2016</td>
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<tr>
<td>6H. Match</td>
<td>08/16/2016</td>
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<tr>
<td>6I. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/18/2016</td>
</tr>
</tbody>
</table>
Dear Taxpayer:

This letter is in response to your request for a copy of the determination letter for the above named organization.

Our records indicate that this organization was recognized to be exempt from Federal Income Tax in JULY 1978 as described in Internal Revenue Code Section 501(c)(3). It is further classified as an organization that is not a private foundation as defined in Section 509(a) of the Code, because it is an organization described in Section 170(b)(1)(A)(vi).

The exempt status for the determination letter issued in JULY 1978 continues to be effect.

If you need further assistance, please contact our office at the above address or telephone number.

Sincerely,

[Signature]

Disclosure Assistant
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps-guides/coc-program-competition-resources.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
If Revision, select appropriate letters: This field is pre-populated and cannot be changed.
If “Other”, specify: Field intentionally left blank, cannot edit.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: Field intentionally left blank, cannot edit.
Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission:  
2. Type of Application: New Project Application

If Revision, select appropriate letter(s):
If "Other", specify:

3. Date Received: 09/08/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:
5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode on the Submission Summary screen to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode on the Submission Summary screen before clicking on "Back to New Project Application FY2016" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant
a. Legal Name: Alameda County
b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000501

c. Organizational DUNS: 02116418
   PLUS 4:

d. Address
   Street 1: 224 W. Winton Ave, Room 108
   Street 2:
   City: Hayward
   County:
   State: California
   Country: United States
   Zip / Postal Code: 94544

e. Organizational Unit (optional)
   Department Name: Housing and Community Development
   Division Name:

f. Name and contact information of person to be contacted on matters involving this
1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode on the Submission Summary screen to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode on the Submission Summary screen before clicking on "Back to New Project Application FY2016" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant:  B. County Government
If "Other" please specify:

10. Name of Federal Agency:  Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title:  CoC Program
   CFDA Number:  14.267

12. Funding Opportunity Number:  FR-6000-N-25
   Title:  Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. Congressional District(s)

Instructions:
Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this screen. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select district(s) in which the project is expected to operate.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (state(s) only):
   (for multiple selections hold CTRL key)
   California

15. Descriptive Title of Applicant’s Project:
   Alameda County CES

16. Congressional District(s):
   a. Applicant: CA-013, CA-017, CA-015
   b. Project: CA-013, CA-017, CA-015
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2017
   b. End Date: 06/30/2018

18. Estimated Funding ($)
   a. Federal:
b. Applicant:
   c. State:
   d. Local:
   e. Other:
   f. Program Income:
      g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected, an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?  
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

   If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?  
   No

   If "YES," provide an explanation:
1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA (Section VI.A.i.b) and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Linda
Middle Name: M
Last Name: Gardner
Suffix:
Title: Housing Director
Telephone Number: (510) 670-5404
(Format: 123-456-7890)
Fax Number: (510) 670-6378
(Format: 123-456-7890)
Email: linda.gardner@acgov.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/08/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
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</table>

This list contains no items
2B. Experience of Applicant, Subrecipient(s), and Other Partners

Instructions:
Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations: This is a required field. Describe why the applicant, subrecipients, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) are the appropriate entities to receive funding. Provide concrete examples that illustrate their experience and expertise in the following: 1) working with and addressing the target population’s identified housing and supportive service needs; 2) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; 3) identifying and securing matching funds from a variety of sources; and 4) managing basic organization operations including financial accounting systems.

Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds: This is a required field. Include experience with all Federal, State, local and private sector funds. If the applicant and subrecipient have no experience leveraging other funds, include the phrase “No experience leveraging other Federal, State, local, or private sector funds.”

Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system: This is a required field. Include the organization and management structure of the applicant and all subrecipients, making sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.

Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any): This is a required field. Select “Yes” or “No” to indicate whether or not the subrecipient has open OIG audit findings; poor or non-compliance with applicable Civil Rights Laws and/or Executive Orders; or open McKinney-Vento related monitoring findings. The question is related to those projects for which the subrecipient organization is either a direct recipient or a subrecipient.

Describe the unresolved monitoring or audit findings: This is a required field if “Yes” to the previous question. Use the space provided to explain the details of the unresolved monitoring or audit findings and the steps the applicant or subrecipient will take to resolve the findings.

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

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

Alameda County Housing and Community Development (HCD) will act as grantee and lead agency for the Alameda County CES. HCD has over 25 years’ experience in the development of housing, provision and oversight of homeless programs, project management, fund development and community leadership through collaborative partnerships. HCD’s staff of 13 administers over $36 million annually in diverse loan and grant programs, including Community Development Block Grants (CDBG), HOME, Emergency Solutions
Grants, Supportive Housing and Shelter Plus Care (CoC), Housing Opportunities for Persons with AIDS, and many others.

HCD administers multiple homeless-targeted housing and service projects. HCD’s eight S+C grants total over 500 units. HCD also leads multiple SHP and County General Fund-funded housing and service projects for the homeless, in addition to special needs housing for the chronically homeless and people with AIDS. HCD began administering S+C in 1992 with its first SRA grant and currently administers: four TRA grants, two SRA grants and two PRA grants.

HCD’s S+C program is a county-wide collaboration with over 30 County and community-based agencies providing outreach, service coordination and supportive services. These programs have consistently demonstrated exceptional outcomes with an excellent track record of achieving HUD and local goals for permanent housing retention and income.

BHCS provides services and supports for people with serious mental illness (SMI), serious emotional disturbance (SED) and substance abuse problems. BHCS provides a comprehensive network of integrated programs and services for people with serious psychiatric disabilities, to minimize hospitalization, stabilize and manage psychiatric symptoms, and help such persons achieve the highest possible level of successful functioning in their community of choice. BHCS’ annual budget is over $260 million and in 2011 provided direct services to over 20,000 adults. BHCS contracts 85% of its services to a wide range of community-based organizations to effectively meet the needs of an ethnically diverse and geographically dispersed population.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

HCD has been extremely successful in leveraging additional funds for past projects. Examples of other sources of funds that have been utilized to support Continuum of Care-funded projects are CDBG and HOME funds, Mental Health Services Act funding, HOPWA, California’s Supportive Housing Initiative Act, and city and County general funds. HCD also has a successful track record leveraging in-kind resources from a range of community providers. Past HCD S+C grants have included leveraged support from over 30 community-based and local government service providers. These organizations receive funding from a myriad of federal, state and local government sources, as well as foundation and individual donor funds to provide leveraged services that accompany HCD-managed housing programs.

BHCS, a department of the County Health Care Services Agency, is part of the designated county health authority. As such, BHCS receives ongoing state and federal grants to coordinate and deliver mental health and substance use services for Alameda County residents including, but not limited to, California Realignment funds, Mental Health Services Act (MHSA), SAMHSA Mental Health Block Grants, SAMHSA Projects Assisting in Transitions from Homelessness (PATH) grants, and federal/state substance abuse treatment and prevention grants. In addition, BHCS leverages a significant amount of funding by billing for health services primarily for Medi-Cal and some Medicare beneficiaries. BHCS also receives some local funding through Alameda County’s Measure A sales tax and general fund allocations from the board of
supervisors. BHCS also frequently partners with private foundations to support innovative projects.

Using MHSA funds and working with both BHCS staff and community organizations, BHCS has established 8 Full Service Partnerships (FSPs) which have successfully transitioned participants, all of whom have severe and persistent mental illness and many of whom were chronically homeless, out of homelessness and restrictive emergency institutional settings, into permanent housing in the community and supported them in retaining that housing and working towards wellness.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

Both HCD and BCHS are departments of Alameda County, which is governed by the Alameda County Board of Supervisors. HCD’s Department Director (Linda Gardner) and Manager (Riley Wilkerson) each have more than 20 years experience in administering homeless programs in Alameda County. HCD employs a designated manager and associated staff who are responsible for administering HUD funded homeless programs. The manager has extensive experience with providing oversight and ensuring accountability from partner agencies.

HCD ensures excellent program and fiscal compliance through program-level monitoring and evaluation that insures compliance with acceptable accounting principles and management practices. The Bonds and Finance Department of the Alameda County Community Development Agency provides all accounting services for the Housing and Community Development Department and is proficient in managing complex invoicing and payment systems and is familiar with applicable federal regulations. The Bonds and Finance Department oversees the Community Development Agency budget of $94 million involving multiple federal and state grants, local fees and other revenue sources. HCD routinely has annual audits and HUD program monitorings with no findings or deficiencies.

4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)?

No
3A. Project Detail

Instructions:
The selections made on this screen will determine the remaining screens that must be completed for this project application.

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see the Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a populated field with PH, SSO and HMIS as options for selection and cannot be edited. PH-Permanent Supportive Housing, Rapid Re-Housing, SSO for Coordinated Entry and Dedicated HMIS projects are the only types of new project applications that can be submitted in the FY 2016 CoC Program Competition.

Energy Star: this field is required. Select “Yes” or “No” to indicate if Energy Star is being used in this project at one or more properties that will receive funding in this CoC Program Competition.

Title V: This field is required. Select “Yes” or “No” to indicate if one or more properties being served by this project were acquired under Title V.

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

1a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

1b. CoC Collaborative Applicant Name: Alameda County

2. Project Name: Alameda County CES

3. Project Status: Standard

4. Component Type: SSO
5. Is Energy Star used at one or more of the proposed properties? Yes

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

Provide a description that addresses the entire scope of the proposed project: This field is required. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: This is a required field. Provide a schedule and describe both a management plan and implementation methodology that will ensure that the project will begin operating within the requirements described in the FY 2016 CoC Program NOFA and CoC Program interim rule if it is selected for a funding award.

Will your project participate in a CoC Coordinated Entry Process: This is a required field. Select “Yes” if the project is currently participating in a coordinated entry process. Select “No” if a coordinated entry process does not exist in the CoC or if the project does not participate. You will then be asked to explain why your project will not participate in a CoC Coordinated Entry Process, and this is required.

Please identify the project’s specific population focus. (Select ALL that apply): PH and SSO projects must select the applicable populations as outlined in the FY 2016 CoC Program NOFA. Multiple checkboxes are provided as options.

PH PROJECTS ONLY

Housing First: This is a required field for PH projects and does not apply to SSO and HMIS projects. The following questions are required fields to complete the Housing First question. Select all applicable checkboxes that indicate whether or not the project will follow a housing first approach. Select “none of the above” if the project will not follow a housing first approach.

Will the project quickly move participants into permanent housing?: Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.

Will the project ensure that participants will not be screened out based on the listed reasons? (Check all that apply): The applicant must select at least one checkbox.

Will the project ensure that participants are not terminated from the program for listed reasons? (Check all that apply): The applicant must select at least one checkbox.

Will the project follow a “Housing First” approach?: This question’s response of “Yes” or “No” is auto-scored based upon the responses to the questions above. This field is not editable.

If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property. This field must be completed if the project applicant will request capital costs (e.g., acquisition, rehabilitation, or new construction) in the project application. Provide a detailed list of the activities and responsibilities assigned to the applicant and each subrecipient (if any)

Will the PH project provide PSH or RRH: This is a required field. Select PSH if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select
RRH if the project will operate according to a rapid rehousing model as defined by 24 CFR 578. “

Will the project request costs under the rental assistance budget line item?: This is a required field. Select “Yes” or “No” from the dropdown menu and if “Yes” is selected, provide an explanation in the textbox provided.

Describe the method for determining the type, amount, and duration of rental assistance that participants can receive. Textbox is provided if the response to the question above is “Yes”. If the project is requesting rental assistance, describe the method or process the applicant will use to determine the type, amount, and duration of rental assistance that participants can receive. For PH-PSH projects this generally means a brief explanation of the choice of rental assistance type (PRA, SRA, or TRA).

Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation: This is a required field. If “Yes” is selected, explain, in the textbox provided, how and why the project will implement this requirement for participants to live in particular structure, unit, or locality during all or a portion of the period of participation.

Will more than 16 persons live in one structure: This is a required field. If “Yes” is selected, describe, in the textbox provided, the local market conditions, that necessitate a project of this size and describe how the project will be integrated into the neighborhood.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Only option will be Coordinated Entry

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

1. Provide a description that addresses the entire scope of the proposed project.

Funding from this proposed HUD Coordinated Entry System (CES) application represents one of four major public agency funding sources contributing to the development and ongoing operations of an Alameda County Coordinated Entry System for addressing homelessness. These funding sources include: 1) Alameda County Housing and Community Development (HCD) Boomerang funds; 2) Alameda County Health Care Services Agency (HCSA) Whole Person Care Pilot program funds, if awarded, and other health care sources; 3) Contributions from partnering City agencies; and this 4) Proposed HUD CoC
CES funding. HCD and HCSA jointly submitted this application to enable the coordinated distribution of County CES funding in partnership with local City jurisdictions. Existing partnership agreements between HCD and HCSA, will expand and modify to support the development and implementation of CES. Within a CES framework, HCD will focus on managing HUD CoC grants, rental subsidy programs, and the housing components of interim and permanent housing contracts and the establishment of Housing Resource Centers (HRC) in geographic regions in the county. HCSA will manage health care funding and leveraging opportunities, supportive services linked with housing and homelessness programs, and the coordination of services for individuals experiencing homelessness. HCD and HCSA will partner on the management and utilization of data to monitor and improve program performance. Funding from the aforementioned County sources will get released in coordination with local city funders participating in the EveryOne Home Funders Collaborative.

HUD funds will be utilized to support essential staff positions and functions for Alameda County’s CES design that are the least likely to have opportunities for leveraging Medicaid federal dollars and other funding. The proposed staff positions to be covered in this HUD grant include assessment and housing counseling specialists. Some of these staff positions will work at a countywide call center and the others will work out of HRCs. Additional grant funds will pay for establishing a call center system that works countywide and regionally and for the establishment of HRCs. This system must also effectively link with Alameda County’s Homeless Management Information System (HMIS). HUD funds will also be used to create a housing solutions fund that can provide assistance with moving costs, client transportation, and utility deposits. According to HUD guidance, HUD planning grant funding and non-HUD funds will need to be utilized to cover the costs associated with overall system management and improvement efforts.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

HCSA and HCD will enter into contracts with providers for specific components of a coordinated system and will transfer funding between departments to maximize expertise and leveraging opportunities. Full initial implementation of a countywide CES is anticipated for July 1, 2017.

The management structure for CES and the components of the system will require further discussion and refinement over time. Members of the EveryOne Home funders collaborative, a CES oversight committee, and a CES learning collaborative will all play an active role in management of the system. HCD and HCSA will provide the primary funding for CES activities and thus will ultimately share responsibility for the functioning of the system and the performance of its contractors.

* 3. Please identify the project's specific population focus.

(Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

New Project Application FY2016 Page 19 09/12/2016
4. Please select the type of SSO project: Coordinated Entry

4a. Will the coordinated entry process funded in part by this grant cover the CoC’s entire geographic area? Yes

4b. Will the coordinated entry process funded in part by this grant be easily accessible? Yes

4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

The system will be accessible in multiple ways.
• Phone and Text: There will be centralized phone and text access to provide problem solving, initial screening, and to direct (or transfer) people to HRC services.
• Outreach: Street outreach will be connected to the central network and to every Hub such that people who are living outside can be assessed, prioritized and connected to services without having to go to a specific location.
• HRC: People will be able to go directly into a Hub to receive assistance. Hubs should be able to address multiple language needs and be culturally competent. People should also be able to access the system via the web. This may be through case managers with virtual access, or outreach workers with mobile access.

4d. Does the coordinated entry process use a comprehensive, standardized assessment process? Yes

4e. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services.

• Referrals will be based on meeting the clients’ housing and services needs, rather than on filling the beds or slots of programs.
• Clear referral and handoff protocols support both the service providers making and receiving the referral.
• Programs will only take individuals or families into their program through the CES under established eligibility criteria, and not from alternate sources (except in specific, defined circumstances).
• As much as possible, waitlists will be avoided.
• Entry into services and housing intended for those who are homeless will go first to people sleeping in places not meant for human habitation and those with no safe indoor place to stay that night. No one should have to sleep outside first to become eligible for services.
• For those who are literally homeless, deeper resources will be targeted to those with the highest needs.
• Programs will follow a progressive approach to service delivery, matching the level of service intervention to the level of client need to resolve their housing crisis. Assessment is ongoing and more intensive services will be offered as needed. Clients can opt for less intensive support than what is offered.

4f. If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Chronically Homeless, Individuals, Families, and Youth? Yes
3C. Project Expansion Information

Instructions:

Will the project use an existing housing facility or incorporate activities provided by an existing project? This is a required field. Select “Yes” or “No” to indicate whether the proposed project expands an existing project in any way either by increasing the number of persons served, providing additional supportive services, bringing existing facilities up to state or local government health and safety standards, or if the funding replaces the loss of non-renewable funding. If “Yes” select all of the applicable expansion activities and provide a description for each.

Select the activities below that describe the expansion project, and click on the “Save” button below to provide additional details. Select one or more of the following activities that describe the type of expansion being proposed. Once all selections have been made, click on the “Save” button in order for follow-up questions related to the applicable selections to be made visible.

Increase the number of homeless persons served
The project applicant will complete a table to indicate what the current level of effort (i.e., number of persons currently being served) and what the new level of effort will be as a result of this expansion project. The project applicant should enter the number of persons/units/beds based on the full capacity (currently and after expansion) at a single point in time and not based on the number of persons served over the course of an operating year.

Provide additional supportive services to homeless persons
Select from the available items in the first menu and click “Add” or “Add All” to move them to the second menu. To cancel selection of one or more items added to the second menu, click on the appropriate selection(s) and then click “Remove” or “Remove All.”

Use the text box provided to justify the supportive service increase indicated in the second menu screen above.

Bring existing facilities up to state or local government health and safety standards
Use the text box provided to describe how the project is proposing to “bring the existing facility(ies) up to state/local government health and safety standards.” Please reference the applicable standard(s).

Replace the loss of nonrenewable funding
a) Use the text box provided to describe the source of non-renewable funding.
b) Use the text box provided to describe why the funds are non-renewable.
c) Select the date from the date field corresponding to the date when the non-renewable funds will expire
d) Use the text box provided to describe what steps were taken to obtain other funding sources.
e) Use the text box provided to describe why CoC Program funds are needed to continue operating the project.

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

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?  No
5D. Discharge Planning Policy

1. 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? No
6A. Funding Request

Instructions:

Will it be feasible for the project to be under grant agreement by September 30, 2018? This is a required field. Select “Yes” or “No” to indicate if this project application is awarded if it will be in a position to begin operating by September 30, 2018. The FY 2016 HUD Appropriations Act requires HUD to obligate FY 2016 CoC Program funds by this date. If “No” is selected, or if the deadline is not met, this may result in the rejection of a grant or the recapture of conditionally awarded funds.

Is the project proposing to use funds reallocated from the CoC’s annual renewal demand OR
Is the project applying for funding through the permanent housing bonus? Select “Reallocation” if this project application was created through the use of funds reallocated from one or more eligible renewal projects.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Applicant must complete at least one row in the grid.
- Has this rate been approved by your cognizant agency? Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate?: Select “Yes” or “No” from the dropdown menu.

Select a grant term: This is a required field. Select the term of the proposed project application. The selection here will determine how the “Summary Budget” will calculate the total funding request. Please refer to the FY 2016 CoC Program NOFA for details concerning grant terms and years of funding for different project types and eligible costs. If a 15 year grant term is selected, only requested costs up to 5 years will be calculated on the application.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budgets for which funding is being requested. The choices available will depend on the project type selected on Screen “3A Project Detail.” The following eligible cost budgets may be listed: acquisition/rehabilitation/new construction, leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities for which the applicant is requesting funding from HUD through the FY 2016 CoC Program competition.

If you do not see the eligible cost budgets that you expected, you may need to return to Screen “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Will it be feasible for the project to be under grant agreement by September 30, 2018? Yes
2. Is the project proposing to using funds reallocated from the CoC’s annual renewal demand Reallocation
OR

is the project applying for funding through the permanent housing 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:
   Supportive Services [X]
Funding Request

(HIDDEN) Grant Term in years, for use in calculations: 1

(HIDDEN) Grant Term in Months, for use in calculations: 12

Acquisition/Rehabilitation/New Construction (Hidden)
Supportive Services (Hidden) X
Rental Assistance (Hidden)
Leased Units (Hidden)
Leased Structures (Hidden)
Housing Relocation & Stabilization (Hidden)
Operations (Hidden)
HMIS (Hidden)
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.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
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<tr>
<td>2. Assistance with Moving Costs</td>
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<td></td>
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<tr>
<td>3. Case Management</td>
<td></td>
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<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
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<tr>
<td>5. Education Services</td>
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</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td>Assessment &amp; Housing Counseling Specialists Salary &amp; Benefits, transportation, equipment and supplies (6 FTE)</td>
<td>$388,197</td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Description</td>
<td>Cost</td>
</tr>
<tr>
<td>---</td>
<td>------------------------------------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>13.</td>
<td>Outreach Services</td>
<td>Call Center Assessment Specialists Salary &amp; Benefits, transportation, equipment and supplies (4 FTE)</td>
</tr>
<tr>
<td>14.</td>
<td>Substance Abuse Treatment Services</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Utility Deposits</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Operating Costs</td>
<td>Operation of 5 Housing Resource Centers, (rent, supplies, equipment, furniture, electricity, gas, water)</td>
</tr>
<tr>
<td></td>
<td><strong>Total Annual Assistance Requested</strong></td>
<td>$943,792</td>
</tr>
<tr>
<td></td>
<td><strong>Grant Term</strong></td>
<td>1 Year</td>
</tr>
<tr>
<td></td>
<td><strong>Total Request for Grant Term</strong></td>
<td>$943,792</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Mental Health Serv...</td>
<td>09/09/2016</td>
<td>$160,000</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>County General/Bo...</td>
<td>09/09/2016</td>
<td>$100,000</td>
</tr>
</tbody>
</table>

Total Value of Cash Commitments: $0
Total Value of In-Kind Commitments: $260,000
Total Value of All Commitments: $260,000
Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, and the FY 2016 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match screen will populate the Screen “6J. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards match? Yes
   2. Type of commitment: In-Kind
   3. Type of source: Government
   4. Name the source of the commitment: Mental Health Services Act Funding/Whole Person Care (if funded)
   5. Date of Written Commitment: 09/09/2016
   6. Value of Written Commitment: $160,000
Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, and the FY 2016 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match screen will populate the Screen “6J. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards match? Yes
2. Type of commitment: In-Kind
3. Type of source: Government
4. Name the source of the commitment: County General/Boomerang Funds
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 09/09/2016
6. Value of Written Commitment: $100,000
6J. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “8. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The grant will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6I. Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6I. Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6I. Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the “Save” button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Annual Assistance Requested (Applicant)</th>
<th>Grant Term (Applicant)</th>
<th>Total Assistance Requested for Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Acquisition</td>
<td>$0</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>1b. Rehabilitation</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>1c. New Construction</td>
<td>$0</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>2a. Leased Units</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
</tbody>
</table>

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### 2b. Leased Structures
- $0
- 1 Year
- $0

### 3. Rental Assistance
- $0
- 1 Year
- $0

### 4. Supportive Services
- $943,792
- 1 Year
- $943,792

### 5. Operating
- $0
- 1 Year
- $0

### 6. HMIS
- $0
- 1 Year
- $0

### 7. Sub-total Costs Requested
- $943,792

### 8. Admin (Up to 10%)
- $94,379

### 9. Total Assistance Plus Admin Requested
- $1,038,171

### 10. Cash Match
- $0

### 11. In-Kind Match
- $260,000

### 12. Total Match
- $260,000

### 13. Total Budget
- $1,298,171

---

Click the 'Save' button to automatically calculate totals.
7A. Attachment(s)

Instructions:
Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located that the applicant’s application for funding is consistent with the jurisdiction’s HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan.

If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. Applicant Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**15-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official:** Linda Gardner

**Date:** 09/08/2016

**Title:** Housing Director

**Applicant Organization:** Alameda County

**PHA Number (For PHA Applicants Only):**

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent

| New Project Application FY2016 | Page 37 | 09/12/2016 |
statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>3B. Description</td>
<td>09/06/2016</td>
</tr>
<tr>
<td>3C. Expansion</td>
<td>09/06/2016</td>
</tr>
<tr>
<td>5D. Discharge Policy</td>
<td>09/06/2016</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>09/06/2016</td>
</tr>
<tr>
<td>6F. Supp Srvcs Budget</td>
<td>09/07/2016</td>
</tr>
<tr>
<td>6l. Match</td>
<td>09/07/2016</td>
</tr>
<tr>
<td>6J. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>09/07/2016</td>
</tr>
</tbody>
</table>
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:
- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2016 CoC Program grant competition.
- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2016 CoC Program NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA, including the General Section Technical Correction, and all requirements and criteria met.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with the instructions found on each individual screen
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2016 CoC Program NOFA.
1. Type of Submission:

2. Type of Application: CoC Planning Project Application

If Revision, select appropriate letter(s):

   If "Other", specify:

3. Date Received: 09/12/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier

6. Date Received by State:

7. State Application Identifier:
1B. Legal Applicant

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 CoC Planning Project Application" from the left-menu bar. For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant

a. Legal Name: Alameda County

b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000501

c. Organizational DUNS: 02116418 PLUS 4

d. Address
   Street 1: 224 W. Winton Ave, Room 108
   Street 2: 
   City: Hayward
   County:
   State: California
   Country: United States
   Zip / Postal Code: 94544

e. Organizational Unit (optional)
   Department Name: 
   Division Name: 

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Mr.
   First Name: Riley
   Middle Name: 

Applicant: Alameda County Housing and Community Development Department
Project: Alameda County CoC Planning Project FY2016

FY2016 CoC Planning Project Application Page 3 09/12/2016
Last Name: Wilkerson
Suffix:
Title: HCD Manager
Organizational Affiliation: Alameda County
Telephone Number: (510) 670-9797
Extension:
Fax Number: (510) 670-6378
Email: riley.wilkerson@acgov.org
1C. Application Details

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 CoC Planning Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

9. Type of Applicant: B. County Government
   If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
    Title: CoC Program

    CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25
    Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
    Title:
1D. Congressional District(s)

Instructions:
Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this screen. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates. For new projects, select the district(s) in which the project is expected to operate.

Proposed Project Start and End Dates: In this required field, indicate the estimated operating start and end date of the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (state(s) only): California
(for multiple selections hold CTRL+Key)

15. Descriptive Title of Applicant's Project: Alameda County CoC Planning Project FY2016

16. Congressional District(s):
   a. Applicant: CA-013, CA-017, CA-015
   b. Project: CA-013, CA-017, CA-015
   (for multiple selections hold CTRL+Key)

17. Proposed Project
   a. Start Date: 11/01/2017
   b. End Date: 10/31/2018

18. Estimated Funding ($)
   a. Federal:
b. Applicant:
   c. State:
   d. Local:
   e. Other:
   f. Program Income:
   g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: [http://www.whitehouse.gov/omb/grants_spoc](http://www.whitehouse.gov/omb/grants_spoc)

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Program is subject to E.O. 12372 and has not been selected by the State for review.</td>
<td></td>
</tr>
<tr>
<td>b. Program is subject to E.O. 12372 but has not been selected by the State for review.</td>
<td></td>
</tr>
</tbody>
</table>

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>If &quot;YES,&quot; provide an explanation:</td>
<td></td>
</tr>
</tbody>
</table>
1F. Declaration

Instructions:
The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA (Section VI.A.1.b) and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: [X]

21. Authorized Representative

Prefix: Ms.
First Name: Linda
Middle Name: M
Last Name: Gardner
Suffix:
Title: Housing Director
Telephone Number: (510) 670-5404
Fax Number: (510) 670-6378
Email: linda.gardner@acgov.org
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.

Date Signed:  09/12/2016
2A. Project Detail

Instructions:

CoC Number and Name: Select the number and name of the CoC that the project applicant – also the collaborative applicant – represents. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline.

CoC Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. The selection should be the same as the project applicant for the CoC Planning grant. In most cases, there will only be one name from which to choose. Make sure to select the correct applicant name.

Project Name: This is pre-populated from the "Project" form and cannot be edited.

Component Type: This field is pre-populated with the value "CoC Planning Project Application" and cannot be edited.

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

1a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

1b. Collaborative Applicant Name: Alameda County

2. Project Name: Alameda County CoC Planning Project FY2016

3. Component Type: CoC Planning Project Application
Instructions:

Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7. This is a required field. The project description must clearly describe the proposed planning activities that will be carried out by the CoC with these grant funds and how the CoC will ensure compliance with the provisions of 24 CFR 578.7 as well as the associated planning activities at 24 CFR 578.39.

Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: This is a required field. The description must clearly demonstrate the estimated schedule of implementing the proposed activities, the management plan in place to ensure timely start of the project if awarded, and a description of how the Collaborative Applicant will complete the proposed activities.

How will the requested funds improve the CoC’s ability to evaluate the outcome of CoC and ESG projects: This is a required field. The narrative should include the Collaborative Applicant’s increased capacity for evaluation, and how that capacity will allow for the evaluation of both CoC and ESG projects.

How will the planning activities continue beyond the expiration of HUD financial assistance: This is a required field. The narrative should provide a brief description of how the planning activities paid for by the grant funds might continue beyond the grant term listed in this application and without HUD funds.

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

1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7.

The activities in this planning grant will be jointly implemented by Alameda Housing and Community Development (Collaborative Applicant) and EveryOne Home (CoC Lead Organization). EveryOne Home will use the grant funds to expand CoC capacity to support an effective housing and service system. The new CoC governance structure has more committees to oversee planning and coordination of the system and will require additional staff support. A system analyst/planner will add needed capacity to the CoC’s ability to coordinate with mainstream systems and to project and evaluate the impact of system-wide strategies for preventing and ending homelessness. Funds will also be used to assess current “service based count” methodology for its unsheltered PIT and determine whether and how to change to HUD’s recommended “Night of the Count-Complete Census” methodology. Funds will support preparation for the 2019 PIT Count. The CoC will add a more robust project monitoring function for both CoC funded and ESG funded projects, to include site visits and client file review. The grant will enable the CoC to evaluate and adjust policies and practices as the Coordinated Entry System (CES) becomes Continuum-wide in July 2017. The Alameda County HMIS, InHOUSE initially began in 2003 and the funding level for this program has remained static since then. With the release of the HEARTH Act and the revised CoC regulations and HMIS data standards, more responsibilities were required of HMIS. This planning project
will address a variety of additional requirements that are under resourced in the current HMIS structure. This planning grant will allow the HMIS to increase participation rates of emergency shelter and permanent supportive housing, increase the ability to monitor data quality and enhance our ability to use existing data in HMIS and other systems of care to research trends in homelessness in Alameda County and to evaluate the performance of programs and the homeless system as a whole.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

At the time of submission of this application, we are not yet in contract with the Planning Grant that was approved in the 2015 application. After execution of this grant, EveryOne Home will add three staff positions to conduct the activities. Existing staff will be prepared to proceed with job announcements and hiring as soon as the grant agreement is executed. Prior to execution of the grant agreement existing staff will identify the scopes of work and conduct the bidders processes for 2019 PIT Count. The EveryOne Home Continuum of Care Board will monitor the implementation of all grant activities with specific tasks being delegated to sub-committees such as CES, Performance Management and HUD NOFA Committee. All activities described above will be implemented by the end of the grant period.

The HMIS enhancement will be integrated into the current Alameda County HMIS, InHOUSE. Alameda County Housing and Community Development is both the Collaborative Applicant and the Lead Agency for HMIS. Alameda County’s HMIS has oversight from EveryOne Home’s Performance Management Committee, which will monitor implementation and assure effective and timely completion.

3. How will the requested funds improve the CoC’s ability to evaluate the outcome of CoC and ESG projects?

Alameda County currently has the ability to compile data on basic outcome measures for both programs and system wide. Primarily, these outcome measures mirror the system-wide performance measures that HUD has currently adopted. We are able to evaluate both individual program and system-wide effectiveness using these measures. The addition of the planning grant funding will allow us investigate, compile and analyze data on other indicators that have an impact on preventing homelessness, shortening the length of homelessness episodes and cross-systems data analysis with mainstream system factors that may contribute to homelessness, towards more extensive and effective coordination of homeless and mainstream systems of care. By adding a data quality monitor and project monitor, staff will have more capacity to conduct site visits, review client files, and support projects to improve performance and data quality.

4. How will the planning activities continue beyond the expiration of HUD financial assistance?

These activities are needed to meet the mandates established by HUD in the
HEARTH Act. We plan to use funding under this grant to establish protocols, report formats, and other templates that can be used going forward with only minor adjustments, which would reduce the amount of funds needed on a continuing basis or allow additional innovations to be undertaken. Ideally, the ongoing activities will continue to be funded by HUD. In the event that HUD declines to continue funding these activities, we will look to other funding sources, such as County and City General Funds and foundation funding. However, without ongoing HUD funding, the activities outlined in this proposal will likely be significantly reduced moving forward. Some of this reduction may be offset by reductions in costs of for the one-time activities listed above.
3A. Governance and Operations

Instructions

Screen 3A requires project applicants to detail important aspects of their CoC’s governance structure and operations.

How often does the CoC conduct meetings of the full CoC membership? In this required field, select the appropriate dropdown option from the menu to indicate how often the CoC conducts meetings with the full CoC membership invited and largely accounted for.

Does the CoC include membership of a homeless or formerly homeless person? This is a required field. Select “Yes” or “No” to indicate whether or not the CoC membership includes at least one homeless or formerly homeless individual.

For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply): Select an option from the dropdown menu to indicate the roles that homeless or formerly homeless members play in the CoC.

Does the CoC’s governance charter incorporate written policies and procedures for each of the following: Select “Yes” for each of the following if it is included in the CoC’s governance charter. Select “No” for each of the following if is NOT included in the CoC’s governance charter.

- a. Written agendas of CoC meetings?
- b. Coordinated Entry? (Also known as centralized or coordinated assessment)
  *Please explain why written policies and procedures for Coordinated Entry have not been incorporated into the CoC’s governance charter? This question will appear if no is selected for question “b” above.
- c. Process for monitoring outcomes of ESG recipients?
- d. CoC policies and procedures?
- e. Written process for board selection?
- f. Code of Conduct for board members that includes a recusal process?
- g. Written standards for administering assistance?

Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months? Select “Yes” if there were any written complaints, from any source, received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months.

If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved. This question will appear if “Yes” is selected for question 4 above. Remember to include how the complaint(s) was resolved and the date of resolution.

1. How often does the CoC conduct meetings of the full CoC membership? Semi-Annually

2. Does the CoC include membership of a homeless or formerly homeless person? Yes
2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)

<table>
<thead>
<tr>
<th>Role</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participates in CoC meetings</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Votes, including electing CoC Board</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Sits on CoC Board</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Does the CoC's governance charter incorporate written policies and procedures for each of the following

   a. Written agendas of CoC meetings? Yes
   b. Coordinated Entry? (Also known as centralized or coordinated assessment) Yes
   c. Process for monitoring outcomes of ESG recipients? No
   d. CoC policies and procedures? Yes
   e. Written process for board selection? Yes
   f. Code of Conduct for board members that includes a recusal process? Yes
   g. Written standards for administering assistance? Yes

4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months? No
### 3B. Committees

#### Instructions

Screen 3B provides an opportunity for project applicants to list the CoC committees that meet regularly regarding CoC-wide planning and policy. Please list no more than five committees and choose those that have the broadest impact and/or that meet most frequently.

Committees: In the following table, provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, including a brief description of the role, the frequency of the meetings and name of individuals and/or organizations represented. Only include committees, subcommittees, and/or workgroups that are directly involved in CoC-wide planning and not the regular delivery of services.

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

<table>
<thead>
<tr>
<th>Committee Name</th>
<th>Role of the Committee (max 750 characters)</th>
<th>Meeting Frequency</th>
<th>Name of Individuals and/or Organizations Represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC Committee</td>
<td>Functions as the CoC Board. Ensures compliance with Interim Rule requirements for operating a CoC, including oversight of HMIS, CES, needs and gaps analysis, coordinating with ESG recipients and Con Plan jurisdictions, monitoring CoC and ESG funded project performance, conducting the biennial homeless count, and the submission of the annual funding application. Consist of nine members, 3 elected by the full membership, 6 appointed by a nominating committee of the EveryOne Home Board. Members must include at least one member with lived experience of homelessness and employees of relevant county and city departments, homeless and housing service providers representing the full geography of the County and sub-populations of the homeless.</td>
<td>Monthly</td>
<td>Alameda County HCD HMIS Lead; Homeless Programs City of Berkeley; Housing Services City of Oakland, Human Services City of Hayward; one consumer; Abode Services; Berkeley Food and Housing Project; Alameda Point Collaborative; Rubicon Programs.</td>
</tr>
<tr>
<td>Performance Management Sub-Committee</td>
<td>Oversees the operations of the HMIS, which includes ensuring compliance with federal requirements, planning, provider participation, coordination of data resources, data integration either with outside systems or with participating agencies' internal data collection systems, updating policies and procedures, recommendations about the software/vendor, supporting and protecting the rights and privacy of service users; review periodic outcome reports; recommend revisions to performance measures and targets; and ensures the publication of reports such as the Homeless Count and the Annual Outcomes Report.</td>
<td>Monthly</td>
<td>This committee is open to any interested members. Regular participation from HMIS Lead, EveryOne Home staff, Berkeley, Oakland, Fremont, 7-10 providers</td>
</tr>
<tr>
<td>Committee</td>
<td>职责及职责包括：</td>
<td>频率</td>
<td>会员包括：</td>
</tr>
<tr>
<td>---------------------------</td>
<td>----------------</td>
<td>--------</td>
<td>----------</td>
</tr>
<tr>
<td>Coordianted Entry Committee</td>
<td>监督和实施Coordinated Entry System，包括推荐项目模型，HMIS修改，开发和测试评估工具，监控系统的运行和规划的变化和改进。会员包括资助者、提供者和系统中的用户。</td>
<td>每月</td>
<td>来自县医疗保健、社会服务、HCD；Berkeley、Oakland、Hayward、Livermore、Fremont；受害者、青年和兽服务提供者；211；危机、紧急避难所、RRH和PSH提供者；医院和执法。</td>
</tr>
<tr>
<td>Home Stretch Committee</td>
<td>实施和监督策略结束长期无家可归，包括创建集中的注册表，所有符合条件的人可以进入永久性支持性住房，住房导航服务对最脆弱的长期无家可归者。职责和职责包括确保实施永久性支持性住房优先化政策；监控和修订系统范围内的政策和实践，为定位、登记、服务和住房系统中最脆弱的无家可归者；召集各方作为结束长期无家可归的社群。会员对所有感兴趣的各方开放。</td>
<td>每月</td>
<td>任何感兴趣的各方。定期来自所有街头宣传服务提供者，医疗保健，HCD，S+C运营商，全面服务合作伙伴关系，以及EveryOne Home工作人员。</td>
</tr>
<tr>
<td>Operation Vets Home</td>
<td>实施和监督策略结束退伍军人无家可归，职责和职责包括保持所有退伍军人的综合名单；监控和修订系统范围内的政策和实践，为定位、登记、服务和住房退伍军人；召集各方作为结束退伍军人无家可归的社区。会员对任何感兴趣的各方开放。</td>
<td>每月</td>
<td>任何感兴趣的各方。定期来自所有SSVF资助者，VA，EveryOne Home工作人员，街头宣传和GPD提供者。</td>
</tr>
</tbody>
</table>
4A. Sources of Match

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2016 Funding Notice, and the FY 2016 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Select Match to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match screen will populate the Screen "3B. Funding Request." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>County General Fund</td>
<td>09/01/2016</td>
<td>$212,000</td>
</tr>
</tbody>
</table>

Total Value of Cash Commitments: $212,000
Total Value of In-Kind Commitments: $0
Total Value of All Commitments: $212,000
Sources of Match Details

1. Will this commitment be used towards Match?  Yes
2. Type of commitment:  Cash
3. Type of source:  Government
4. Name the source of the commitment:  County General Fund
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment:  09/01/2016
6. Value of Written Commitment:  $212,000
4B. Funding Request

Instructions:
Is it feasible for the project to be under grant agreement by September 30, 2018: Select “Yes” or “No” to indicate whether the grant agreement will be executed and the project will begin operating by September 30, 2018. The FY 2016 HUD Appropriations Act requires HUD to obligate FY 2016 CoC Program funds by this date. A selection of “No” may result in the rejection of a project application during the HUD assessment. Further, if a CoC Planning award is not obligated with the grant execution by September 30, 2018, the conditional award will be terminated and the funds recaptured.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:

- Please complete the indirect cost rate schedule below: Applicant must complete at least one row in the grid.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate?: Select “Yes” or “No” from the dropdown menu.

Select a grant term: This field is populated with the value "1 Year" and cannot be edited.

Eligible Costs: For items 1 through 8, enter a “Quantity AND Description” and amount of assistance for each activity for which funds are being requested. “Quantity AND Description” details should be thorough, and failure to enter adequate “Quantity AND Detail” may result in conditions being placed on an award and a delay of grant funding. Once a “Quantity AND Detail” and an amount have been entered into one or more of the items, click “Save” and e-snaps will total the assistance requested and determine the total Match amount required.

Total Costs Requested: This field is automatically calculated based on total amount requested for each eligible cost.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “4A. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “4A. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “4A. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement. The Total Budget automatically calculates when you click the "Save" button.

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

1. Will it be feasible for the project to be  Yes
under grant agreement by September 30, 2018?

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

3. Select a grant term: 1 Year

A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.

<table>
<thead>
<tr>
<th>Eligible Costs:</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Coordination Activities</td>
<td>.25 FTE Continuum of Care Director taxes and benefits, portion of office rental, computer and phone system, 250 hrs of CES consulting support</td>
<td>$77,850</td>
</tr>
<tr>
<td>2. Project Evaluation</td>
<td>.1 FTE Continuum of Care Director, .1 FTE System Analyst, .2 FTE Project Monitor, taxes and benefits, office, phone, technology</td>
<td>$45,299</td>
</tr>
<tr>
<td>3. Project Monitoring Activities</td>
<td>1 FTE Data Analyst and benefits, .1 FTE System Analyst, .3 FTE Project Monitor, taxes &amp; benefits, portion of office rental, computer and phone system</td>
<td>$219,795</td>
</tr>
<tr>
<td>4. Participation in the Consolidated Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. CoC Application Activities</td>
<td>.2 FTE Continuum of Care Director, .5 FTE Project Monitor, taxes and benefits, portion of office rental, computer and phone system</td>
<td>$73,057</td>
</tr>
<tr>
<td>6. Determining Geographical Area to Be Served by the CoC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Developing a CoC System</td>
<td>.25 FTE of CoC director, .4 FTE of a System Analyst, taxes and benefits, portion of office rental, computer and phone system</td>
<td>$101,111</td>
</tr>
<tr>
<td>8. HUD Compliance Activities</td>
<td>1 FTE HMIS Trainer/Compliance Monitor and benefits, .2 FTE CoC Director, .4 FTE of System Analyst, taxes and benefits, portion of office rental, computer and phone system, researcher contract for Homeless Count</td>
<td>$328,126</td>
</tr>
</tbody>
</table>

Total Costs Requested: $845,238
Cash Match: $212,000
In-Kind Match: $0
Total Match: $212,000
Total Budget: $1,057,238

Click the 'Save' button to automatically calculate the Total Assistance
5A. Attachment(s)

Instructions:
Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:
5B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or
disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:
If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section’s nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.
For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.
For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. For Rental Assistance Only.

Supportive Services.
It will make available supportive services appropriate to the needs of the population served and equal in value to the aggregate amount of rental assistance funded by HUD for the full term of the rental assistance.

D. Explanation.
Where the applicant is unable to certify to any of the statements in this certification, such applicant shall attach an explanation behind this page.

Name of Authorized Certifying Official: Linda Gardner
Date: 09/12/2016
Title: Housing Director
Applicant Organization: Alameda County
PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to

X
criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
6A. Submission Summary

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<td>1C. Application Details</td>
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<td>5B. Certification</td>
<td>09/09/2016</td>
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</table>
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/  
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.  
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition.  For more information see FY 2016 CoC Program Competition NOFA.  
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.  
- Detailed instructions can be found on the left menu within e-snaps.  They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.  
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.  
- Carefully review each question in the Project Application.  Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant.  Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment.  Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.  
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).  
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW.  If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.  
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission: Application
2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/08/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: CA1151L9T021504
(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number X

6. Date Received by State:

7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

8. Applicant
   a. Legal Name: Alameda County
   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000501

   c. Organizational DUNS: 02116418

   d. Address
      Street 1: 224 W. Winton Ave, Room 108
      Street 2: 
      City: Hayward
      County: 
      State: California
      Country: United States
      Zip / Postal Code: 94544

   e. Organizational Unit (optional)
      Department Name: Housing and Community Development
      Division Name: 

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mr.
First Name: Riley
Middle Name:
Last Name: Wilkerson
Suffix:
Title: HCD Manager
Organizational Affiliation: Alameda County
Telephone Number: (510) 670-9797
Extension:
Fax Number: (510) 670-6378
Email: riley.wilkerson@acgov.org
1C. Application Details

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the ”Project Applicant Profile” training document on the HUD Exchange.

9. Type of Applicant:  B. County Government
   If "Other" please specify:

10. Name of Federal Agency:  Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
    Title:  CoC Program
    CFDA Number:  14.267

12. Funding Opportunity Number:  FR-6000-N-25
    Title:  Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
    Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) only):
   (for multiple selections hold CTRL key)
   California

15. Descriptive Title of Applicant's Project: Alameda County Shelter Plus Care - HOPE Housing

16. Congressional District(s):
   a. Applicant: CA-013, CA-017, CA-015
   (for multiple selections hold CTRL key)
   b. Project: CA-013, CA-017, CA-015
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 02/01/2017
   b. End Date: 01/31/2018

18. Estimated Funding ($)

| Renewal Project Application FY2016 | Page 6 | 09/12/2016 |
Applicant: Alameda County Housing and Community Development Department

Project: Alameda County Shelter Plus Care - HOPE Housing

Applicant:

021116418

145474

09/12/2016

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?
   No

If "YES," provide an explanation:
1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: [X]

21. Authorized Representative

Prefix: Ms.
First Name: Linda
Middle Name: M
Last Name: Gardner
Suffix: 
Title: Housing Director
Telephone Number: (510) 670-5404
Fax Number: (510) 670-6378
Email: linda.gardner@acgov.org
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  09/08/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

**Total Expected Sub-Awards:** $357,901

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abode Services</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$357,901</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: Abode Services

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

If "Other" specify:
c. Employer or Tax Identification Number: 94-3087060

e. Physical Address
   Street 1: 40849 Fremont Boulevard
   Street 2:
   City: Fremont
   State: California
   Zip Code: 94538

f. Congressional District(s): CA-013, CA-017, CA-015, CA-019, CA-018, CA-020

(f for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

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

i. Expected Sub-Award Amount: $357,901

j. Contact Person
   Prefix: Ms.
   First Name: Vivian
   Middle Name:
   Last Name: Wan
   Suffix:
   Title: Chief Operating Officer
   E-mail Address: vwan@abodeservices.org
   Confirm E-mail Address: vwan@abodeservices.org
   Phone Number: 510-657-7409
   Extension: 212
   Fax Number:
Documentation of the subrecipient's nonprofit status is required with the submission of this application.
2B. Recipient Performance

Instructions:
The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If “Yes” is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No
3A. Project Detail

Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number:  This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name:  Select the number and name of the CoC to which the project application will be submitted for the local competition review process.  This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline.  Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name:  Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown.  In most cases, there will only be one name from which to choose.  The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application

Project Name:  This is pre-populated from the “Project” Form and cannot be edited.

Project Status:  The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition.  The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application.  For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA.  A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type:  This is a required field.  Select the component type that identifies the renewal project application type.  This can be either a PH, SH, TH, SSO or HMIS.  The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V:  This field is required.  Select “Yes” or “No” to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number:  CA1151L9T021504
(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name:  CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name:  Alameda County

3. Project Name:  Alameda County Shelter Plus Care - HOPE Housing
4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.

- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.

- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.

- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.

- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

1. Provide a description that addresses the entire scope of the proposed project.

HOPE Housing is a 23-unit rental assistance program serving chronically homeless single adults with mental health disabilities who have been identified and engaged through the HOPE mobile clinic program or the Greater HOPE Full Service Partnership. This program targets people who are extremely vulnerable: All of the participants have long histories of homelessness, mental health disabilities, and other barriers to housing, and all are chronically homeless according to HUD’s definition. The success of the program is measured by long-term housing stability and increased self-sufficiency. In the last contract year, 92% of participants remained stably housed or exited to permanent housing and 83% of adults maintained or increased their income.

In addition to the rental subsidies and comprehensive housing stabilization services provided by Abode Services through the HOPE Housing program, participants also have access to a rich array of clinical and supportive services through our Greater HOPE and HOPE mobile clinic program partners (Tri-City Health Center and Alameda County Behavioral Health Care Services), including Medi-Cal specialty mental health services, medical care, service coordination, educational/vocational support, counseling, and recreational opportunities. The Greater HOPE service team includes Service Coordinators, who work closely with each participant to develop and make progress according to an
Individualized Service Plan, which captures a range of goals related to health, wellness, recovery, self-sufficiency, and any other goals that a participant defines. The team also includes a Housing Specialist – whose work focuses intently upon housing placement, landlord relations, subsidy administration, relocation, and other services associated with housing stability – and Peer Specialists, who provide additional outreach, engagement, and service coordination support.

2. Does your project have a specific population focus?  Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
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<th>Veterans</th>
<th>Substance Abuse</th>
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<th>Youth (under 25)</th>
<th>Mental Illness</th>
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<tr>
<th>Families with Children</th>
<th>HIV/AIDS</th>
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</tr>
</tbody>
</table>

Other (Click 'Save' to update)

3. Housing First

3a. Does the project quickly move participants into permanent housing  Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

- Having too little or little income  [X]
- Active or history of substance abuse  [X]
- Having a criminal record with exceptions for state-mandated restrictions  [X]
- History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)  [X]
- None of the above

3c. Does the project ensure that participants are not terminated from the...
program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found in the project's geographic area.</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach?  Yes

4. Does the PH project provide PSH or RRH?  PSH

4a. Does the project request costs under the rental assistance budget line item? Yes

4b. Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? No
4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:
- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.
   Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Employment Assistance and Job Training  
Food  
Housing Search and Counseling Services  
Legal Services  
Life Skills Training  
Mental Health Services  
Outpatient Health Services  
Outreach Services  
Substance Abuse Treatment Services  
Transportation  
Utility Deposits  

<table>
<thead>
<tr>
<th>Service</th>
<th>Type</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Transportation</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?
   Yes

2b. Use of a single application form for four or more mainstream programs?
   No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?
   Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?
   Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.
   Yes
### 4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 23  
Total Beds: 23  
Total Dedicated CH Beds: 23  
Total Prioritized CH Beds: 0

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...</td>
<td>23</td>
<td>23</td>
<td>23</td>
<td>0</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps-guides/coc-program-competition-resources/
1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 23
   b. Beds: 23

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 23
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 0
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 0
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 0

4. Address:
   Street 1: 40849 Fremont Boulevard
   Street 2: 
   City: Fremont
   State: California
   ZIP Code: 94538

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   061404 Fremont, 063276 San Leandro, 062034 Livermore, 061602 Hayward, 062826 Pleasanton City, 062508 Oakland, 060324 Berkeley, 063846 Union City, 069001 Alameda County
5A. Project Participants - Households

**Instructions:**

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Totals:** All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

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

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>1</td>
<td>22</td>
<td></td>
<td>23</td>
</tr>
</tbody>
</table>

**Characteristics**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016    Page 27    09/12/2016
<table>
<thead>
<tr>
<th>Category</th>
<th>Adults over age 24</th>
<th>Adults ages 18-24</th>
<th>Accompanied Children under age 18</th>
<th>Unaccompanied Children under age 18</th>
<th>Total Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>2</td>
<td>21</td>
<td>2</td>
<td>0</td>
<td>23</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>4</td>
<td>22</td>
<td>0</td>
<td>0</td>
<td>26</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>18</td>
<td>3</td>
<td>15</td>
<td>21</td>
<td>7</td>
<td>5</td>
<td>6</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>19</td>
<td>3</td>
<td>0</td>
<td>15</td>
<td>0</td>
<td>22</td>
<td>7</td>
<td>5</td>
<td>6</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Describe the unlisted subpopulations referred to above:

It is expected that children in the program may not have disabilities.
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>50%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td></td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td></td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td>100%</td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td></td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  Yes

3. Are the requested renewal funds reduced from the previous award as a result of reallocation?  No

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

5. Renewal Grant Term:  1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance  X
   - Supportive Services
   - Operations
   - HMIS
6D. 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>CA - Oakland-Fremont, CA HUD Metro FM...</td>
<td>23</td>
<td>$344,724</td>
</tr>
</tbody>
</table>

| Total Request for Grant Term: | $344,724 |
| Total Units:                  | 23       |
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.

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents: In the FY 2016 CoC Program Competition, eligible renewal projects requesting rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select “Yes” from the dropdown for this question. The project applicant will then have the ability to enter an amount in the “HUD Paid Rent (applicant)” field that is less than the amount listed in the “FMR Area (applicant)” field. The following question is visible when PRA is selected:

Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA? This request is only available for PH PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2016 CoC Program Competition NOFA.

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. The number(s) listed should match the CoC’s HUD-approved FY 2015 GIW.

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

HUD Paid Rent: For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. (If the applicants select “No” above, this column will not be available for edit). In the GIW, HUD Paid Rent is known as “Actual”.

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 “HUD Paid Rent” and by 12 months. If the applicant selected “No” above, the automatic calculation will be based on the FMR and not the “HUD Paid Rent.”

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 with the value “1 Year” and will be read only.

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

All total fields will be calculated once the required field has been completed and saved.
Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: CA - Oakland-Fremont, CA HUD Metro FMR Area (060019999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$778</td>
<td>$778</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,037</td>
<td>$1,037</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>23</td>
<td>$1,249</td>
<td>$1,249</td>
<td>x</td>
<td>= $344,724</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$1,580</td>
<td>$1,580</td>
<td>x</td>
<td>= $0</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,202</td>
<td>$2,202</td>
<td>x</td>
<td>= $0</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$2,455</td>
<td>$2,455</td>
<td>x</td>
<td>= $0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$2,823</td>
<td>$2,823</td>
<td>x</td>
<td>= $0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$3,192</td>
<td>$3,192</td>
<td>x</td>
<td>= $0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$3,560</td>
<td>$3,560</td>
<td>x</td>
<td>= $0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$3,928</td>
<td>$3,928</td>
<td>x</td>
<td>= $0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$4,296</td>
<td>$4,296</td>
<td>x</td>
<td>= $0</td>
</tr>
<tr>
<td>Total Units and Annual Assistance Requested</td>
<td>23</td>
<td></td>
<td></td>
<td></td>
<td>$344,724</td>
</tr>
<tr>
<td>Grant Term</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$344,724</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6H. 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.

<table>
<thead>
<tr>
<th>Match Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind</td>
<td>Private</td>
<td>Abode Services</td>
<td>08/11/2016</td>
<td>$89,475</td>
</tr>
</tbody>
</table>

Summary for Match

- Total Value of Cash Commitments: $0
- Total Value of In-Kind Commitments: $89,475
- Total Value of All Commitments: $89,475
Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Abode Services (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/11/2016
6. Value of Written Commitment: $89,475
6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snapsguides/coc-program-competition-resources/

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$344,724</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>3. Supportive Services</th>
<th>$0</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$344,724</td>
</tr>
<tr>
<td>7. Admin</td>
<td>$11,521</td>
</tr>
<tr>
<td>(Up to 10%)</td>
<td></td>
</tr>
<tr>
<td>8. Total Assistance</td>
<td></td>
</tr>
<tr>
<td>plus Admin Requested</td>
<td>$356,245</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$0</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$89,475</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$89,475</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$445,720</td>
</tr>
</tbody>
</table>
7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant’s application for funding is consistent with the jurisdiction’s HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit</td>
<td>No</td>
<td>Abode Services 501c3</td>
<td>09/29/2015</td>
</tr>
<tr>
<td>Documentation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A. For all projects:

**Fair Housing and Equal Opportunity**

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official**

Linda Gardner

**Date:** 09/08/2016

**Title:** Housing Director

**Applicant Organization:** Alameda County

**PHA Number (For PHA Applicants Only):**

I certify that I have been duly authorized by the applicant to submit this Applicant [X]

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Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. Congressional District(s)</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>1E. Compliance</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>1F. Declaration</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>2B. Recipient Performance</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/11/2016</td>
</tr>
</tbody>
</table>

Applicant: Alameda County Housing and Community Development Department
Project: Alameda County Shelter Plus Care - HOPE Housing
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>3B. Description</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>5C. Outreach</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>6D. Rental Assistance</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>6H. Match</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>6I. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>09/08/2016</td>
</tr>
</tbody>
</table>
Employer Identification Number: 94-3087060
Person to Contact: Barb Herald
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of June 11, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in November 1989, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(03) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

[Signature]

Cindy Westcott
Manager, EO Determinations
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission: Application
2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):
If "Other", specify:
3. Date Received: 09/08/2016
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: CA1033L9T021505
   (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number
   X
6. Date Received by State:
7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

8. Applicant
   a. Legal Name: Alameda County
   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000501
   c. Organizational DUNS: 02116418
   d. Address
      Street 1: 224 W. Winton Ave, Room 108
      City: Hayward
      County:
      State: California
      Country: United States
      Zip / Postal Code: 94544
   e. Organizational Unit (optional)
      Department Name: Housing and Community Development
      Division Name:
   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mr.
First Name: Riley
Middle Name:
Last Name: Wilkerson
Suffix:
Title: HCD Manager
Organizational Affiliation: Alameda County
Telephone Number: (510) 670-9797
Extension:
Fax Number: (510) 670-6378
Email: riley.wilkerson@acgov.org
1C. Application Details

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant:  B. County Government
If "Other" please specify:

10. Name of Federal Agency:  Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title:  CoC Program
   CFDA Number:  14.267

12. Funding Opportunity Number:  FR-6000-N-25
   Title:  Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. Congressional District(s)

**Instructions:**

*Areas Affected By Project:* This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

*Descriptive Title of Applicant's Project:* This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

**Congressional District(s):**

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

**Proposed Project Start and End Dates:** In this required field, indicate the operating start date and end date for the project.

**Estimated Funding:** Fields intentionally left blank, cannot edit.

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

14. **Area(s) affected by the project (State(s) only):** California
(for multiple selections hold CTRL key)

15. **Descriptive Title of Applicant's Project:** Alameda County Shelter Plus Care - HOST

16. **Congressional District(s):**

   a. Applicant: CA-013, CA-017, CA-015
   (for multiple selections hold CTRL key)

   b. Project: CA-013, CA-017, CA-015
   (for multiple selections hold CTRL key)

17. **Proposed Project**

   a. **Start Date:** 10/01/2017
   b. **End Date:** 09/30/2018

18. **Estimated Funding ($)**
a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?  
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

   If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?  
   No

   If "YES," provide an explanation:
1F. Declaration

Instructions:
The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

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

All screens, 1A - 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative
Prefix: Ms.
First Name: Linda
Middle Name: M
Last Name: Gardner
Suffix:
Title: Housing Director
Telephone Number: (510) 670-5404 (Format: 123-456-7890)
Fax Number: (510) 670-6378 (Format: 123-456-7890)
Email: linda.gardner@acgov.org
Applicant: Alameda County Housing and Community Development Department  
Project: Alameda County Shelter Plus Care - HOST

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/08/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $920,904

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bonita House, Inc</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$480,452</td>
</tr>
<tr>
<td>East Bay Community Recovery Project</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$440,452</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: Bonita House, Inc

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

If "Other" specify:
c. Employer or Tax Identification Number: 94-1735133

| * d. Organizational DUNS: | 119740322 | PLUS 4 |

e. Physical Address
   Street 1: 6333 Telegraph Avenue
   Street 2:
   City: Oakland
   State: California
   Zip Code: 94609

f. Congressional District(s): CA-013
   (for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

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

i. Expected Sub-Award Amount: $480,452

j. Contact Person
   Prefix: Mr.
   First Name: Mark
   Middle Name:
   Last Name: Shotwell
   Suffix:
   Title: Program Director
   E-mail Address: mark@bonitahouse.org
   Confirm E-mail Address: mark@bonitahouse.org
   Phone Number: 510-809-1780
   Extension:
   Fax Number:
Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

Instructions:
Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: East Bay Community Recovery Project
b. Organization Type: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:

c. Employer or Tax Identification Number: 94-3103486

d. Organizational DUNS: 808555387

-  e. Physical Address
  Street 1: 2579 San Pablo Avenue
  Street 2:
  City: Oakland
  State: California
  Zip Code: 94612

-  f. Congressional District(s): CA-013 (for multiple selections hold CTRL key)

-  g. Is the subrecipient a Faith-Based Organization? No

-  h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

-  i. Expected Sub-Award Amount: $440,452

-  j. Contact Person
  Prefix: Mr.
  First Name: John
  Middle Name:
  Last Name: Knowles
  Suffix:
  Title: Program Manager
  E-mail Address: jknowles@ebcrp.org
Confirm E-mail Address:  jknowles@ebcrp.org
Phone Number:  510-446-7117
Extension:
Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.
2B. Recipient Performance

Instructions:
The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If “Yes” is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? **Yes**

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? **No**

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? **Yes**

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? **Yes**
Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

The unspent funds are largely due to the fact that this is a rental assistance grant. In rental assistance grants, our budget is essentially a formula – the number of units multiplied times the Fair Market Rent times 12 months. When the FMR is $1,000, our subsidy budget would be 9 units x $1,000 x 12 months, or $108,000. However, we must subtract from what we bill to HUD the contributions that participants make toward their rent. With the example above, if tenants contribute on average $150 per month to their rent, that would result in under-spending of $16,200 ($150 X 9 units X 12 months). We must allow for some cushion when budgeting, in the event that participants do not have income and cannot contribute toward rent.
3A. Project Detail

Instructions:
The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen "1A. Application Type."

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: CA1033L9T021505
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Alameda County Shelter Plus Care - HOST
4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.

- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.)

- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.

- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.

- Does the project follow a "Housing First" approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on...
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

1. Provide a description that addresses the entire scope of the proposed project.

The Alameda County Shelter Plus Care - Homeless Outreach and Stabilization Team (HOST) Project provides permanent supportive housing, rental assistance and supportive services to chronically homeless, seriously mentally ill adults in Alameda County who have been previously unserved by the County's mental health system.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>X</th>
<th>Domestic Violence</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans</td>
<td></td>
<td>Substance Abuse</td>
<td></td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td></td>
<td>Mental Illness</td>
<td>X</td>
</tr>
</tbody>
</table>

Applicant: Alameda County Housing and Community Development Department  
Project: Alameda County Shelter Plus Care - HOST  
Renewal Project Application FY2016  
Page 22  
09/12/2016
3. Housing First

3a. Does the project quickly move participants into permanent housing? Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

- Having too little or little income X
- Active or history of substance abuse X
- Having a criminal record with exceptions for state-mandated restrictions X
- History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement) X
- None of the above

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

- Failure to participate in supportive services X
- Failure to make progress on a service plan X
- Loss of income or failure to improve income X
- Domestic violence X
- Any other activity not covered in a lease agreement typically found in the project’s geographic area. X
- None of the above

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? PSH
4a. Does the project request costs under the rental assistance budget line item?   Yes

4b. Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance?  No
4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Employment Assistance and Job Training
Food
Housing Search and Counseling Services
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?
Yes

2b. Use of a single application form for four or more mainstream programs?
No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?
Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?
Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months?
No
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 63
Total Beds: 66
Total Dedicated CH Beds: 63
Total Prioritized CH Beds: 3

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (…)</td>
<td>63</td>
<td>66</td>
<td>63</td>
<td>3</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered
apartments, a single complex with multiple addresses may be entered on one detail screen. In
the case of scattered-site apartments, all scattered-site units within a single FMR area may be
entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown
menu. Refer to the Project Application Detailed Instructions for a definition of each Housing
Type.

Indicate the maximum number of units and beds available for project participants at the
selected housing site: This is a required field. Indicate the number of units and beds that will be
served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless:
This is a required field. Enter that total number of beds that are dedicated to the chronically
homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only
be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3,
unless there are no persons within the CoC that meet that criteria. These PSH beds are also
reported as "CH Beds" on a CoC’s Housing Inventory Count (HIC). If a project has dedicated
beds to serve CH families, all beds serving the household should be included in this number. If
none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically
homeless? This is a required field, but it is Auto calculated. The number that is calculated is the
difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically
homeless but will be used to assist the chronically homeless when turnover occurs: This is a
required field. Enter the number of beds that are not dedicated to the chronically homeless but
that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be
incorporated into the projects grant agreement for FY 2016 and represents the minimum number
of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized
for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically
homeless? This is a required field. Use the number of turnover beds that are not dedicated to
the chronically homeless and that you estimated in field c to estimate and enter the number of
those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For
Scattered-site housing, programs should enter the address where the majority of beds are
located or where most beds are located as of the application submission. For scattered-site
apartments or clustered apartments with different addresses, applicants may also choose to
enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the
geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 63
   b. Beds: 66

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 63
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 3
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 3
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 3

4. Address:
   Street 1: 224 W Winton Avenue Room 108
   Street 2: 
   City: Hayward
   State: California
   ZIP Code: 94544

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   060012 Alameda
## 5A. Project Participants - Households

### Instructions:

**ALL PROJECTS EXCEPT HMIS**

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

**Households:** Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

**Households with at least One Adult and One Child:** Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

**Adult Households without Children:** Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

**Households with Only Children:** Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Characteristics:** Enter the total number of homeless that fall under one of the characteristics listed.

**Persons in Households with at least One Adult and One Child:** Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

**Adult Persons in Households without Children:** Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

**Persons in Households with Only Children:** Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Totals:** All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

Additional Resources can be found at the HUD Resource Exchange: [https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/](https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/)

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>0</td>
<td>63</td>
<td></td>
<td>63</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Category</th>
<th>0</th>
<th>66</th>
<th>0</th>
<th>66</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>66</td>
<td>0</td>
<td>66</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>66</td>
<td>0</td>
<td>66</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Non-Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>35</td>
<td>1</td>
<td>0</td>
<td>30</td>
<td>0</td>
<td>63</td>
<td>16</td>
<td>13</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>35</td>
<td>1</td>
<td>0</td>
<td>30</td>
<td>0</td>
<td>63</td>
<td>16</td>
<td>13</td>
<td>6</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Non-Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>50%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td></td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td></td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td></td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
  - Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
  - Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Yes

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

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

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance X
   - Supportive Services
   - Operations
   - HMIS
6D. 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>CA - Oakland-Fremont, CA HUD Metro FM...</td>
<td>63</td>
<td>$918,804</td>
</tr>
</tbody>
</table>

| Total Request for Grant Term: | $918,804 |
| Total Units: | 63 |
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.

Does the applicant request rental assistance funding for less than the area’s per unit size fair market rents: In the FY 2016 CoC Program Competition, eligible renewal projects requesting rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select “Yes” from the dropdown for this question. The project applicant will then have the ability to enter an amount in the “HUD Paid Rent (applicant)” field that is less than the amount listed in the “FMR Area (applicant)” field. The following question is visible when PRA is selected:

Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA? This request is only available for PH PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2016 CoC Program Competition NOFA.

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. The number(s) listed should match the CoC’s HUD-approved FY 2015 GIW.

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

HUD Paid Rent: For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. (If the applicants select “No” above, this column will not be available for edit). In the GIW, HUD Paid Rent is known as “Actual”.

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 “HUD Paid Rent” and by 12 months. If the applicant selected “No” above, the automatic calculation will be based on the FMR and not the “HUD Paid Rent.”.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based on 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 Resource 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:** CA - Oakland-Fremont, CA HUD Metro FMR Area (0600199999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? **No**

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$778</td>
<td>$778 x</td>
<td>= $0</td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>10 x</td>
<td>$1,037</td>
<td>$1,037 x</td>
<td>= $124,440</td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>53 x</td>
<td>$1,249</td>
<td>$1,249 x</td>
<td>= $794,364</td>
<td></td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$1,580</td>
<td>$1,580 x</td>
<td>= $0</td>
<td></td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,202</td>
<td>$2,202 x</td>
<td>= $0</td>
<td></td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$2,455</td>
<td>$2,455 x</td>
<td>= $0</td>
<td></td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$2,823</td>
<td>$2,823 x</td>
<td>= $0</td>
<td></td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$3,192</td>
<td>$3,192 x</td>
<td>= $0</td>
<td></td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$3,560</td>
<td>$3,560 x</td>
<td>= $0</td>
<td></td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$3,928</td>
<td>$3,928 x</td>
<td>= $0</td>
<td></td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$4,296</td>
<td>$4,296 x</td>
<td>= $0</td>
<td></td>
</tr>
</tbody>
</table>

Total Units and Annual Assistance Requested: **63**

Grant Term: **1 Year**

Total Request for Grant Term: **$918,804**

Click the 'Save' button to automatically calculate totals.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Behavioral Health...</td>
<td>08/15/2016</td>
<td>$340,000</td>
</tr>
</tbody>
</table>

Total Value of Cash Commitments: $0
Total Value of In-Kind Commitments: $340,000
Total Value of All Commitments: $340,000
Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6l. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment: Behavioral Health Care Services

5. Date of Written Commitment: 08/15/2016

6. Value of Written Commitment: $340,000
6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$918,804</td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016 Page 42 09/12/2016
<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Supportive Services</td>
<td>$0</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$918,804</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$41,096</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$959,900</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$0</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$340,000</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$340,000</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$1,299,900</td>
</tr>
</tbody>
</table>

**Applicant:** Alameda County Housing and Community Development Department  
**Project:** Alameda County Shelter Plus Care - HOST
Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit</td>
<td>No</td>
<td>Bonita House EBRC...</td>
<td>09/08/2016</td>
</tr>
<tr>
<td>Documentation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: Bonita House EBRCP 501c3

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Linda Gardner
Date: 09/08/2016
Title: Housing Director
Applicant Organization: Alameda County

PHA Number (For PHA Applicants Only):
I certify that I have been duly authorized by the applicant to submit this Applicant X

Renewal Project Application FY2016 Page 47 09/12/2016
Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
<td>No Input Required</td>
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<td>1C. Application Details</td>
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<td>1D. Congressional District(s)</td>
<td>08/31/2016</td>
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<tr>
<td>1E. Compliance</td>
<td>08/18/2016</td>
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<tr>
<td>1F. Declaration</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>09/06/2016</td>
</tr>
<tr>
<td>2B. Recipient Performance</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>-----------------------</td>
<td>------------</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/31/2016</td>
</tr>
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<td>4B. Housing Type</td>
<td>08/31/2016</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
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<tr>
<td>5C. Outreach</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>6D. Rental Assistance</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>6H. Match</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>6I. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>09/08/2016</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>09/08/2016</td>
</tr>
</tbody>
</table>
Internal Revenue Service

P. O. Box 2508
Cincinnati, OH  45201

Date:  January 29, 2003

Bonita House, Inc.
6333 Telegraph Ave 102
Oakland, CA  94609-1359

Person to Contact:
Mrs. Swana Smith - 31-07418
Customer Service Specialist

Toll Free Telephone Number:
6:30 a.m. to 6:30 p.m. EST
877-829-5500

Fax Number:
513-263-3756

Federal Identification Number:
94-1735133

Dear Sir or Madam:

This is in response to your telephone request of January 29, 2003, regarding your organization’s tax-exempt status.

Our records indicate that a determination letter issued in December 1971 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(2).

This classification was based on the assumption that your organization’s operations would continue as stated in the application. If your organization’s sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization’s annual accounting period. The law imposes a penalty of $20 a day, up to a maximum of $10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.
EAST BAY COMMUNITY RECOVERY PROJECT

% JOAN E ZWEBEN
2579 SAN PABLO AVE
OAKLAND CA 94612-1159

Employer Identification Number: 94-3103486
Person to Contact: Jeffery Cordell
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 02, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in May, 1994.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.
If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Richard McKee, Department Manager
Accounts Management Operations
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
If "Revision", select appropriate letter(s):
If "Other", specify:
3. Date Received: 09/08/2016
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: CA0099L9T021508
(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

X

6. Date Received by State:
7. State Application Identifier:
1B. Legal Applicant

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

8. Applicant

a. Legal Name: Alameda County

b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000501

c. Organizational DUNS: 02116418

PLUS 4

d. Address

   Street 1: 224 W. Winton Ave, Room 108
   City: Hayward
   County:
   State: California
   Country: United States
   Zip / Postal Code: 94544

e. Organizational Unit (optional)

   Department Name: Housing and Community Development
   Division Name:

f. Name and contact information of person to be contacted on matters involving this application

   Prefix: Mr.
First Name: Riley
Middle Name:  
Last Name: Wilkerson
Suffix:  
Title: HCD Manager
Organizational Affiliation: Alameda County
Telephone Number: (510) 670-9797
Extension:  
Fax Number: (510) 670-6378
Email: riley.wilkerson@acgov.org
1C. Application Details

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant:    B. County Government
If "Other" please specify:

10. Name of Federal Agency:  Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number:  FR-6000-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) only):
   California
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Alameda County Shelter Plus Care - Lorenzo Creek

16. Congressional District(s):
   a. Applicant: CA-013, CA-017, CA-015
   (for multiple selections hold CTRL key)
   b. Project: CA-015
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2016
   b. End Date: 06/30/2017

18. Estimated Funding ($)
Applicant: Alameda County Housing and Community Development Department
Project: Alameda County Shelter Plus Care - Lorenzo Creek

a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

   If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?
   No

   If "YES," provide an explanation:
**1F. Declaration**

**Instructions:**

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

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**21. Authorized Representative**

Prefix: Ms.
First Name: Linda
Middle Name: M
Last Name: Gardner
Suffix: 
Title: Housing Director
Telephone Number: (510) 670-5404 (Format: 123-456-7890)
Fax Number: (510) 670-6378 (Format: 123-456-7890)
Email: linda.gardner@acgov.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/08/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

**Total Expected Sub-Awards:** $154,032

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allied Housing</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$154,032</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: Allied Housing

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

If "Other" specify:
c. Employer or Tax Identification Number: 94-3205085

d. Organizational DUNS: 839883139

* e. Physical Address
  Street 1: 40849 Fremont Boulevard
  Street 2:
  City: Fremont
  State: California
  Zip Code: 94538

f. Congressional District(s): CA-013, CA-017, CA-015
   (for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

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

i. Expected Sub-Award Amount: $154,032

j. Contact Person
   Prefix: Ms.
   First Name: Vivian
   Middle Name: 
   Last Name: Wan
   Suffix: 
   Title: Associate Director
   E-mail Address: vwan@abodeservices.org
   Confirm E-mail Address: vwan@abodeservices.org
   Phone Number: 510-657-7409
   Extension: 212
   Fax Number: 510-657-7293
Documentation of the subrecipient's nonprofit status is required with the submission of this application.
2B. Recipient Performance

Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes
Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

The unspent funds are largely due to the fact that this is a rental assistance grant. In rental assistance grants, our budget is essentially a formula – the number of units multiplied times the Fair Market Rent times 12 months. When the FMR is $1,000, our subsidy budget would be 9 units x $1,000 x 12 months, or $108,000. However, we must subtract from what we bill to HUD the contributions that participants make toward their rent. With the example above, if tenants contribute on average $150 per month to their rent, that would result in under-spending of $16,200 ($150 X 9 units X 12 months). We must allow for some cushion when budgeting, in the event that participants do not have income and cannot contribute toward rent.

In a scattered-site program, we might be able to use some excess funds to over-lease an additional unit, but Lorenzo Creek is a site-based program and there are no additional, un-subsidized units there. In other words, we do not have great means to address modest under-spending with this contract.
3A. Project Detail

Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select “Yes” or “No” to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: CA0099L9T021508
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Alameda County Shelter Plus Care - Lorenzo Creek
4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

1. Provide a description that addresses the entire scope of the proposed project.

Lorenzo Creek Apartments is a 27-unit affordable housing program in Castro Valley, serving households from the Central, Eastern, and Southern areas of Alameda County. The building is managed by Resources for Community Development, which whom Abode Services has a strong collaborative partnership. Nine (9) of the units are designated for homeless households with disabilities and served by the Lorenzo Creek Shelter Plus Care (now CoC) rental assistance program. Lorenzo Creek S+C is a Housing First program targeting households with barriers to housing – including mental health disabilities, substance use disorders, histories of domestic violence, and other challenges.

Lorenzo Creek’s Service Coordinator provides an array of services designed to address each household’s barriers to housing, and to connect them to the requisite services, all of which are focused on increasing long-term housing stability and increasing self-sufficiency. In the last contract year, 100% of participants either maintained stable housing or exited the program to permanent housing.

Some of the services to which Lorenzo Creek Shelter Plus Care participants have access through Abode’s resources include: life skills, education, food,
health care, children's programs, mental health services, financial skills, and other programs. Our community partners include Alameda County Behavioral Health Care, various mainstream employment centers, Tri-City Health Center, as well as local community colleges like Chabot and Ohlone. Each participant's service plan is updated and modified at least monthly to track progress according to goals, adjust as needed, and ensure connection to resources and participants' needs change.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans</td>
<td>Substance Abuse</td>
<td>X</td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td>Mental Illness</td>
<td></td>
</tr>
<tr>
<td>Families with Children</td>
<td>HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (Click 'Save' to update)</td>
<td></td>
</tr>
</tbody>
</table>

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active or history of substance abuse</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the
program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found in the project's geographic area.</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? PSH

4a. Does the project request costs under the rental assistance budget line item? Yes

4b. Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? No
Instructions:
ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:
- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016   Page 23   09/12/2016
<table>
<thead>
<tr>
<th>Service</th>
<th>Type</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? **Yes**

2b. Use of a single application form for four or more mainstream programs? **No**

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? **Yes**

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? **Yes**

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? **Yes**
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

- Total Units: 9
- Total Beds: 26
- Total Dedicated CH Beds: 0
- Total Prioritized CH Beds: 0

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clustered apartments</td>
<td>9</td>
<td>26</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps.guides/coc-program-competition-resources/
1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 9
   b. Beds: 26

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless?
      0
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?
      26
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?
      2
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?
      0

4. Address:
   Street 1: 22198 Center Street
   Street 2:
   City: Castro Valley
   State: California
   ZIP Code: 94546

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)
   069001 Alameda County
5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number...” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

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

Applicant: Alameda County Housing and Community Development Department
Project: Alameda County Shelter Plus Care - Lorenzo Creek

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td></td>
<td></td>
<td></td>
<td>9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016 Page 28 09/12/2016
<table>
<thead>
<tr>
<th>Category</th>
<th>Adult 24</th>
<th>Adult 18-24</th>
<th>Accompanied 18</th>
<th>Unaccompanied 18</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>7</td>
<td>4</td>
<td></td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under 18</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Unaccompanied Children under 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>16</td>
<td>4</td>
<td>9</td>
<td>0</td>
<td>20</td>
</tr>
</tbody>
</table>
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Total Persons</td>
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<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Describe the unlisted subpopulations referred to above:
The persons on the unlisted subpopulations above are comprised of persons in a S+C household who are not chronically homeless, who are not veterans, and/or do not have a disability.
5C. Outreach for Participants

Instructions:
ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>40%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>40%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td></td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td>20%</td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td></td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant?: This is a required field. Select "Yes" or "No" to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select "Yes" or "No" to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate?: This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:

- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Do any of the properties in this project have an active restrictive covenant? Yes
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

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

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance X
   - Supportive Services
   - Operations
   - HMIS
6D. 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRA</td>
<td>CA - Oakland-Fremont, CA HUD Metro FM...</td>
<td>9</td>
<td>$154,752</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $154,752
Total Units: 9
## 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.

- **Does the applicant request rental assistance funding for less than the area's per unit size fair market rents:** In the FY 2016 CoC Program Competition, eligible renewal projects requesting rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select “Yes” from the dropdown for this question. The project applicant will then have the ability to enter an amount in the “HUD Paid Rent (applicant)” field that is less than the amount listed in the “FMR Area (applicant)” field. The following question is visible when PRA is selected:

- **Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA?** This request is only available for PH PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2016 CoC Program Competition NOFA.

- **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. The number(s) listed should match the CoC’s HUD-approved FY 2015 GIW.

- **FMR:** These fields are populated with the FY 2016 FMRs based on the FMR area selected by the project applicant. The FMRs are available online at [http://www.huduser.org/portal/datasets/fmr.html](http://www.huduser.org/portal/datasets/fmr.html).

- **HUD Paid Rent:** For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. (If the applicants select “No” above, this column will not be available for edit). In the GIW, HUD Paid Rent is known as “Actual”.

- **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 “HUD Paid Rent” and by 12 months. If the applicant selected “No” above, the automatic calculation will be based on the FMR and not the “HUD Paid Rent”.

- **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 with the value “1 Year” and will be read only.

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

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

---

<table>
<thead>
<tr>
<th>Applicant: Alameda County Housing and Community Development Department</th>
<th>021116418</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project: Alameda County Shelter Plus Care - Lorenzo Creek</td>
<td>146162</td>
</tr>
</tbody>
</table>

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

**Type of Rental Assistance:** SRA

**Metropolitan or non-metropolitan fair market rent area:** CA - Oakland-Fremont, CA HUD Metro FMR Area (060019999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$778</td>
<td>$778</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,037</td>
<td>$1,037</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>4</td>
<td>$1,249</td>
<td>$1,249</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>5</td>
<td>$1,580</td>
<td>$1,580</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,202</td>
<td>$2,202</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$2,455</td>
<td>$2,455</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$2,823</td>
<td>$2,823</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$3,192</td>
<td>$3,192</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$3,560</td>
<td>$3,560</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$3,928</td>
<td>$3,928</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$4,296</td>
<td>$4,296</td>
<td>x</td>
<td>=</td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested:** 9

**Total Request for Grant Term:** $154,752

Grant Term: 1 Year

Click the 'Save' button to automatically calculate totals.
**6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Resources for Com...</td>
<td>10/14/2015</td>
<td>$43,213</td>
</tr>
</tbody>
</table>

Total Value of Cash Commitments: $0  
Total Value of In-Kind Commitments: $43,213  
Total Value of All Commitments: $43,213
Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Resources for Community Development (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 10/14/2015
6. Value of Written Commitment: $43,213
6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$154,752</td>
</tr>
</tbody>
</table>

Applicant: Alameda County Housing and Community Development Department
021116418
Project: Alameda County Shelter Plus Care - Lorenzo Creek
146162

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<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Supportive Services</td>
<td>$0</td>
</tr>
<tr>
<td>4</td>
<td>Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5</td>
<td>HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6</td>
<td>Sub-total Costs Requested</td>
<td>$154,752</td>
</tr>
<tr>
<td>7</td>
<td>Admin (Up to 10%)</td>
<td>$9,352</td>
</tr>
<tr>
<td>8</td>
<td>Total Assistance plus Admin Requested</td>
<td>$164,104</td>
</tr>
<tr>
<td>9</td>
<td>Cash Match</td>
<td>$0</td>
</tr>
<tr>
<td>10</td>
<td>In-Kind Match</td>
<td>$43,213</td>
</tr>
<tr>
<td>11</td>
<td>Total Match</td>
<td>$43,213</td>
</tr>
<tr>
<td>12</td>
<td>Total Budget</td>
<td>$207,317</td>
</tr>
</tbody>
</table>

Applicant: Alameda County Housing and Community Development Department

021116418

Project: Alameda County Shelter Plus Care - Lorenzo Creek

146162

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Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>Allied Housing 501c3</td>
<td>09/29/2015</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: Allied Housing 501c3

Attachment Details

Document Description:

Attachment Details

Document Description:
A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Linda Gardner
Date: 09/08/2016
Title: Housing Director
Applicant Organization: Alameda County

I certify that I have been duly authorized by the applicant to submit this Applicant

X

PHA Number (For PHA Applicants Only):
Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
## 8B Submission Summary

<table>
<thead>
<tr>
<th>Section</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. Congressional District(s)</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>1E. Compliance</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>1F. Declaration</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>2B. Recipient Performance</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/17/2016</td>
</tr>
</tbody>
</table>

Applicant: Alameda County Housing and Community Development Department
Project: Alameda County Shelter Plus Care - Lorenzo Creek

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<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>3B. Description</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>5C. Outreach</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>6D. Rental Assistance</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>6H. Match</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>6I. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/18/2016</td>
</tr>
</tbody>
</table>
Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

[Signature]

District Director

Letter 1050 (DO/CG)
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.
Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.
Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.
Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
If "Revision", select appropriate letter(s):
If "Other", specify:
3. Date Received: 09/08/2016
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: CA0083L9T021508
(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).
Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:
7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

8. Applicant
   a. Legal Name: Alameda County
   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000501
   c. Organizational DUNS: 02116418
   d. Address
      Street 1: 224 W. Winton Ave, Room 108
      City: Hayward
      County:
      State: California
      Country: United States
      Zip / Postal Code: 94544
   e. Organizational Unit (optional)
      Department Name: Housing and Community Development
      Division Name:
   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mr.
First Name: Riley
Middle Name: 
Last Name: Wilkerson
Suffix: 
Title: HCD Manager
Organizational Affiliation: Alameda County
Telephone Number: (510) 670-9797
Extension: 
Fax Number: (510) 670-6378
Email: riley.wilkerson@acgov.org
1C. Application Details

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant:  B. County Government
   If "Other" please specify:

10. Name of Federal Agency:  Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
    Title:  CoC Program
    CFDA Number:  14.267

12. Funding Opportunity Number:  FR-6000-N-25
    Title:  Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
    Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Alameda County Shelter Plus Care - PRA

16. Congressional District(s):

   a. Applicant: CA-013, CA-017, CA-015
   (for multiple selections hold CTRL key)

   b. Project: CA-013
   (for multiple selections hold CTRL key)

17. Proposed Project

   a. Start Date: 08/01/2016

   b. End Date: 07/31/2017

18. Estimated Funding ($)
a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

   If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?
    No

    If "YES," provide an explanation:
1F. Declaration

Instructions:
The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative
   Prefix: Ms.
   First Name: Linda
   Middle Name: M
   Last Name: Gardner

   Suffix: 
   Title: Housing Director
   Telephone Number: (510) 670-5404
   (Format: 123-456-7890)
   Fax Number: (510) 670-6378
   (Format: 123-456-7890)
   Email: linda.gardner@acgov.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/08/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $332,604

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Authority of the City of Alameda</td>
<td>L. Public/Indian Housing Authority</td>
<td>$332,604</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: Housing Authority of the City of Alameda

b. Organization Type: L. Public/Indian Housing Authority

If "Other" specify:
c. Employer or Tax Identification Number: 94-6003048

| d. Organizational DUNS: | 173281056 | PLUS 4 |

e. Physical Address
   Street 1: 701 Atlantic Avenue
   Street 2:
   City: Alameda
   State: California
   Zip Code: 94501

f. Congressional District(s): CA-013
   (for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

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

i. Expected Sub-Award Amount: $332,604

j. Contact Person
   Prefix: Ms.
   First Name: Venessa
   Middle Name:
   Last Name: Cooper
   Suffix:
   Title: Executive Director
   E-mail Address: vcooper@alamedahsg.org
   Confirm E-mail Address: vcooper@alamedahsg.org
   Phone Number: 510-522-8422
   Extension:
   Fax Number:
2B. Recipient Performance

Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select “Yes” or “No” from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If “No” is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select “Yes” or “No” from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If “Yes” is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select “Yes” or “No” from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If “No,” is selected, one new question will appear in which the recipient must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select “Yes” or “No” from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If “Yes,” is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?
   Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?
   No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?
   Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?
   Yes
Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

The unspent funds are largely due to the fact that this is a rental assistance grant. In rental assistance grants, our budget is essentially a formula – the number of units multiplied times the Fair Market Rent times 12 months. When the FMR is $1,000, our subsidy budget would be 9 units x $1,000 x 12 months, or $108,000. However, we must subtract from what we bill to HUD the contributions that participants make toward their rent. With the example above, if tenants contribute on average $150 per month to their rent, that would result in under-spending of $16,200 ($150 X 9 units X 12 months). We must allow for some cushion when budgeting, in the event that participants do not have income and cannot contribute toward rent.
3A. Project Detail

Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

   Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

   CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

   CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application

   Project Name: This is pre-populated from the “Project” Form and cannot be edited.

   Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

   Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

   Title V: This field is required. Select “Yes” or “No” to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: CA0083L9T021508
   (e.g., the “Federal Award Identifier” indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Alameda County Shelter Plus Care - PRA
4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? Yes
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?:This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

1. Provide a description that addresses the entire scope of the proposed project.

Alameda County S+C PRA Project provides rental subsidies and support services to fourteen formerly homeless persons disabled by chronic substance abuse and/or serious mental illness and/or HIV, and their families. Housing is provided by non-profit housing developers/operators at three project sites while support services are provided by Alameda Point Collaborative Multi-Service Center and other community-based agencies as part of the HUD required in-kind service match.

Applicants access the program by submitting an application through one of our community partner agencies and are required to select an agency to provide ongoing service coordination to assist them with meeting personal goals and maintain their housing.

2. Does your project have a specific population focus? No

3. Housing First
3a. Does the project quickly move participants into permanent housing  
Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Item</th>
<th>x</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td></td>
</tr>
<tr>
<td>Active or history of substance abuse</td>
<td></td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td></td>
</tr>
<tr>
<td>History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)</td>
<td></td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>x</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td></td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td></td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td></td>
</tr>
<tr>
<td>Domestic violence</td>
<td></td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found in the project’s geographic area.</td>
<td></td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach?  
Yes

4. Does the PH project provide PSH or RRH?  
PSH

4a. Does the project request costs under the rental assistance budget line item?  
Yes

4b. Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance?  
No
4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Employment Assistance and Job Training

<table>
<thead>
<tr>
<th>Service</th>
<th>Partner</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Skills Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outreach Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utility Deposits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? No
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 14
Total Beds: 48
Total Dedicated CH Beds: 14
Total Prioritized CH Beds: 8

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clustered apartments</td>
<td>4</td>
<td>17</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Clustered apartments</td>
<td>6</td>
<td>14</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Clustered apartments</td>
<td>4</td>
<td>17</td>
<td>4</td>
<td>2</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 4
   b. Beds: 17

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 4
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 13
   Auto calculated
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 2
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 2

4. Address:
   Street 1: 2651 Orion Street
   Street 2:
   City: Alameda
   State: California
   ZIP Code: 94501

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   060012 Alameda

4B. Housing Type and Location Detail
Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 6
   b. Beds: 14

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 6
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 8
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 4
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 4

4. Address:
   Street 1: 450, 470 Penacola Road
   Street 2: 
   City: Alameda
   State: California
   ZIP Code: 94501

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   060012 Alameda

4B. Housing Type and Location Detail
Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

1. Housing Type: Clustered apartments
2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

   a. Units: 4
   b. Beds: 17

3. Beds for the Chronically Homeless

   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 4
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 13
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 2
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 2

4. Address:

   Street 1: 2301, 2330, 2370 Rainbow Court
   Street 2:
   City: Alameda
   State: California
   ZIP Code: 94501

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   060012 Alameda
### 5A. Project Participants - Households

**Instructions:**

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

- **Households:** Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

- **Households with at least One Adult and One Child:** Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

- **Adult Households without Children:** Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

- **Households with Only Children:** Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

- **Characteristics:** Enter the total number of homeless that fall under one of the characteristics listed.

- **Persons in Households with at least One Adult and One Child:** Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

- **Adult Persons in Households without Children:** Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

- **Persons in Households with Only Children:** Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

- **Totals:** All fields in the “Total Number...” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

Additional Resources can be found at the HUD Resource Exchange: [https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/](https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/)

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>10</td>
<td>4</td>
<td>0</td>
<td>14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2016</td>
<td>Page 30</td>
<td>09/12/2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>12</td>
<td>4</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>----</td>
<td>---</td>
<td>----</td>
<td></td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>12</td>
<td>4</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>10</td>
<td>0</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>22</td>
<td>8</td>
<td>30</td>
<td></td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

<table>
<thead>
<tr>
<th>Persons in Households with at Least One Adult and One Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Characteristics</td>
</tr>
<tr>
<td>Adults over age 24</td>
</tr>
<tr>
<td>3 0 0 0 7 3 10 3 1 0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
</tr>
<tr>
<td>0 0 0 0 0 0 0 0 0 0</td>
</tr>
<tr>
<td>Children under age 18</td>
</tr>
<tr>
<td>0 0 0 0 0 0 0 0 0 0</td>
</tr>
<tr>
<td>Total Persons</td>
</tr>
<tr>
<td>3 0 0 7 3 10 3 3 1 0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals.
### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Total Persons</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Total Persons</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Describe the unlisted subpopulations referred to above:

The persons on the unlisted subpopulations above are comprised of persons in a S+C household who are not chronically homeless, who are not veterans, and/or do not have a disability.
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>50%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td></td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td></td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td></td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant? This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Do any of the properties in this project have an active restrictive covenant? Yes
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation?  No

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

5. Renewal Grant Term:  1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance  X
   - Supportive Services
   - Operations
   - HMIS
6D. 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRA</td>
<td>CA - Oakland-Fremont, CA HUD Metro FM...</td>
<td>14</td>
<td>$328,188</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $328,188
Total Units: 14
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.

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents: In the FY 2016 CoC Program Competition, eligible renewal projects requesting rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select “Yes” from the dropdown for this question. The project applicant will then have the ability to enter an amount in the “HUD Paid Rent (applicant)” field that is less than the amount listed in the “FMR Area (applicant)” field. The following question is visible when PRA is selected:

Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA? This request is only available for PH PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2016 CoC Program Competition NOFA.

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. The number(s) listed should match the CoC’s HUD-approved FY 2015 GIW.

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

HUD Paid Rent: For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. (If the applicants select “No” above, this column will not be available for edit). In the GIW, HUD Paid Rent is known as “Actual”.

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 “HUD Paid Rent” and by 12 months. If the applicant selected “No” above, the automatic calculation will be based on the FMR and not the “HUD Paid Rent”.

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 with the value “1 Year” and will be read only.

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

All total fields will be calculated once the required field has been completed and saved.
Type of Rental Assistance: PRA

Metropolitan or non-metropolitan fair market rent area: CA - Oakland-Fremont, CA HUD Metro FMR Area (0600199999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$778</td>
<td>$778</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,037</td>
<td>$1,037</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>x</td>
<td>$1,249</td>
<td>$1,249</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>6 x</td>
<td>$1,580</td>
<td>$1,580</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>7 x</td>
<td>$2,202</td>
<td>$2,202</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>4 Bedrooms</td>
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<td>5 Bedrooms</td>
<td>x</td>
<td>$2,823</td>
<td>$2,823</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$3,192</td>
<td>$3,192</td>
<td>x</td>
<td>=</td>
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<td>7 Bedrooms</td>
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<td>$3,560</td>
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<td>$3,928</td>
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<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$4,296</td>
<td>$4,296</td>
<td>x</td>
<td>=</td>
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<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td><strong>Total Request for Grant Term</strong></td>
</tr>
</tbody>
</table>

Grant Term 1 Year

Total Request for Grant Term $328,188

Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Operation Dignity</td>
<td>01/15/2015</td>
<td>$80,360</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Alameda County So...</td>
<td>01/15/2015</td>
<td>$20,535</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>FESCO</td>
<td>01/15/2015</td>
<td>$1,739</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Kaiser Permanente</td>
<td>01/15/2015</td>
<td>$5,700</td>
</tr>
</tbody>
</table>

Applicant: Alameda County Housing and Community Development Department

Project: Alameda County Shelter Plus Care - PRA

Total Value of Cash Commitments: $0
Total Value of In-Kind Commitments: $108,334
Total Value of All Commitments: $108,334
Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Operation Dignity
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 01/15/2015

6. Value of Written Commitment: $80,360
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Government
4. Name the Source of the Commitment: Alameda County Social Services Agency
5. Date of Written Commitment: 01/15/2015
6. Value of Written Commitment: $20,535

Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field.
that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: FESCO
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 01/15/2015
6. Value of Written Commitment: $1,739

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The
Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment: Kaiser Permanente
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 01/15/2015

6. Value of Written Commitment: $5,700
6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$328,188</td>
</tr>
</tbody>
</table>

Applicant: Alameda County Housing and Community Development Department
Project: Alameda County Shelter Plus Care - PRA

Renewal Project Application FY2016

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<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Supportive Services</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>4. Operating</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td></td>
<td>$328,188</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td></td>
<td>$19,996</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td></td>
<td>$348,184</td>
</tr>
<tr>
<td>9. Cash Match</td>
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<td>$0</td>
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<tr>
<td>10. In-Kind Match</td>
<td></td>
<td>$108,334</td>
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<td>11. Total Match</td>
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<td>$108,334</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td></td>
<td>$456,518</td>
</tr>
</tbody>
</table>
7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant’s application for funding is consistent with the jurisdiction’s HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section’s nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official**

Linda Gardner

**Date:** 09/08/2016

**Title:** Housing Director

**Applicant Organization:** Alameda County

**PHA Number (For PHA Applicants Only):**

Alameda County Housing and Community Development Department 02116418

**Renewal Project Application FY2016**

X

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Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
# 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
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<tr>
<td>1C. Application Details</td>
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<td>1D. Congressional District(s)</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>1E. Compliance</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>1F. Declaration</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>2B. Recipient Performance</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/25/2016</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>5C. Outreach</td>
<td>08/25/2016</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>6D. Rental Assistance</td>
<td>08/17/2016</td>
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<tr>
<td>6H. Match</td>
<td>08/17/2016</td>
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<td>6I. Summary Budget</td>
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<tr>
<td>7A. Attachment(s)</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>09/08/2016</td>
</tr>
</tbody>
</table>
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.
Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.
Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.
Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps-guides/coc-program-competition-resources/

1. Type of Submission: Application
2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 09/08/2016
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: CA0084L9T021508 (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).
Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number
6. Date Received by State:
7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

8. Applicant
   a. Legal Name: Alameda County

b. Employer/Taxpayer Identification Number (EIN/TIN):
   94-6000501

c. Organizational DUNS:
   02116418

   PLUS 4

d. Address
   Street 1: 224 W. Winton Ave, Room 108
   Street 2: City: Hayward
   County: State: California
   Country: United States
   Zip / Postal Code: 94544

e. Organizational Unit (optional)
   Department Name: Housing and Community Development
   Division Name:

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Mr.
First Name: Riley
Middle Name:
Last Name: Wilkerson
Suffix:
Title: HCD Manager
Organizational Affiliation: Alameda County
Telephone Number: (510) 670-9797
Extension:
Fax Number: (510) 670-6378
Email: riley.wilkerson@acgov.org
1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

9. Type of Applicant: B. County Government
   If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
    Title: CoC Program
    CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25
    Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
    Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) only):
   California
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Alameda County Shelter Plus Care - SRA

16. Congressional District(s):

   a. Applicant: CA-013, CA-017, CA-015
   (for multiple selections hold CTRL key)

   b. Project: CA-013, CA-017, CA-015
   (for multiple selections hold CTRL key)

17. Proposed Project

   a. Start Date: 05/01/2016

   b. End Date: 04/30/2017

18. Estimated Funding ($)
Applicant: Alameda County Housing and Community Development Department
Project: Alameda County Shelter Plus Care - SRA

a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:
Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?  b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?  No

If "YES," provide an explanation:
1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Linda
Middle Name: M
Last Name: Gardner
Suffix: 
Title: Housing Director
Telephone Number: (510) 670-5404
(Format: 123-456-7890)
Fax Number: (510) 670-6378
(Format: 123-456-7890)
Email: linda.gardner@acgov.org
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  09/08/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $1,113,937

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oakland Housing Authority</td>
<td>L. Public/Indian Housing Authority</td>
<td>$1,113,937</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

Instructions:
Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: Oakland Housing Authority

b. Organization Type: L. Public/Indian Housing Authority

If "Other" specify:
c. Employer or Tax Identification Number: 94-6000758

e. Physical Address
- Street 1: 1619 Harrison Street
- City: Oakland
- State: California
- Zip Code: 94612

f. Congressional District(s): CA-013
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

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

i. Expected Sub-Award Amount: $1,113,937

j. Contact Person
- Prefix: Ms.
- First Name: Michelle
- Last Name: Hasan
- Title: Director of Leased Housing
- E-mail Address: mhasan@oakha.org
- Confirm E-mail Address: mhasan@oakha.org
- Phone Number: 510-587-2110
- Extension:
- Fax Number:
2B. Recipient Performance

Instructions:
The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If “Yes” is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes
Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

The unspent funds are largely due to the fact that this is a rental assistance grant. In rental assistance grants, our budget is essentially a formula – the number of units multiplied times the Fair Market Rent times 12 months. When the FMR is $1,000, our subsidy budget would be 9 units x $1,000 x 12 months, or $108,000. However, we must subtract from what we bill to HUD the contributions that participants make toward their rent. With the example above, if tenants contribute on average $150 per month to their rent, that would result in under-spending of $16,200 ($150 X 9 units X 12 months). We must allow for some cushion when budgeting, in the event that participants do not have income and cannot contribute toward rent.
3A. Project Detail

Instructions:
The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select “Yes” or “No” to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: CA0084L9T021508
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Alameda County Shelter Plus Care - SRA
4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

Additional Resources can be found at the HUD Resource Exchange:

https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Provide a description that addresses the entire scope of the proposed project.

The Alameda County Shelter Plus Care - SRA component provides Sponsor-based rental assistance and supportive services to sixty-five homeless individual disabled by serious mental illness and/or, chronic substance abuse and/or HIV, and their families. Contract units are located at seventeen sites operated by fourteen non-profit Housing Sponsors in north, mid and south Alameda County.

Applicants access the program by submitting an application through one of our community partner agencies and are required to select an agency to provide ongoing service coordination to assist them with meeting personal goals and maintain their housing.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)
Chronic Homeless  [ ]  Domestic Violence  [ ]
Veterans  [ ]  Substance Abuse  [X]
Youth (under 25)  [ ]  Mental illness  [ ]
Families with Children  [X]  HIV/AIDS  [X]
Other (Click ‘Save’ to update)  [ ]

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing  Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

- Having too little or little income  [X]
- Active or history of substance abuse  [X]
- Having a criminal record with exceptions for state-mandated restrictions  [X]
- History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)  [X]
- None of the above  [ ]

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

- Failure to participate in supportive services  [X]
- Failure to make progress on a service plan  [X]
- Loss of income or failure to improve income  [X]
- Domestic violence  [X]
- Any other activity not covered in a lease agreement typically found in the project's geographic area.  [X]
- None of the above  [ ]
3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? PSH

4a. Does the project request costs under the rental assistance budget line item? Yes

4b. Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? No
4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td></td>
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</tr>
</tbody>
</table>

Renewal Project Application FY2016

Page 22

09/12/2016
### Employment Assistance and Job Training

<table>
<thead>
<tr>
<th>Service</th>
<th>Provider</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? **Yes**

2b. Use of a single application form for four or more mainstream programs? **No**

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? **Yes**

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? **Yes**

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? **No**
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 65  
Total Beds: 124  
Total Dedicated CH Beds: 35  
Total Prioritized CH Beds: 19

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clustered apartments</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Shared housing</td>
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<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Clustered apartments</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>Clustered apartments</td>
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<td>28</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
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<td>10</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Clustered apartments</td>
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<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Clustered apartments</td>
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<td>9</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Clustered apartments</td>
<td>4</td>
<td>11</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Clustered apartments</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Clustered apartments</td>
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<td>3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Clustered apartments</td>
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<td>10</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Clustered apartments</td>
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<td>8</td>
<td>3</td>
<td>2</td>
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<tr>
<td>Clustered apartments</td>
<td>7</td>
<td>11</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Clustered apartments</td>
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<td>4</td>
<td>2</td>
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<tr>
<td>Clustered apartments</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Shared housing</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Clustered apartments</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

**Instructions:**

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

**Housing Type:** This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

**Address:** This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: [https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/]
1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 3
   b. Beds: 3

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 0
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 3
      Auto calculated
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 1
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 1

4. Address:
   Street 1: 5121 West Street
   Street 2: 
   City: Oakland
   State: California
   ZIP Code: 94608

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   062508 Oakland

4B. Housing Type and Location Detail
Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Shared housing

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 2
   b. Beds: 2

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 0
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 2
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? Auto calculated
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 0

4. Address:
   Street 1: 1053 59th Street
   Street 2: 
   City: Oakland
   State: California
   ZIP Code: 94608

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   062508 Oakland

4B. Housing Type and Location Detail
Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter the total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

1. Housing Type: Clustered apartments
2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   
a. Units: 2
b. Beds: 2

3. Beds for the Chronically Homeless
   
a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 0
b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 2
   Auto calculated
   
c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 0
   
d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 0

4. Address:
   Street 1: 2207 Haste Street
   Street 2: 
   City: Berkeley
   State: California
   ZIP Code: 94704

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   060324 Berkeley

4B. Housing Type and Location Detail
Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

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How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

1. Housing Type:  Clustered apartments
2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 14
   b. Beds: 28

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 5
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 23
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 2
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 2

4. Address:
   Street 1: 9410 MacArthur Blvd
   Street 2: 
   City: Oakland
   State: California
   ZIP Code: 94605

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   062508 Oakland

4B. Housing Type and Location Detail

Instructions:
A unique detail screen should be completed for each structure. In the case of clustered
apartments, a single complex with multiple addresses may be entered on one detail screen. In
the case of scattered-site apartments, all scattered-site units within a single FMR area may be
entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown
menu. Refer to the Project Application Detailed Instructions for a definition of each Housing
Type.

Indicate the maximum number of units and beds available for project participants at the
selected housing site: This is a required field. Indicate the number of units and beds that will be
served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless:
This is a required field. Enter that total number of beds that are dedicated to the chronically
homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only
be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3,
unless there are no persons within the CoC that meet that criteria. These PSH beds are also
reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated
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none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically
homeless? This is a required field, but it is Auto calculated. The number that is calculated is the
difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically
homeless but will be used to assist the chronically homeless when turnover occurs: This is a
required field. Enter the number of beds that are not dedicated to the chronically homeless but
that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be
incorporated into the projects grant agreement for FY 2016 and represents the minimum number
of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized
for the chronically homeless, enter “0.”

How many of the beds listed in question "3c." above will be prioritized for use by the chronically
homeless? This is a required field. Use the number of turnover beds that are not dedicated to
the chronically homeless and that you estimated in field c to estimate and enter the number of
those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For
Scattered-site housing, programs should enter the address where the majority of beds are
located or where most beds are located as of the application submission. For scattered-site
apartments or clustered apartments with different addresses, applicants may also choose to
enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the
geographic location(s) of the selected Housing Type.

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

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available
   for project participants at the selected housing site.
3. Beds for the Chronically Homeless

a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 2

b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? Auto calculated 8

c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 0

d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 0

4. Address:

Street 1: 690 15th Street
Street 2: 
City: Oakland
State: California
ZIP Code: 94612

5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)
062508 Oakland

4B. Housing Type and Location Detail

Instructions:
ALL PROJECTS EXCEPT HMIS
A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question "3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 3
b. Beds: 10

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 3
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 7
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 2
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 2

4. Address:
   Street 1: 700 Willow Avenue
   Street 2:
   City: Oakland
   State: California
   ZIP Code: 94607

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   062508 Oakland

4B. Housing Type and Location Detail

Instructions:
ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In
the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 3
   b. Beds: 9
3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless?
      2
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?
      7
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?
      Auto calculated
      0
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?
      0

4. Address:
   Street 1: 4275 Bay Street
   Street 2: 
   City: Fremont
   State: California
   ZIP Code: 94538

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   061404 Fremont

4B. Housing Type and Location Detail

Instructions:
ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.
Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

   a. Units: 4

   b. Beds: 11
3. Beds for the Chronically Homeless

   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 4
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 7
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 3
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 3

4. Address:

   Street 1: 25100 Cypress Avenue
   Street 2: 
   City: Hayward
   State: California
   ZIP Code: 94544

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   061602 Hayward

4B. Housing Type and Location Detail

Instructions:

   ALL PROJECTS EXCEPT HMIS

   A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

   Housing Type: This is a required field. Select the proposed Housing Type from the dropdown
menu. Refer to the Project Application Detailed Instructions for a definition of each Housing
Type.

Indicate the maximum number of units and beds available for project participants at the
selected housing site: This is a required field. Indicate the number of units and beds that will be
served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless:
This is a required field. Enter that total number of beds that are dedicated to the chronically
homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only
be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3,
unless there are no persons within the CoC that meet that criteria. These PSH beds are also
reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated
beds to serve CH families, all beds serving the household should be included in this number. If
none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically
homeless? This is a required field, but it is Auto calculated. The number that is calculated is the
difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically
homeless but will be used to assist the chronically homeless when turnover occurs: This is a
required field. Enter the number of beds that are not dedicated to the chronically homeless but
that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be
incorporated into the projects grant agreement for FY 2016 and represents the minimum number
of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized
for the chronically homeless, enter “0.”

How many of the beds listed in question "3c." above will be prioritized for use by the chronically
homeless? This is a required field. Use the number of turnover beds that are not dedicated to
the chronically homeless and that you estimated in field c to estimate and enter the number of
those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For
Scattered-site housing, programs should enter the address where the majority of beds are
located or where most beds are located as of the application submission. For scattered-site
apartments or clustered apartments with different addresses, applicants may also choose to
enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the
geographic location(s) of the selected Housing Type.

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

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available
   for project participants at the selected housing site.
   a. Units: 2
   b. Beds: 4

3. Beds for the Chronically Homeless
a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless?

2

b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?

2

Auto calculated

c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?

0

d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?

0

4. Address:

Street 1: 561 A Street

Street 2: City: Hayward

State: California

ZIP Code: 94541

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)

061602 Hayward

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.
Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

**PH-PSH PROJECTS ONLY**

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

**ALL PROJECTS EXCEPT HMIS**

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

1. **Housing Type:** Clustered apartments

2. **Indicate the maximum number of units and beds available for project participants at the selected housing site.**
   - **a. Units:** 2
   - **b. Beds:** 3

3. **Beds for the Chronically Homeless**
   - **a. How many of the total beds entered in:** 1
"2b. Beds" are dedicated to the chronically homeless?

b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?

Auto calculated

2

2b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?

Auto calculated

0

4. Address:

Street 1: 27901 Huntwood Avenue
Street 2:  
City: Hayward
State: California
ZIP Code: 94544

5. Select the geographic area(s) associated with the address:

(for multiple selections hold CTRL Key)

061602 Hayward

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.
Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

**PH-PSH PROJECTS ONLY**

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

**ALL PROJECTS EXCEPT HMIS**

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

1. **Housing Type:** Clustered apartments

2. **Indicate the maximum number of units and beds available for project participants at the selected housing site.**
   a. **Units:** 3
   b. **Beds:** 10

3. **Beds for the Chronically Homeless**
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: 2
b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?  
Auto calculated 8

c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?  
2

d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?  
2

4. Address:
Street 1: 2230 South Garden Avenue
Street 2:  
City: Hayward
State: California
ZIP Code: 94541

5. Select the geographic area(s) associated with the address: 
(for multiple selections hold CTRL Key)  
061602 Hayward

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the
selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site. 
   a. Units: 4
   b. Beds: 8

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 3
b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?
Auto calculated

5

2

4. Address:
Street 1: 1226 73rd Avenue
Street 2:
City: Oakland
State: California
ZIP Code: 94621

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)
062508 Oakland

4B. Housing Type and Location Detail

Instructions:
ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.
PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter the total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is auto-calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the project’s grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 7
   b. Beds: 11

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 4
   b. How many of the total beds entered in 7
"2b. Beds" are not dedicated to the chronically homeless? Auto calculated

c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 2

d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 2

4. Address:
   Street 1: 6006 International Blvd
   City: Oakland
   State: California
   ZIP Code: 94621

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   062508 Oakland

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY
How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 2
   b. Beds: 4

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 2
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 2
c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?

2

d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?

2

4. Address:

Street 1: 6600 International Blvd
Street 2:
City: Oakland
State: California
ZIP Code: 94621

5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)

062508 Oakland

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless:
This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs? This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

<table>
<thead>
<tr>
<th>1. Housing Type:</th>
<th>Clustered apartments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Indicate the maximum number of units and beds available for project participants at the selected housing site.</td>
<td></td>
</tr>
<tr>
<td>a. Units:</td>
<td>1</td>
</tr>
<tr>
<td>b. Beds:</td>
<td>1</td>
</tr>
<tr>
<td>3. Beds for the Chronically Homeless</td>
<td></td>
</tr>
<tr>
<td>a. How many of the total beds entered in &quot;2b. Beds&quot; are dedicated to the chronically homeless?</td>
<td>1</td>
</tr>
<tr>
<td>b. How many of the total beds entered in &quot;2b. Beds&quot; are not dedicated to the chronically homeless?</td>
<td>0</td>
</tr>
</tbody>
</table>
Auto calculated

c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 0

d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 0

4. Address:
Street 1: 1137 Hearst Street
Street 2:
City: Berkeley
State: California
ZIP Code: 94702

5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)
060324 Berkeley

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically
homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs? This is a required field. Enter the number of beds that are not dedicated to the chronactly homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

1. Housing Type: Shared housing

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 4
   b. Beds: 4

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 2
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 2
      Auto calculated
c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?
1

d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?
1

4. Address:
   Street 1: 759 Linnea Avenue
   Street 2: 
     City: San Lorenzo
     State: California
     ZIP Code: 94580

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   069001 Alameda County

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3,
unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 4
   b. Beds: 4

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 2
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 2
      Auto calculated
   c. How many of the beds listed in question 2
"3b." above will likely become available through turnover in the FY 2016 operating year?

d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?

2

4. Address:
Street 1: 1415 Harrison Street
Street 2: 
City: Oakland
State: California
ZIP Code: 94612

5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)
062508 Oakland
5A. Project Participants - Households

**Instructions:**

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

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

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>15</td>
<td>50</td>
<td>65</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2016</td>
<td>Page 59</td>
<td>09/12/2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Adults over age 24</td>
<td>Adults ages 18-24</td>
<td>Accompanied Children under age 18</td>
<td>Unaccompanied Children under age 18</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------------</td>
<td>-------------------</td>
<td>----------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>18</td>
<td>54</td>
<td>24</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>2</td>
<td>5</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>24</td>
<td>5</td>
<td>24</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>44</td>
<td>59</td>
<td>24</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>1</td>
<td>14</td>
<td>10</td>
<td>2</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
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<td>1</td>
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<tr>
<td>Children under age 18</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>Total Persons</td>
<td>14</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>1</td>
<td>15</td>
<td>18</td>
<td>2</td>
<td>1</td>
<td>12</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Develop Mental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>30</td>
<td>2</td>
<td>2</td>
<td>38</td>
<td>7</td>
<td>32</td>
<td>9</td>
<td>11</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Total Persons</td>
<td>31</td>
<td>2</td>
<td>2</td>
<td>38</td>
<td>7</td>
<td>32</td>
<td>9</td>
<td>11</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Develop Mental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
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<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Describe the unlisted subpopulations referred to above:

The persons on the unlisted subpopulations above are comprised of persons in a S+C household who are not chronically homeless, who are not veterans, and/or do not have a disability.
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>55%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>45%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td></td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td></td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td></td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Do any of the properties in this project have an active restrictive covenant? Yes
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation?  No

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

5. Renewal Grant Term:  1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance  X
   - Supportive Services
   - Operations
   - HMIS
## 6D. 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRA</td>
<td>CA - Oakland-Fremont, CA HUD Metro FM...</td>
<td>65</td>
<td>$1,153,572</td>
</tr>
</tbody>
</table>

**Total Request for Grant Term:** $1,153,572

**Total Units:** 65
## 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.

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents: In the FY 2016 CoC Program Competition, eligible renewal projects requesting rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select “Yes” from the dropdown for this question. The project applicant will then have the ability to enter an amount in the “HUD Paid Rent (applicant)” field that is less than the amount listed in the “FMR Area (applicant)” field. The following question is visible when PRA is selected:

- Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA? This request is only available for PH PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2016 CoC Program Competition NOFA.

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. The number(s) listed should match the CoC’s HUD-approved FY 2015 GIW.

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

HUD Paid Rent: For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. (If the applicants select “No” above, this column will not be available for edit). In the GIW, HUD Paid Rent is known as “Actual”.

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 “HUD Paid Rent” and by 12 months. If the applicant selected “No” above, the automatic calculation will be based on the FMR and not the “HUD Paid Rent.”.

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 with the value “1 Year” and will be read only.

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

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

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units</th>
<th>FMR</th>
<th>HUD Paid Rent</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Applicant: Alameda County Housing and Community Development Department  
Project: Alameda County Shelter Plus Care - SRA  
021116418  
146160
Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

**Type of Rental Assistance:** SRA

**Metropolitan or non-metropolitan fair market rent area:** CA - Oakland-Fremont, CA HUD Metro FMR Area (0600199999)

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?** No

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$778</td>
<td>$778</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,037</td>
<td>$1,037</td>
<td>x</td>
<td>=</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>33</td>
<td>$1,249</td>
<td>$1,249</td>
<td>x</td>
<td>= $494,604</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>25</td>
<td>$1,580</td>
<td>$1,580</td>
<td>x</td>
<td>= $474,000</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>7</td>
<td>$2,202</td>
<td>$2,202</td>
<td>x</td>
<td>= $184,968</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$2,455</td>
<td>$2,455</td>
<td>x</td>
<td>= $0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$2,823</td>
<td>$2,823</td>
<td>x</td>
<td>= $0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$3,192</td>
<td>$3,192</td>
<td>x</td>
<td>= $0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$3,560</td>
<td>$3,560</td>
<td>x</td>
<td>= $0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$3,928</td>
<td>$3,928</td>
<td>x</td>
<td>= $0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$4,296</td>
<td>$4,296</td>
<td>x</td>
<td>= $0</td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested:** 65

**Grant Term:** 1 Year

**Total Request for Grant Term:** $1,153,572

Click the 'Save' button to automatically calculate totals.
6H. 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**

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Abode Services</td>
<td>01/15/2015</td>
<td>$19,440</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Alameda County Be...</td>
<td>01/15/2015</td>
<td>$111,747</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Alameda County So...</td>
<td>01/15/2015</td>
<td>$17,982</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Bay Area Communit...</td>
<td>01/15/2015</td>
<td>$11,254</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Berkeley Drop In ...</td>
<td>01/15/2015</td>
<td>$19,000</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Berkeley Food &amp; H...</td>
<td>01/15/2015</td>
<td>$20,250</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Bonita House, Inc.</td>
<td>01/15/2015</td>
<td>$40,500</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>East Bay Communit...</td>
<td>01/15/2015</td>
<td>$22,161</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Building Opportun...</td>
<td>01/15/2015</td>
<td>$8,100</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Center for Indepe...</td>
<td>01/15/2015</td>
<td>$10,000</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>East Bay Communit...</td>
<td>01/15/2015</td>
<td>$12,960</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>East Oakland Reco...</td>
<td>01/15/2015</td>
<td>$19,440</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>FESCO</td>
<td>01/15/2015</td>
<td>$12,960</td>
</tr>
</tbody>
</table>
Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Abode Services (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 01/15/2015

6. Value of Written Commitment: $19,440
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment: Alameda County Behavioral Services

5. Date of Written Commitment: 01/15/2015

6. Value of Written Commitment: $111,747

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field
that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Government
4. Name the Source of the Commitment: Alameda County Social Services Agency
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 01/15/2015
6. Value of Written Commitment: $17,982

Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The
Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Bay Area Community Services

(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 01/15/2015

6. Value of Written Commitment: $11,254

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and
include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

---

1. Will this commitment be used towards Match?  Yes

2. Type of Commitment:  In-Kind

3. Type of Source:  Private

4. Name the Source of the Commitment:  Berkeley Drop In Center (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment:  01/15/2015

6. Value of Written Commitment:  $19,000

---

Sources of Match Detail

**Instructions:**

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.
Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Berkeley Food & Housing Project
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 01/15/2015
6. Value of Written Commitment: $20,250

Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.
1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Bonita House, Inc.
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 01/15/2015

6. Value of Written Commitment: $40,500

---

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

2. **Type of Commitment:** In-Kind

3. **Type of Source:** Private

4. **Name the Source of the Commitment:** East Bay Community Recovery Program
   (Be as specific as possible and include the office or grant program as applicable)

5. **Date of Written Commitment:** 01/15/2015

6. **Value of Written Commitment:** $22,161

---

**Sources of Match Detail**

**Instructions:**

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g., HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

---

1. **Will this commitment be used towards Match?** Yes

2. **Type of Commitment:** In-Kind

3. **Type of Source:** Private
4. Name the Source of the Commitment: Building Opportunities for Self Sufficiency
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 01/15/2015

6. Value of Written Commitment: $8,100

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Center for Independent Living
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 01/15/2015
6. Value of Written Commitment: $10,000

Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: East Bay Community Recovery Program
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 01/15/2015
6. Value of Written Commitment: $12,960
Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: East Oakland Recovery Center
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 01/15/2015
6. Value of Written Commitment: $19,440

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or
greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: FESCO
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 01/15/2015
6. Value of Written Commitment: $12,960
6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$1,153,572</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>3. Supportive Services</td>
<td>$0</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
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<tr>
<td><strong>6. Sub-total Costs Requested</strong></td>
<td><strong>$1,153,572</strong></td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$69,752</td>
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<tr>
<td><strong>8. Total Assistance plus Admin Requested</strong></td>
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<tr>
<td>9. Cash Match</td>
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<td>10. In-Kind Match</td>
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<td>11. Total Match</td>
<td><strong>$325,794</strong></td>
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<tr>
<td>12. Total Budget</td>
<td><strong>$1,549,118</strong></td>
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7A. Attachment(s)

Instructions:
Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

<table>
<thead>
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<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
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<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
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</tr>
<tr>
<td>2) Other Attachment</td>
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<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official**

Linda Gardner

**Date:** 09/08/2016

**Title:** Housing Director

**Applicant Organization:** Alameda County

**PHA Number (For PHA Applicants Only):**

I certify that I have been duly authorized by the applicant to submit this Applicant [X]

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Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
8B Submission Summary

<table>
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<th>Last Updated</th>
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<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
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<td>1C. Application Details</td>
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<td>1D. Congressional District(s)</td>
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<td>1E. Compliance</td>
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<td>1F. Declaration</td>
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<td>2A. Subrecipients</td>
<td>08/18/2016</td>
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<td>2B. Recipient Performance</td>
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<td>3A. Project Detail</td>
<td>08/18/2016</td>
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<tr>
<td>Category</td>
<td>Date</td>
</tr>
<tr>
<td>-------------------------</td>
<td>------------</td>
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<tr>
<td>3B. Description</td>
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<td>4A. Services</td>
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<td>4B. Housing Type</td>
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<td>5A. Households</td>
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<tr>
<td>5B. Subpopulations</td>
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<tr>
<td>5C. Outreach</td>
<td>08/31/2016</td>
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<tr>
<td>6A. Funding Request</td>
<td>08/31/2016</td>
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<tr>
<td>6D. Rental Assistance</td>
<td>08/18/2016</td>
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<tr>
<td>6H. Match</td>
<td>08/18/2016</td>
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<tr>
<td>6I. Summary Budget</td>
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<td>7A. Attachment(s)</td>
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<tr>
<td>7B. Certification</td>
<td>09/08/2016</td>
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</table>
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.
Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.
Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.
Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
   If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 09/08/2016
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: CA0747L9T021507
   (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).
Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number
6. Date Received by State:
7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant

a. Legal Name: Alameda County

b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000501

c. Organizational DUNS: 02116418

<table>
<thead>
<tr>
<th>PLUS 4</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

d. Address

Street 1: 224 W. Winton Ave, Room 108
City: Hayward
County:
State: California
Country: United States
Zip / Postal Code: 94544

e. Organizational Unit (optional)

Department Name: Housing and Community Development
Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Riley
Middle Name: 
Last Name: Wilkerson
Suffix: 
Title: HCD Manager
Organizational Affiliation: Alameda County
Telephone Number: (510) 670-9797
Extension: 
Fax Number: (510) 670-6378
Email: riley.wilkerson@acgov.org
1C. Application Details

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

9. Type of Applicant: B. County Government
   If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) only):
   California
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Alameda County Shelter Plus Care - SRO

16. Congressional District(s):
   a. Applicant: CA-013, CA-017, CA-015
   (for multiple selections hold CTRL key)
   b. Project: CA-013
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 11/01/2017
   b. End Date: 10/31/2018

18. Estimated Funding ($)
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?

   No

   If "YES," provide an explanation:
1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Linda
Middle Name: M
Last Name: Gardner
Suffix:
Title: Housing Director

Telephone Number: (510) 670-5404 (Format: 123-456-7890)
Fax Number: (510) 670-6378 (Format: 123-456-7890)

Email: linda.gardner@acgov.org
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  09/08/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $529,470

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oakland Housing Authority</td>
<td>L. Public/Indian Housing Authority</td>
<td>$529,470</td>
</tr>
</tbody>
</table>
Instructions:
Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: Oakland Housing Authority

b. Organization Type: L. Public/Indian Housing Authority

If "Other" specify:
c. Employer or Tax Identification Number: 94-6000758

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>* d. Organizational DUNS:</td>
<td>076534122</td>
</tr>
<tr>
<td>PLUS 4</td>
<td></td>
</tr>
</tbody>
</table>

e. Physical Address
   Street 1: 1619 Harrison Street
   Street 2: City: Oakland
   State: California
   Zip Code: 94612

f. Congressional District(s): CA-013
   (for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

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

i. Expected Sub-Award Amount: $529,470

j. Contact Person
   Prefix: Ms.
   First Name: Michelle
   Middle Name: 
   Last Name: Hasan
   Suffix: 
   Title: Director of Leased Housing
   E-mail Address: mhasan@oakha.org
   Confirm E-mail Address: mhasan@oakha.org
   Phone Number: 510-581-2110
   Extension: 
   Fax Number: 
2B. Recipient Performance

Instructions:
The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

| 1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? | Yes |
| 2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? | No |
| 3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? | Yes |
| 4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? | Yes |
Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

The unspent funds are largely due to the fact that this is a rental assistance grant. In rental assistance grants, our budget is essentially a formula – the number of units multiplied times the Fair Market Rent times 12 months. When the FMR is $1,000, our subsidy budget would be 9 units x $1,000 x 12 months, or $108,000. However, we must subtract from what we bill to HUD the contributions that participants make toward their rent. With the example above, if tenants contribute on average $150 per month to their rent, that would result in under-spending of $16,200 ($150 X 9 units X 12 months). We must allow for some cushion when budgeting, in the event that participants do not have income and cannot contribute toward rent.
3A. Project Detail

Instructions:
The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: CA0747L9T021507
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Alameda County Shelter Plus Care - SRO
4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

1. Provide a description that addresses the entire scope of the proposed project.

The Alameda County Shelter Plus Care - SRO Project provides permanent housing, rental assistance and supportive services to 59 homeless single adults disabled by chronic substance abuse and/or serious mentally illness and/or HIV/AIDS assisting 59 SRO units at the Harrison Hotel in downtown Oakland.

Applicants access the program by submitting an application through one of our community partner agencies and are required to select an agency to provide ongoing service coordination to assist them with meeting personal goals and maintain their housing.

2. Does your project have a specific population focus?  Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Veterans | Substance Abuse
---|---
Youth (under 25) | Mental Illness
Families with Children | HIV/AIDS
Other (Click 'Save' to update) |

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing  Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

| Having too little or little income | X |
| Active or history of substance abuse | X |
| Having a criminal record with exceptions for state-mandated restrictions | X |
| History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement) | X |
| None of the above | |

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

| Failure to participate in supportive services | X |
| Failure to make progress on a service plan | X |
| Loss of income or failure to improve income | X |
| Domestic violence | X |
| Any other activity not covered in a lease agreement typically found in the project's geographic area. | X |
| None of the above | |

3d. Does the project follow a "Housing First" approach?  Yes

Applicant: Alameda County Housing and Community Development Department
Project: Alameda County Shelter Plus Care - SRO

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4. Does the PH project provide PSH or RRH?  PSH

4a. Does the project request costs under the rental assistance budget line item?  Yes

4b. Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance?  No
4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
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<td>Education Services</td>
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</table>

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<table>
<thead>
<tr>
<th>Service</th>
<th>Partner</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Assistance and Job Training</td>
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<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 59  
Total Beds: 59  
Total Dedicated CH Beds: 15  
Total Prioritized CH Beds: 10

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Room Occupancy (SRO)</td>
<td>59</td>
<td>59</td>
<td>15</td>
<td>10</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. **Housing Type:** Single Room Occupancy (SRO) units

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. **Units:** 59
   b. **Beds:** 59

3. **Beds for the Chronically Homeless**
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 15
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? Auto calculated 44
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 10
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 10

4. **Address:**
   Street 1: 1415 Harrison Street
   Street 2:
   City: Oakland
   State: California
   ZIP Code: 94612

5. **Select the geographic area(s) associated with the address:**
   (for multiple selections hold CTRL Key)
   062508 Oakland
### 5A. Project Participants - Households

**Instructions:**

**ALL PROJECTS EXCEPT HMIS**

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

Additional Resources can be found at the HUD Resource Exchange: [https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/](https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/)

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>0</td>
<td>59</td>
<td>0</td>
<td>59</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016  Page 27  09/12/2016
<table>
<thead>
<tr>
<th>Category</th>
<th>Adults over Age 24</th>
<th>Adults ages 18-24</th>
<th>Accompanied Children under age 18</th>
<th>Unaccompanied Children under age 18</th>
<th>Total Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td></td>
<td>59</td>
<td></td>
<td></td>
<td>59</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>59</td>
<td>0</td>
<td></td>
<td>59</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
**5B. Project Participants - Subpopulations**

**Instructions:**

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

- **Persons in Households with at least one Adult and One Child** chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

- **Persons in Households without Children** chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

- **Persons in Households with Only Children** chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

**Total Persons:** All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>31</td>
<td>5</td>
<td>2</td>
<td>33</td>
<td>15</td>
<td>36</td>
<td>13</td>
<td>25</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>31</td>
<td>5</td>
<td>2</td>
<td>33</td>
<td>15</td>
<td>36</td>
<td>13</td>
<td>25</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>31</td>
<td>5</td>
<td>2</td>
<td>33</td>
<td>15</td>
<td>36</td>
<td>13</td>
<td>25</td>
<td>6</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>50%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td></td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td></td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td></td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Do any of the properties in this project have an active restrictive covenant? Yes
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation?  No

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

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance
   - Supportive Services  X
   - Operations
   - HMIS
6D. 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRA</td>
<td>CA - Oakland-Fremont, CA HUD Metro FM...</td>
<td>59</td>
<td>$550,824</td>
</tr>
</tbody>
</table>

| Total Request for Grant Term: | $550,824 |
| Total Units:                  | 59       |
## 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.

- **Does the applicant request rental assistance funding for less than the area's per unit size fair market rents:** In the FY 2016 CoC Program Competition, eligible renewal projects requesting rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select “Yes” from the dropdown for this question. The project applicant will then have the ability to enter an amount in the “HUD Paid Rent (applicant)” field that is less than the amount listed in the “FMR Area (applicant)” field. The following question is visible when PRA is selected:

- **Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA?** This request is only available for PH PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2016 CoC Program Competition NOFA.

- **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. The number(s) listed should match the CoC’s HUD-approved FY 2015 GIW.

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

- **HUD Paid Rent:** For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. (If the applicants select “No” above, this column will not be available for edit). In the GIW, HUD Paid Rent is known as “Actual”.

- **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 “HUD Paid Rent” and by 12 months. If the applicant selected “No” above, the automatic calculation will be based on the FMR and not the “HUD Paid Rent”.

- **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 with the value “1 Year” and will be read only.

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

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

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

**Type of Rental Assistance:** PRA

**Metropolitan or non-metropolitan fair market rent area:** CA - Oakland-Fremont, CA HUD Metro FMR Area (0600199999)

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?** No

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>59</td>
<td>$778</td>
<td>$778</td>
<td>12 Months</td>
<td>$550,824</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,037</td>
<td>$1,037</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>x</td>
<td>$1,249</td>
<td>$1,249</td>
<td>12 Months</td>
<td></td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$1,580</td>
<td>$1,580</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,202</td>
<td>$2,202</td>
<td>12 Months</td>
<td></td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$2,455</td>
<td>$2,455</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$2,823</td>
<td>$2,823</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$3,192</td>
<td>$3,192</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$3,560</td>
<td>$3,560</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$3,928</td>
<td>$3,928</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$4,296</td>
<td>$4,296</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested**

| Total Request (Applicant) | 59 | $550,824 |

**Grant Term**

| Grant Term | 1 Year |

**Total Request for Grant Term**

| Total Request for Grant Term | $550,824 |

Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Lifelong Medical...</td>
<td>01/15/2015</td>
<td>$29,400</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Alameda County He...</td>
<td>01/15/2015</td>
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Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Lifelong Medical Center
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 01/15/2015
6. Value of Written Commitment: $29,400
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment: Alameda County Health Services Agency (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 01/15/2015

6. Value of Written Commitment: $23,409

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field...
that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6l. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Government
4. Name the Source of the Commitment: Alameda County Social Services Agency
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 01/15/2015
6. Value of Written Commitment: $16,317

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The
Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g., HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? [Yes]
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Bay Area Community Services
5. Date of Written Commitment: 01/15/2015
6. Value of Written Commitment: $10,212

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g., HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and
include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Berkeley Drop In Center
5. Date of Written Commitment: 01/15/2015
6. Value of Written Commitment: $17,640

Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.
Applicant: Alameda County Housing and Community Development Department 021116418
Project: Alameda County Shelter Plus Care - SRO 146159

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Berkeley Food & Housing Project
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 01/15/2015
6. Value of Written Commitment: $18,375

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.
1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Best Now!

   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 01/15/2015

6. Value of Written Commitment: $588

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Bonita House, Inc.
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 01/15/2015
6. Value of Written Commitment: $36,750

Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Building Opportunities for Self Sufficiency
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 01/15/2015

6. Value of Written Commitment: $7,350

Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or
greater than 25% of the total grant request for all eligible costs under the CoC Program interim
rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC
Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field
that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution
that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The
Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program)
funds may be considered Government sources. Project applicants are encouraged to include
funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant,
Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and
include the office or grant program as applicable. Enter the name of the entity providing the
contribution. It is important to provide as much detail as possible so that the local HUD office can
quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary
Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary
budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Center for Independent Living
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 01/15/2015
6. Value of Written Commitment: $15,000
Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.
<p>| | | |</p>
<table>
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Applicant: Alameda County Housing and Community Development Department  
Project: Alameda County Shelter Plus Care - SRO
7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient’s nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant’s application for funding is consistent with the jurisdiction’s HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

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<tr>
<td>2) Other Attachment</td>
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<td>3) Other Attachment</td>
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</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official**  Linda Gardner  
**Date:**  09/08/2016  
**Title:**  Housing Director  
**Applicant Organization:**  Alameda County

<table>
<thead>
<tr>
<th>PHA Number (For PHA Applicants Only):</th>
<th>02116418</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I certify that I have been duly authorized by the applicant to submit this Applicant</strong></td>
<td>X</td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016  Page 53  09/12/2016
Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
## 8B Submission Summary

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<td>6I. Summary Budget</td>
<td>No Input Required</td>
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<td>No Input Required</td>
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<tr>
<td>7B. Certification</td>
<td>09/08/2016</td>
</tr>
</tbody>
</table>
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.
Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission: Application
2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):
If "Other", specify:
3. Date Received: 08/15/2016
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).
Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number
X
6. Date Received by State:
7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

8. Applicant
   a. Legal Name: Fred Finch Youth Center
   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-0474080

   c. Organizational DUNS: 073933434

   d. Address
      Street 1: 3800 Coolidge Avenue
      City: Oakland
      County: Alameda
      State: California
      Country: United States
      Zip / Postal Code: 94602

   e. Organizational Unit (optional)
      Department Name: 
      Division Name: TAY Housing

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Ms.
First Name: Susanna
Middle Name: S.
Last Name: Marshland
Suffix: LCSW
Title: Regional Vice President
Organizational Affiliation: Fred Finch Youth Center
Telephone Number: (510) 482-2244
Extension: 5275
Fax Number: (510) 488-1960
Email: susannamarshland@fredfinch.org
1C. Application Details

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

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

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
    Title:
1D. Congressional District(s)

**Instructions:**

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

- Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

- Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) only):
   California
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Turning Point

16. Congressional District(s):

   a. Applicant: CA-013
   (for multiple selections hold CTRL key)

   b. Project: CA-013
   (for multiple selections hold CTRL key)

17. Proposed Project

   a. Start Date: 11/01/2017
   b. End Date: 10/31/2018

18. Estimated Funding ($)
Applicant: Fred Finch Youth Center
Project: Turning Point

a. Federal:

b. Applicant:
   c. State:
   d. Local:
   e. Other:

f. Program Income:
   g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?
   a. Program is subject to E.O. 12372 but has not been selected by the State for review.
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?
   a. Yes
   b. No

   If "YES," provide an explanation:
1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: ☒

21. Authorized Representative

Prefix: Mr.
First Name: Thomas
Middle Name: N.
Last Name: Alexander
Suffix: LCSW
Title: President & CEO
Telephone Number: (510) 485-5214
Fax Number: (510) 488-1960
Email: tomalexander@fredfinch.org
Applicant: Fred Finch Youth Center
Project: Turning Point

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/15/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
</table>

This list contains no items
2B. Recipient Performance

Instructions:
The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select “Yes” or “No” from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If “No” is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select “Yes” or “No” from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If “Yes” is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select “Yes” or “No” from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If “No,” is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select “Yes” or “No” from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If “Yes,” is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? Yes

   Date HUD or OIG issued the oldest unresolved finding(s) 09/13/2005

   Explain why the finding(s) remains unresolved
   All but two findings have been resolved, but as of a letter dated 6/15/2012 HUD has requested additional time to resolve the remaining two. HUD staff confirmed by email that they still need more time as of Dec. 2015.

3. Has the recipient maintained consistent Yes
Quarterly Drawdowns for the most recent grant term related to this renewal project request?

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?  Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

The underspent grant funds of this most recent year are in the Budget Line Items of Supportive Services, Operations, and Administrative Costs. These are primarily related to staff positions that were vacant for parts of the year. Our analysis indicates that this is reflective of high staff turnover rates, especially in the Residential Counselor and Specialist Counselor positions. While we promptly post these positions, we find that the recruitment, clearance and training process results in several weeks at minimum to fill a position. We try to maintain a pool of on call staff to reduce the vacancy period. Upwards wage pressures and housing costs in our community have made it a challenge to hire and retain individuals in direct care staff positions. The agency has recently provided a series of pay increases, which will ideally allow for the program to remain fully staffed and utilize all funds. We have also been able to charge more of our staff’s time providing Mental Health Services to our County Behavioral Health contract, thus decreasing our staff costs in our HUD grant in this area. For the 16-17 grant year, we reduced our grant amount by $30,000; this will drastically decrease our under spending and bring our eligible costs in closer alignment with our grant award. We have also underspent for food, as we have tried hard to be efficient about ordering necessary food in bulk to keep our food costs down. We regularly review our costs to be sure we are requesting reimbursement for every eligible cost that we incur and will continue to do so.
3A. Project Detail

Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select “Yes” or “No” to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: CA0126L9T021508
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC
2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Turning Point
4. Project Status: Standard

5. Component Type: TH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.

Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.

Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.

Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.

Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type pf SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

1. Provide a description that addresses the entire scope of the proposed project.

Fred Finch Youth Center’s Turning Point transitional housing program provides temporary housing and comprehensive supportive services for homeless young adults aged 18-25. We assist residents to find permanent housing options as soon as possible by quickly identifying their housing resources and options and addressing obstacles. Supportive services, including mental health counseling, substance abuse counseling, vocational training, educational support and advocacy, housing search, financial literacy training, and independent living skills are brought together on-site through a team approach that supports each resident to achieve his or her individual goals. Transitional housing is provided at two sites in Berkeley: a 5-bedroom home on King Street which houses 10 residents, and 3 apartment units on 8th Street, which house a total of 8 residents. Each home is fully furnished and offers food, transportation, and other basic necessities as needed.

2. Does your project have a specific population focus?  Yes

2a. Please identify the specific population focus. (Select ALL that apply)
### Chronic Homeless  
### Domestic Violence  
### Veterans  
### Substance Abuse  
### Youth (under 25)  
### Mental Illness  
### Families with Children  
### HIV/AIDS  
### Other

(Click 'Save' to update)

### Other:

#### 3. Housing First

3a. Does the project quickly move participants into permanent housing

Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance abuse</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found in the project's geographic area.</td>
<td>X</td>
</tr>
</tbody>
</table>
3d. Does the project follow a "Housing First" approach?  Yes

4. Does the project request costs under the rental assistance budget line item? No
4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Daily</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Education Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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## 2. Please identify whether the project includes the following activities:

### 2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?

Yes

### 2b. Use of a single application form for four or more mainstream programs?

No

### 2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?

Yes

### 3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

No

---

<table>
<thead>
<tr>
<th>Service</th>
<th>Type</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Food</td>
<td>Applicant</td>
<td>Daily</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>Daily</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Applicant</td>
<td>Daily</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dormitory, shared or privat...</td>
<td>1</td>
<td>10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Clustered apartments</td>
<td>3</td>
<td>8</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site:  This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address:  This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address:  This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Dormitory, shared or private rooms

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 1
   b. Beds: 10

3. Beds for Youth
   a. How many of the total beds entered in "2b. Beds" are dedicated to the youth? 10

4. Address:
   Street 1: 3404 King Street
   Street 2:
   City: Berkeley
   State: California
   ZIP Code: 94703

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   060324 Berkeley

4B. Housing Type and Location Detail

Instructions:
ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.
How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 3
   b. Beds: 8

3. Beds for Youth
   a. How many of the total beds entered in "2b. Beds" are dedicated to the youth? 8

4. Address:
Street 1: 2418 - 8th Street  
Street 2:  
  City: Berkeley  
  State: California  
ZIP Code: 94703

5. Select the geographic area(s) associated with the address:  
   (for multiple selections hold CTRL Key)  
   060324 Berkeley
5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number...” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

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

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>0</td>
<td>18</td>
<td>0</td>
<td>18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016 Page 27 09/12/2016
<table>
<thead>
<tr>
<th>Category</th>
<th>0</th>
<th>18</th>
<th>0</th>
<th>18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>18</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>18</td>
<td>0</td>
<td>18</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
**5B. Project Participants - Subpopulations**

**Instructions:**

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Veterans</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>11</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>11</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations. This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>30%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>70%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td></td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td></td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td></td>
<td>Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (TH and SSO projects only)</td>
</tr>
<tr>
<td></td>
<td>Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)</td>
</tr>
<tr>
<td>100%</td>
<td>Persons fleeing domestic violence.</td>
</tr>
</tbody>
</table>

Total of above percentages: 100%
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant? This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Do any of the properties in this project have an active restrictive covenant? Yes
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

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

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:
   - Leased Units X
   - Leased Structures
   - Supportive Services X
   - Operations X
   - HMIS X

Applicant: Fred Finch Youth Center 0739334343
Project: Turning Point 138993
6B. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

<table>
<thead>
<tr>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Annual Budget Requested</th>
<th>Total Budget Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA - Oakland-Frem...</td>
<td>3</td>
<td>$41,532</td>
<td>$41,532</td>
</tr>
</tbody>
</table>

Total Annual Assistance Requested: $41,532
Grant Term: 1 Year
Total Request for Grant Term: $41,532
Total Units: 3
Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY2016 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 rent for each unit in the FMR Area column in the chart below. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

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. The number(s) entered must match the HUD approved FY 2016 GIW.

Total Units and Annual Assistance Requested: This is a required field. Enter in the total leased units amount according to the CoC’s HUD approved FY 2016 GIW.

Grant Term: This field is populated with “1 Year” and will be read only.

Total Request for Grant Term: This field will equal the total leasing amount entered above.

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

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

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: CA - Oakland-Fremont, CA HUD Metro FMR Area (0600199999)

### Leased Units Annual Budget

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>2 Bedroom</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>3 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Bedroom</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant: Fred Finch Youth Center

Project: Turning Point

073933434

Page 35

09/12/2016
<table>
<thead>
<tr>
<th>Total Units and Annual Assistance Requested</th>
<th>3</th>
<th>$41,532</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Term</td>
<td>1 Year</td>
<td></td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td></td>
<td>$41,532</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
## 6E. 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. 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. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based 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 Resource Exchange: [https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/](https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/)

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>.9 FTE Mental Health Case Mgr @ 51000+ benefits = 61,047; .1 Sr. Director @ 105000+ benefits = 13765; .4 Proj Dir @ 63000+benefits = 33516; phone @ $8813, office supplies and postage $3144</td>
<td>$96,388</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td>.4 FTE Specialist Counselor@ 38000+benefits = 20216; Training/vocational supplies at $39.50/resident x 25 residents = 988</td>
<td>$16,963</td>
</tr>
<tr>
<td>7. Food</td>
<td>$3.28/meal x 17.5 residents for 1.75 meals/day for 365 days = 36727</td>
<td>$29,382</td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td>.1 FTE Specialist Cnsr @ 38000 + benefits= 5054; .2 Prog coord @ 53000 + benefits = 14098; 4.2 Residential Counselors @ 28000 + benefits = 156408, resident educational materials (personal budgeting/fiscal literacy materials) @465 per resident x 18 residents= 8370</td>
<td>$147,144</td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td>.9 FTE Mental Health Case Mgr @ 51000 + benefits= 61047; .3 Proj dir @ 63000+benefits=25137; .045 psych NP @ 120000+benefits =7182; medications @ 170/mo x 3 residents for 12 months =6120</td>
<td>$79,589</td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td>.05 FTE Proj Dir @ 63000 + benefits = 4190; .1 Prog Coord @ 53000 + benefits= 7049; .1 Spec counselor @ 38000 + benefits = 5054</td>
<td>$13,034</td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td>Integrated with Mental Health Services</td>
<td></td>
</tr>
<tr>
<td>15. Transportation</td>
<td>Vehicle repairs, $2500; License &amp; Registration, $200; Insurance, $900; Gas, $1520, Bus Passes (16 residents @ $70/month x 12 months= 13440); Staff mileage 639 miles @ .54/mile = 345</td>
<td>$15,123</td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Annual Assistance Requested</strong></td>
<td></td>
<td>$397,623</td>
</tr>
<tr>
<td><strong>Grant Term</strong></td>
<td></td>
<td>1 Year</td>
</tr>
<tr>
<td><strong>Total Request for Grant Term</strong></td>
<td></td>
<td>$397,623</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
### Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g., .75 FTE hours and benefits for staff, utility types, and monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW

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

Are you requesting a 15 year renewal per the FY2016 CoC Program NOFA? This request is only available for Operating Costs budget line items in projects in which the applicant owns the building and needs to provide maintenance. Only 1 year of funding is allowed according to the relevant section of the FY 2016 CoC Program Competition NOFA.

Grant term: This field is populated with the value “1 Year” 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

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### Eligible Costs

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintenance/Repair</td>
<td>.15 FTE Project Director @63,000 + benefits = 12569; 1000 hours Maintenance at $14.50/hr = 14500, Janitorial/maintenance supplies at 3650, mileage at 261 miles x .54/mile = 141; elevator/fire maintenance/inspection fees at $1000</td>
<td>$25,488</td>
</tr>
<tr>
<td>2. Property Taxes and Insurance</td>
<td>Property insurance including earthquake and taxes at $1044 annually, general liability at $2000 annually</td>
<td>$2,435</td>
</tr>
<tr>
<td>3. Replacement Reserve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Building Security</td>
<td>.375 FTE Program Coordinator @53000 + benefits @33% = 26434; 2.3 FTE Residential counselors @28000 + benefits = 85652; alarm system at $700</td>
<td>$90,228</td>
</tr>
<tr>
<td>5. Electricity, Gas, and Water</td>
<td>Gas &amp; Electric at 1,584 / month x 12 months = $19,000; Water at 450/month x 12 months = $5400; garbage at 416/month x 12 months = $4952 for 3404 King Street</td>
<td>$23,520</td>
</tr>
<tr>
<td><strong>6. Furniture</strong></td>
<td>bed/mattress/bedding @ $300 for 6 residents = 1800; 2 dressers at 201/dresser = 400</td>
<td>$2,018</td>
</tr>
<tr>
<td><strong>7. Equipment (lease, buy)</strong></td>
<td>copier @ 170/month x 12 months = 2040, water filter @ 30/month x 12 month = 360</td>
<td>$1,920</td>
</tr>
<tr>
<td><strong>Total Annual Assistance Requested</strong></td>
<td></td>
<td>$145,609</td>
</tr>
<tr>
<td><strong>Grant Term</strong></td>
<td></td>
<td>1 Year</td>
</tr>
<tr>
<td><strong>Total Request for Grant Term</strong></td>
<td></td>
<td>$145,609</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for projects with operating costs and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.
6G. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g., .75 FTE hours and benefits for staff) for each HMIS cost for which funding is being requested. Please note that simply stating “1 FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount funds requested for each activity. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 the “Funding Request” screen 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 Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Equipment</td>
<td>server @ $580; computer/printer and parts @ $580; networking @ $500, Security at $519</td>
<td>$1,743</td>
</tr>
<tr>
<td>2. Software</td>
<td>software at $200, software maintenance @ 239</td>
<td>$350</td>
</tr>
<tr>
<td>3. Services</td>
<td>Internet access @ $121/month/12 month= $1452</td>
<td>$1,162</td>
</tr>
<tr>
<td>4. Personnel</td>
<td>.067 FTE Program Specialist @ 35000 + benefits = $3119</td>
<td>$2,495</td>
</tr>
<tr>
<td>5. Space &amp; Operations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td></td>
<td>$5,750</td>
</tr>
<tr>
<td>Grant Term</td>
<td></td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td></td>
<td>$5,750</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Fred Finch Youth</td>
<td>08/15/2016</td>
<td>$148,084</td>
</tr>
</tbody>
</table>

Total Value of Cash Commitments: $148,084
Total Value of In-Kind Commitments: $0
Total Value of All Commitments: $148,084
# Sources of Match Detail

**Instructions:**

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

| 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: (Be as specific as possible and include the office or grant program as applicable) | Fred Finch Youth Center |
| 5. Date of Written Commitment: | 08/15/2016 |
| 6. Value of Written Commitment: | $148,084 |
Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$41,532</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
</tbody>
</table>

Applicant: Fred Finch Youth Center

Project: Turning Point
| 3. Supportive Services          | $397,623 |
| 4. Operating                   | $145,609 |
| 5. HMIS                        | $5,750   |
| 6. Sub-total Costs Requested   | $590,514 |
| 7. Admin (Up to 10%)           | $43,355  |
| 8. Total Assistance plus Admin Requested | $633,869 |
| 9. Cash Match                  | $148,084 |
| 10. In-Kind Match              | $0       |
| 11. Total Match                | $148,084 |
| 12. Total Budget               | $781,953 |
### Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

**CoC Rejection Letter:** Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

**Certification of Consistency with Consolidated Plan:** Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Resource Exchange: [https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/](https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
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<td>3) Other Attachment</td>
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</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official**: Thomas Alexander  
**Date**: 08/15/2016  
**Title**: President & CEO  
**Applicant Organization**: Fred Finch Youth Center

| PHA Number (For PHA Applicants Only) |  
|--------------------------------------|---|---|---|
| I certify that I have been duly authorized by the applicant to submit this Applicant | X |  

Renewal Project Application FY2016  
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09/12/2016
Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
# 8B Submission Summary

## Applicant:
Fred Finch Youth Center

## Project:
Turning Point

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<th>Page</th>
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<td>1B. Legal Applicant</td>
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<td>1C. Application Details</td>
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<td>1D. Congressional District(s)</td>
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<td>1E. Compliance</td>
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<td>1F. Declaration</td>
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<td>3B. Description</td>
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<td>5C. Outreach</td>
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<td>6A. Funding Request</td>
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<td>6B. Leased Units</td>
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<td>6E. Supp. Srvcs. Budget</td>
<td>08/14/2016</td>
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<td>6F. Operating</td>
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<td>6G. HMIS Budget</td>
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<td>6H. Match</td>
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<td>7A. Attachment(s)</td>
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<tr>
<td>7B. Certification</td>
<td>08/15/2016</td>
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Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission: Application
2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 08/25/2016
4. Applicant Identifier:

5a. Federal Entity Identifier:
5b. Federal Award Identifier: CA0123L9T021508
    (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:
7. State Application Identifier:
1B. Legal Applicant

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant
   a. Legal Name: Yvette A. Flunder Foundation, Inc.
   b. Employer/Taxpayer Identification Number (EIN/TIN): 32-0095516
   c. Organizational DUNS: 145011339
   d. Address
      Street 1: 1271 Washington Avenue Box 220
      City: San Leandro
      County: Alameda
      State: California
      Country: United States
      Zip / Postal Code: 94577
   e. Organizational Unit (optional)
      Department Name:
      Division Name:
   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Ms.
First Name: Franzetta
Middle Name: L
Last Name: Houston
Suffix:
Title: COO
Organizational Affiliation: Yvette A. Flunder Foundation, Inc.
Telephone Number: (415) 350-3350
Extension:
Fax Number: (415) 931-4066
Email: fhouston@pacbell.net
1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

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

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Walker House

16. Congressional District(s):

a. Applicant: CA-013
(for multiple selections hold CTRL key)

b. Project: CA-013
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 05/01/2017

b. End Date: 04/30/2018

18. Estimated Funding ($)
a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?

No

If "YES," provide an explanation:
Instructions:
The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative
Prefix: Ms.
First Name: Franzetta
Middle Name: L
Last Name: Houston
Suffix: 
Title: COO
Telephone Number: (415) 350-3350
(Format: 123-456-7890)
Fax Number: (415) 931-4066
(Format: 123-456-7890)
Email: fhouston@pacbell.net
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  08/25/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

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</tbody>
</table>

This list contains no items
2B. Recipient Performance

Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No
3A. Project Detail

Instructions:
The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select “Yes” or “No” to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: CA0123L9T021508
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Walker House
4. **Project Status:** Standard

5. **Component Type:** PH

6. **Does this project use one or more properties that have been conveyed through the Title V process?** No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

1. Provide a description that addresses the entire scope of the proposed project.

Walker House Residential program serves low/no income disabled clients who may be chronically homeless, disabled and are in need of housing and intensive supportive services. Coordinated support services include case management, life skills, substance abuse counseling, individual counseling, in-house groups, risk reduction planning and support, and referrals to other services to address other unmet client needs.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Applicant: Yvette A. Flunder Foundation, Inc. 145011339
Project: Walker House 146263

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3. Housing First

3a. Does the project quickly move participants into permanent housing  Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance abuse</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found in the project's geographic area.</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach?  Yes
4. Does the PH project provide PSH or RRH?  PSH

4a. Does the project request costs under the rental assistance budget line item?  No
4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided. 
Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Case Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016  Page 19  09/12/2016
<table>
<thead>
<tr>
<th>Service Type</th>
<th>Applicant</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? No
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared housing</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

Total Units: 4
Total Beds: 4
Total Dedicated CH Beds: 4
Total Prioritized CH Beds: 0
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Shared housing

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 4
   b. Beds: 4

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 4
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 0
      Auto calculated
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 0
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 0

4. Address:
   Street 1: 9702 International Blvd.
   Street 2: 
   City: oakland
   State: California
   ZIP Code: 94603

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   062508 Oakland
### 5A. Project Participants - Households

**Instructions:**

**ALL PROJECTS EXCEPT HMIS**

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

- **Households with at least One Adult and One Child:** Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

- **Adult Households without Children:** Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

- **Households with Only Children:** Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

- **Persons in Households with at least One Adult and One Child:** Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

- **Adult Persons in Households without Children:** Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

- **Persons in Households with Only Children:** Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number...” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps GUIDES/COC-PROGRAM-COMPETITION-RESOURCES/
<table>
<thead>
<tr>
<th></th>
<th>Adults over age 24</th>
<th>Adults ages 18-24</th>
<th>Accompanied Children under age 18</th>
<th>Unaccompanied Children under age 18</th>
<th>Total Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Click Save to automatically calculate totals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>4</td>
<td>0</td>
<td>8</td>
<td>8</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>70%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>30%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td></td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td></td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td></td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Do any of the properties in this project have an active restrictive covenant?  Yes
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

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

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Supportive Services X
   - Operations X
   - HMIS
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 “1 FTE” 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. 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. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td>.20 Program Director Salary &amp; Benefits</td>
<td>$18,250</td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>.40 Case Manager Salary &amp; Benefits</td>
<td>$15,788</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td>Client food and supplies</td>
<td>$5,000</td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td>.40 X 8 Residential Counselor Salaries &amp; Benefits</td>
<td>$90,648</td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td>.40 Residential Counselor Salaries &amp; Benefits</td>
<td>$14,000</td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td>.40 Counselor Salary &amp; Benefits</td>
<td>$12,830</td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant: Yvette A. Flunder Foundation, Inc.
Project: Walker House
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>$16,970</td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Utility Deposits</td>
<td></td>
</tr>
<tr>
<td>Operating Costs</td>
<td>$0</td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td>$173,486</td>
</tr>
<tr>
<td>Grant Term</td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td>$173,486</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
## 6F. Operating Budget

### Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g., .75 FTE hours and benefits for staff, utility types, and monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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

Are you requesting a 15 year renewal per the FY2016 CoC Program NOFA? This request is only available for Operating Costs budget line items in projects in which the applicant owns the building and needs to provide maintenance. Only 1 year of funding is allowed according to the relevant section of the FY 2016 CoC Program Competition NOFA.

Grant term: This field is populated with the value “1 Year” 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 Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

---

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintenance/Repair</td>
<td>Maintenance &amp; Repair</td>
<td>$5,950</td>
</tr>
<tr>
<td>2. Property Taxes and Insurance</td>
<td>Property Insurance</td>
<td>$7,950</td>
</tr>
<tr>
<td>3. Replacement Reserve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Building Security</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Electricity, Gas, and Water</td>
<td>Monthly Water, Gas and Electricity</td>
<td>$7,500</td>
</tr>
<tr>
<td>6. Furniture</td>
<td>Replacement household items</td>
<td>$3,274</td>
</tr>
<tr>
<td>7. Equipment (lease, buy)</td>
<td>Office Equipment Services &amp; Leases</td>
<td>$4,428</td>
</tr>
<tr>
<td><strong>Total Annual Assistance Requested</strong></td>
<td></td>
<td><strong>$29,102</strong></td>
</tr>
<tr>
<td><strong>Grant Term</strong></td>
<td>1 Year</td>
<td></td>
</tr>
</tbody>
</table>
Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for projects with operating costs and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>OAA</td>
<td>06/15/2016</td>
<td>$80,562</td>
</tr>
</tbody>
</table>

Total Value of Cash Commitments: $80,562
Total Value of In-Kind Commitments: $0
Total Value of All Commitments: $80,562
Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: OAA
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 06/15/2016
6. Value of Written Commitment: $80,562
6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
</tbody>
</table>

Applicant: Yvette A. Flunder Foundation, Inc.  Project: Walker House  

Renewal Project Application FY2016  Page 37  09/12/2016
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Supportive Services</td>
<td></td>
<td>$173,486</td>
</tr>
<tr>
<td>4. Operating</td>
<td></td>
<td>$29,102</td>
</tr>
<tr>
<td>5. HMIS</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td><strong>6. Sub-total Costs Requested</strong></td>
<td></td>
<td>$202,588</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td></td>
<td>$13,899</td>
</tr>
<tr>
<td><strong>8. Total Assistance plus Admin Requested</strong></td>
<td></td>
<td>$216,487</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td></td>
<td>$80,562</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td><strong>11. Total Match</strong></td>
<td></td>
<td>$80,562</td>
</tr>
<tr>
<td><strong>12. Total Budget</strong></td>
<td></td>
<td>$297,049</td>
</tr>
</tbody>
</table>

**Applicant:** Yvette A. Flunder Foundation, Inc.  
**Project:** Walker House
7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction’s HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>Match Documentati...</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td>IRS 501C3</td>
<td>08/25/2016</td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description: Match Documentation 2016

Attachment Details

Document Description: IRS 501C3
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official**  Franzetta Houston  
**Date:**  08/25/2016  
**Title:**  COO  
**Applicant Organization:**  Yvette A. Flunder Foundation, Inc.

**PHA Number (For PHA Applicants Only):**

I certify that I have been duly authorized by the applicant to submit this Applicant  

X  

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Page 42  
09/12/2016
Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
<td>No Input Required</td>
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<td>1C. Application Details</td>
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<td>1D. Congressional District(s)</td>
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<tr>
<td>1E. Compliance</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>1F. Declaration</td>
<td>08/16/2016</td>
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<td>2A. Subrecipients</td>
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<td>2B. Recipient Performance</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/25/2016</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/25/2016</td>
</tr>
<tr>
<td>4B. Housing Type</td>
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</tr>
<tr>
<td>5A. Households</td>
<td>08/25/2016</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
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<tr>
<td>5C. Outreach</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>6F. Operating</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>6H. Match</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>6I. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/25/2016</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/16/2016</td>
</tr>
</tbody>
</table>
June 15, 2016

Franzetta Houston, Chief Operating Officer
Yvette A. Flunder Foundation, Inc.
1271 Washington Avenue, # 220
San Leandro, CA 94577

Dear Ms. Houston,

Due to an increase in our Transitional Geographical Area’s (TGA) Funding Year 2016-2017 award, the Alameda County Health Care Services Agency, Office of AIDS Administration (OAA) is pleased to announce that your agency’s Part A of The Ryan White HIV/AIDS Treatment Modernization Act of 2009 contract is being adjusted as reflected on the attached Attachment A – Notice of Intent to Award.

Please send the following required documents (only for amended program service categories) to your assigned OAA program manager, by Wednesday, July 1, 2016:

- Program Description (includes Service Delivery Site(s) and Days/Hours of Operation) (12 month period)
- Work Plan/Scope of Work (12 month period)
- Budget Summary & Narrative (12 month budget)

If you have any budgetary concerns please contact Elen de Leon at (510) 268-2326. For any other questions or concerns about the process, please contact your OAA program Manager. We thank you for your cooperation and look forward to working with you in providing quality services to the HIV/AIDS affected community.

Sincerely,

Nicholas J. Moses, M.D., M.P.H.
Director, HIV/STD Section

Cc: Fiscal & Contract Unit Staff
Phoenix Smith
Ráma Franklin, OAA Program Manager
# ATTACHMENT A - NOTICE OF INTENT TO AWARD

**CONTRACT PERIOD:** MARCH 1, 2016 - FEBRUARY 28, 2017

RYAN WHITE PART A

<table>
<thead>
<tr>
<th>Contractor</th>
<th>Service Category</th>
<th>Original Allocation</th>
<th>Amendment</th>
<th>Total Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yvette A. Flunder Foundation Inc.</td>
<td>$ 72,264</td>
<td>$ 8,298</td>
<td></td>
<td>$ 80,562</td>
</tr>
<tr>
<td>Case Management - Medical</td>
<td>$ 72,264</td>
<td>$ 8,298</td>
<td></td>
<td>$ 80,562</td>
</tr>
</tbody>
</table>
Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make

Letter 1045 (DO/CG)
YVETTE A FLUNDER FOUNDATION INC

a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that we will no longer treat you as a publicly supported organization, grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that we had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date he or she acquired such knowledge.

If you change your sources of support, your purposes, character, or method of operation, please let us know so we can consider the effect of the change on your exempt status and foundation status. If you amend your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, let us know all changes in your name or address.

As of January 1, 1984, you are liable for social security taxes under the Federal Insurance Contributions Act on amounts of $100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Internal Revenue Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Internal Revenue Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Donors may deduct contributions to you only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, gives guidelines regarding when taxpayers may deduct payments for admission to, or other participation in, fundraising activities for charity.

You are not required to file Form 990, Return of Organization Exempt From Income Tax, if your gross receipts each year are normally $25,000 or less. If you receive a Form 990 package in the mail, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally $25,000 or less, and sign the return. Because you will be treated as a public charity for return filing purposes during your entire advance ruling period, you should file Form 990 for each year in your advance ruling period.

Letter 1045 (DO/CG)
that you exceed the $25,000 filing threshold even if your sources of support
do not satisfy the public support test specified in the heading of this letter.

    If a return is required, it must be filed by the 15th day of the fifth
month after the end of your annual accounting period. A penalty of $20 a day
is charged when a return is filed late, unless there is reasonable cause for
the delay. However, the maximum penalty charged cannot exceed $10,000 or
5 percent of your gross receipts for the year, whichever is less. For
organizations with gross receipts exceeding $1,000,000 in any year, the penalty
is $100 per day per return, unless there is reasonable cause for the delay.
The maximum penalty for an organization with gross receipts exceeding
$1,000,000 shall not exceed $50,000. This penalty may also be charged if a
return is not complete. So, please be sure your return is complete before you
file it.

    You are not required to file federal income tax returns unless you are
subject to the tax on unrelated business income under section 511 of the Code.
If you are subject to this tax, you must file an income tax return on Form
990-T, Exempt Organization Business Income Tax Return. In this letter we are
not determining whether any of your present or proposed activities are unre-
lated trade or business as defined in section 513 of the Code.

    You are required to make your annual information return, Form 990 or
Form 990-EZ, available for public inspection for three years after the later
of the due date of the return or the date the return is filed. You are also
required to make available for public inspection your exemption application,
any supporting documents, and your exemption letter. Copies of these
documents are also required to be provided to any individual upon written or in
person request without charge other than reasonable fees for copying and
postage. You may fulfill this requirement by placing these documents on the
Internet. Penalties may be imposed for failure to comply with these
requirements. Additional information is available in Publication 557,
Tax-Exempt Status for Your Organization, or you may call our toll free
number shown above.

    You need an employer identification number even if you have no employees.
If an employer identification number was not entered on your application, we
will assign a number to you and advise you of it. Please use that number on
all returns you file and in all correspondence with the Internal Revenue
Service.

    This determination is based on evidence that your funds are dedicated to
the purposes listed in section 501(c)(3) of the Code. To assure your continued
exemption, you should keep records to show that funds are spent only for those
purposes. If you distribute funds to other organizations, your records should
show whether they are exempt under section 501(c)(3). In cases where the
recipient organization is not exempt under section 501(c)(3), you must have
evidence that the funds will remain dedicated to the required purposes and that
the recipient will use the funds for those purposes.

    If we said in the heading of this letter that an addendum applies, the

Letter 1045 (DO/CG)
addendum enclosed is an integral part of this letter.

Because this letter could help us resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Enclosure(s):
Form 872-C

Letter 1045 (DO/CG)
Our records indicate that your advance ruling period will expire in the next 30 days. The IRS exemption letter you received stating that you were exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code explained that you would be treated as a publicly supported organization and not as a private foundation during your advance ruling period. It also stated that at the end of your advance ruling period you would have to establish that you were, in fact, a publicly supported organization.

Within 90 days after the end of your advance ruling period, as shown above, you need to establish that you are a publicly supported organization under either section 509(a)(1) and 170(b)(1)(A)(vi) or section 509(a)(2) of the Code. To do so, complete and return the enclosed Form 8734, Support Schedule for Advance Ruling Period, for the tax years in your advance ruling period.

If we do not receive this information within 90 days after the end of your advance ruling period, we will presume that you are a private foundation. Deductibility of contributions to a private foundation is more limited than deductibility of contributions to a public charity. In addition, private foundations are subject to excise taxes that are not imposed on public charities and must file a Form 990-PF each year. For further information about private foundations, access the IRS Charities and Nonprofits Web site at www.irs.gov/eo, click on “Life Cycle” and then click on “Life Cycle of a Private Foundation.”

The end of your advance ruling period does not terminate your exemption. The Form 8734 is for the purpose of determining your public support status. Since your exempt status is not under consideration, you will continue to be recognized as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

If you have any questions regarding this matter, please call our toll free number shown above.

After completing Form 8734, Support Schedule for Advance Ruling Period, please return to the address below:

Internal Revenue Service
P.O. Box 192
Covington, KY 41012-0192
# Support Schedule for Advance Ruling Period

Please refer to the separate instructions for assistance in completing this schedule. For additional help, call IRS Exempt Organizations Customer Services toll free at 1-877-829-5500.

For tax years beginning July 1, 2003, and ending June 30, 2007

<table>
<thead>
<tr>
<th>Name of organization</th>
<th>Yvette A. Flanders Foundation, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Identification number</td>
<td>32-0095516</td>
</tr>
<tr>
<td>Number and street (or P.O. box number if mail is not delivered to street address)</td>
<td>1025 Howard St</td>
</tr>
<tr>
<td>City or town, state, and ZIP + 4</td>
<td>San Francisco, CA 94103</td>
</tr>
<tr>
<td>Telephone number</td>
<td>(415) 861-1060</td>
</tr>
<tr>
<td>E-mail address</td>
<td><a href="mailto:lenny@comast.net">lenny@comast.net</a></td>
</tr>
</tbody>
</table>

Note: • Get Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), and its separate instructions before you complete this form. • If you did not receive any support for a given year, show financial data for the year by indicating -0- or none. • Year 1 should reflect support received as of the date legally organized, unless otherwise specified in the determination letter. • Organizations that filed Form 990 or 990-EZ will be able to use information reported on Schedule A, Part IV-A, to complete this form.

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) Year 5</th>
<th>(b) Year 4</th>
<th>(c) Year 3</th>
<th>(d) Year 2</th>
<th>(e) Year 1 (See Note above.)</th>
<th>(f) Total of Years 1 through 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, and contributions received. (Do not include unusual grants. See line 14.)</td>
<td>190,980</td>
<td>150,284</td>
<td>67,827</td>
<td>51,879</td>
<td>460,990</td>
<td></td>
</tr>
<tr>
<td>2 Membership fees received</td>
<td>-0-</td>
<td>-0-</td>
<td>-0-</td>
<td>-0-</td>
<td>-0-</td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose</td>
<td>-0-</td>
<td>-0-</td>
<td>-0-</td>
<td>-0-</td>
<td>-0-</td>
<td></td>
</tr>
<tr>
<td>4 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975</td>
<td>11</td>
<td>11</td>
<td>-0-</td>
<td>-0-</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>5 Net income from unrelated business activities not included in line 4</td>
<td>2</td>
<td>-0-</td>
<td>-0-</td>
<td>-0-</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>6 Tax revenues levied for your benefit and either paid to you or expended on your behalf</td>
<td>-0-</td>
<td>-0-</td>
<td>-0-</td>
<td>-0-</td>
<td>-0-</td>
<td></td>
</tr>
<tr>
<td>7 The value of services or facilities furnished to you by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge</td>
<td>-0-</td>
<td>-0-</td>
<td>-0-</td>
<td>-0-</td>
<td>-0-</td>
<td></td>
</tr>
<tr>
<td>8 Other income. Attach a schedule. Do not include gain (loss) from sale of capital assets</td>
<td>-0-</td>
<td>-0-</td>
<td>-0-</td>
<td>-0-</td>
<td>-0-</td>
<td></td>
</tr>
<tr>
<td>9 Total of lines 1 through 8</td>
<td>190,980</td>
<td>150,284</td>
<td>67,827</td>
<td>51,879</td>
<td>460,990</td>
<td></td>
</tr>
<tr>
<td>10 Line 9 minus line 3</td>
<td>190,993</td>
<td>150,285</td>
<td>67,827</td>
<td>51,879</td>
<td>460,994</td>
<td></td>
</tr>
<tr>
<td>11 Enter 1% of line 9</td>
<td>1,910</td>
<td>1,503</td>
<td>678</td>
<td>51</td>
<td>4,413</td>
<td></td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see page 8 of separate instructions.
12 If you are an organization that normally receives a substantial part of your support from a governmental unit or from the general public, complete lines 12a through 12f. (Sections 509(a)(1) and 170(b)(1)(A)(vi). If you want the IRS to compute your public support test as a section 509(a)(1) and 170(b)(1)(A)(vi) organization, complete only lines 12a and 12b.

a Enter 2% of amount in column (f), line 10.  

b Attach a list showing the name and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for Year 5 through Year 1 exceeded the amount shown in line 12a. Enter the total of all these excess amounts.

c Total support for section 509(a)(1) test: Enter line 10, column (f).

d Add: Amounts from column (f) for lines:  

4 5 12 12b

e Public support (line 12c minus line 12d total).

f Public support percentage (line 12e (numerator) divided by line 12c (denominator))

12f %

13 If you are an organization that normally receives: (1) more than 33 1/3% of your support from contributions, membership fees, and gross receipts from activities related to your exempt functions, and (2) no more than 33 1/3% of your support from gross investment income and net unrelated business taxable income from businesses acquired by the organization after June 30, 1975, complete lines 13a through 13h. (Section 509(a)(2). If you want the IRS to compute your public support test as a section 509(a)(2) organization, complete only lines 13a and 13b.

a For amounts included in lines 1, 2, and 3 that were received from a "disqualified person," attach a list showing the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year:  

(Year 5) (Year 4) (Year 3) (Year 2) (Year 1)

b For any amount included in line 3 that was received from each person (other than "disqualified persons"), attach a list showing the name of, and amount received for each year, that was more than the larger of (1) the amount on line 11 for the year or (2) $5,000. (Include in the list organizations as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(Year 5) (Year 4) (Year 3) (Year 2) (Year 1)

c Add: Amounts from column (f) for lines:  

1 2 3 6 7  

d Add: Line 13a total and line 13b total.

e Public support (line 13c total minus line 13d total).

f Total support for section 509(a)(2) test: Enter amount from line 9, column (f).

g Public support percentage (line 13e (numerator) divided by line 13f (denominator)).

h Investment income percentage (line 13g (numerator) divided by line 13f (denominator)).

14 Unusual Grants: For an organization described in line 12 or 13 that received any unusual grants during Year 5 through Year 1, attach a list showing for each year the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 1.

List the amount of unusual grants excluded for each year below.

(Year 5) (Year 4) (Year 3) (Year 2) (Year 1)

15 Please list the name and telephone number of an officer, director, or trustee who can be contacted during business hours if we need more information. If someone other than an officer, director, or trustee will represent the organization, attach a properly completed Form 2848, Power of Attorney.

Name: Leonard W. Conner - CFO

Phone: 415-861-1987 (x110)

Fax Number (if available): 415-861-5845

I declare under the penalties of perjury that I am authorized to sign this form on behalf of the above organization and that I have examined this form, including the accompanying attachments, and to the best of my knowledge it is true, correct, and complete.

Signature: Leonard W. Conner - CFO

Date: 9/29/08

Printed on recycled paper

Form 8734 (Rev. 1-2004)

GPO U.S. GOVERNMENT PRINTING OFFICE: 2006-335-774/20488
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.
Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.
Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.
Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps(guides/coc-program-competition-resources/

1. Type of Submission: Application
2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 09/08/2016
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: CA1298L9T021501
   (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).
Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number
X
6. Date Received by State:
7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

8. Applicant
   a. Legal Name: Alameda County
   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000501
   c. Organizational DUNS: 02116418
   PLUS 4

   d. Address
      Street 1: 224 W. Winton Ave, Room 108
      Street 2:  
      City: Hayward
      County:  
      State: California
      Country: United States
      Zip / Postal Code: 94544

   e. Organizational Unit (optional)
      Department Name: Housing and Community Development
      Division Name:  

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mr.
First Name: Riley
Middle Name: 
Last Name: Wilkerson
Suffix: 
Title: HCD Manager
Organizational Affiliation: Alameda County
Telephone Number: (510) 670-9797
Extension:
Fax Number: (510) 670-6378
Email: riley.wilkerson@acgov.org
1C. Application Details

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

9. Type of Applicant: B. County Government
   If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
    Title: CoC Program
    CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25
    Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
    Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant’s Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snapsguides/coc-program-competition-resources/

14. Area(s) affected by the project (State(s) only): California
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Welcome Home San Leandro

16. Congressional District(s):
   a. Applicant: CA-013, CA-017, CA-015
   (for multiple selections hold CTRL key)
   b. Project: CA-013
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 12/01/2016
   b. End Date: 11/30/2016

18. Estimated Funding ($)

Applicant: Alameda County Housing and Community Development Department
Project: Welcome Home San Leandro

Renewal Project Application FY2016 Page 6 09/12/2016
Applicant: Alameda County Housing and Community Development Department

Project: Welcome Home San Leandro

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?  b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?  No

If "YES," provide an explanation:
1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Linda
Middle Name: M
Last Name: Gardner
Suffix:
Title: Housing Director
Telephone Number: (510) 670-5404
(Format: 123-456-7890)
Fax Number: (510) 670-6378
(Format: 123-456-7890)
Email: linda.gardner@acgov.org
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  09/08/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

**Total Expected Sub-Awards:** $496,719

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cornerstone Community Development DBA Building ...</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$496,719</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: Cornerstone Community Development DBA Building Futures with Women and Children

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

If "Other" specify:
c. Employer or Tax Identification Number: 94-3100741

d. Organizational DUNS: 788170355

* e. Physical Address
Street 1: 1395 Bancroft Ave., Suite 13
Street 2:
City: San Lenadro
State: California
Zip Code: 94577

f. Congressional District(s): CA-013
(for multiple selections hold CTRL key)

  g. Is the subrecipient a Faith-Based Organization? No

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

i. Expected Sub-Award Amount: $496,719

  j. Contact Person
Prefix: Ms.
First Name: Liz
Middle Name: 
Last Name: Varela
Title: Executive Director
E-mail Address: lvarela@bfwc.org
Confirm E-mail Address: lvarela@bfwc.org
Phone Number: 510-357-0205
Extension: 
Fax Number:
Documentation of the subrecipient's nonprofit status is required with the submission of this application.
2B. Recipient Performance

Instructions:
The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

   The Welcome Home San Leandro project is a newly funded project with HUD therefore no APR has been required; the anticipated initial start date for the project is December 1, 2015.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project? No
request?

Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.

The Welcome Home San Leandro project is a newly funded project with HUD therefore no draws has been completed; the anticipated initial start date for the project is December 1, 2015.

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?  No
3A. Project Detail

Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select “Yes” or “No” to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: CA1298L9T021501
(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Welcome Home San Leandro
4. **Project Status:** Standard

5. **Component Type:** PH

6. **Does this project use one or more properties that have been conveyed through the Title V process?** No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
1. Provide a description that addresses the entire scope of the proposed project.

The Alameda County Welcome Home San Leandro Project will provide permanent supportive housing through tenant-based rental assistance certificates and supportive services to at least 25 chronically homeless and disabled households who are residing in or near the city of San Leandro.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Applicant: Alameda County Housing and Community Development Department
Project: Welcome Home San Leandro
3. Housing First

3a. Does the project quickly move participants into permanent housing? Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

- Having too little or little income [X]
- Active or history of substance abuse [X]
- Having a criminal record with exceptions for state-mandated restrictions [X]
- History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement) [X]
- None of the above

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

- Failure to participate in supportive services [X]
- Failure to make progress on a service plan [X]
- Loss of income or failure to improve income [X]
- Domestic violence [X]
- Any other activity not covered in a lease agreement typically found in the project’s geographic area. [X]
- None of the above

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? PSH
4a. Does the project request costs under the rental assistance budget line item? Yes

4b. Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? No
4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: " Applicant" to indicate that the applicant will provide the service directly; " Subrecipient" to indicate that a subrecipient will provide the service directly; " Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, " Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as "—select—" when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select "Yes" or "No" from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select "Yes" or "No" from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select "Yes" or "No" from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select "Yes" or "No" from the dropdown menu. If "Yes" is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select "Yes" or "No" from the dropdown menu.

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

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 25
Total Beds: 25
Total Dedicated CH Beds: 25
Total Prioritized CH Beds: 0

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>0</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 25
   b. Beds: 25

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless?
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?

4. Address:
   Street 1: 224 W Winton Avenue Room 108
   Street 2: 
   City: Hayward
   State: California
   ZIP Code: 94544

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   063276 San Leandro
5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

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

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td></td>
<td>25</td>
<td></td>
<td>25</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016 Page 28 09/12/2016
<table>
<thead>
<tr>
<th>Category</th>
<th>Adults over age 24</th>
<th>Adults ages 18-24</th>
<th>Accompanied Children under age 18</th>
<th>Unaccompanied Children under age 18</th>
<th>Total Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td>23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td></td>
<td></td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>25</td>
<td>0</td>
<td>0</td>
<td>25</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severe Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Applicant: Alameda County Housing and Community Development Department

Project: Welcome Home San Leandro
### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>20</td>
<td>3</td>
<td>15</td>
<td>2</td>
<td>15</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>22</td>
<td>3</td>
<td>0</td>
<td>17</td>
<td>2</td>
<td>17</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>75%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>25%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td></td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td></td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td></td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant? This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

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

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance X
   - Supportive Services X
   - Operations
   - HMIS
6D. 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>CA - Oakland-Fremont, CA HUD Metro FM...</td>
<td>25</td>
<td>$374,700</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $374,700
Total Units: 25
### 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.

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents: In the FY 2016 CoC Program Competition, eligible renewal projects requesting rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select “Yes” from the dropdown for this question. The project applicant will then have the ability to enter an amount in the “HUD Paid Rent (applicant)” field that is less than the amount listed in the “FMR Area (applicant)” field. The following question is visible when PRA is selected:

Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA? This request is only available for PH PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2016 CoC Program Competition NOFA.

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. The number(s) listed should match the CoC’s HUD-approved FY 2015 GIW.

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the project applicant. The FMRs are available online at [http://www.huduser.org/portal/datasets/fmr.html](http://www.huduser.org/portal/datasets/fmr.html).

HUD Paid Rent: For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. If the applicants select “No” above, this column will not be available for edit. In the GIW, HUD Paid Rent is known as “Actual”.

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 “HUD Paid Rent” and by 12 months. If the applicant selected “No” above, the automatic calculation will be based on the FMR and not the “HUD Paid Rent.”.

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 with the value “1 Year” and will be read only.

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

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

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units</th>
<th>FMR</th>
<th>HUD Paid Rent</th>
<th>12 Months</th>
<th>Total Request</th>
<th>Total Units and Annual Assistance Requested</th>
<th>Grant Term</th>
<th>Total Request for Grant Term</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Additional Resources can be found at the HUD Resource 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:** CA - Oakland-Fremont, CA HUD Metro FMR Area (0600199999)

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?** No

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$778</td>
<td>$778</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,037</td>
<td>$1,037</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>25</td>
<td>$1,249</td>
<td>$1,249</td>
<td>x</td>
<td>$374,700</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$1,580</td>
<td>$1,580</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,202</td>
<td>$2,202</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$2,455</td>
<td>$2,455</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$2,823</td>
<td>$2,823</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$3,192</td>
<td>$3,192</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$3,560</td>
<td>$3,560</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$3,928</td>
<td>$3,928</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$4,296</td>
<td>$4,296</td>
<td>x</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested:** 25

**Grant Term:** 1 Year

**Total Request for Grant Term:** $374,700

Click the 'Save' button to automatically calculate totals.
## 6E. 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. 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. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td>10@$ 500 each move in costs</td>
<td>$5,000</td>
</tr>
<tr>
<td>3. Case Management</td>
<td>1 FTE case manager salary and benefits</td>
<td>$52,850</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td>.7 FTE case manager salary and benefits</td>
<td>$35,520</td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td>.7 FTE case manager salary and benefits</td>
<td>$35,520</td>
</tr>
</tbody>
</table>
### Substance Abuse Treatment Services

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 @ $40 each bus, BART tickets</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

### Utility Deposits

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 @ $100 each utility deposits</td>
<td>$1,300</td>
</tr>
</tbody>
</table>

### Operating Costs

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Annual Assistance Requested</td>
<td>$131,190</td>
</tr>
<tr>
<td>Grant Term</td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td>$131,190</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6H. 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**

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Building Futures ...</td>
<td>12/30/2014</td>
<td>$150,000</td>
</tr>
</tbody>
</table>

**Total Value of Cash Commitments:** $0

**Total Value of In-Kind Commitments:** $150,000

**Total Value of All Commitments:** $150,000
Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Building Futures with Women and Children
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 12/30/2014
6. Value of Written Commitment: $150,000
Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>3</td>
<td>Supportive Services</td>
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</tr>
<tr>
<td>4</td>
<td>Operating</td>
<td>$0</td>
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<tr>
<td>5</td>
<td>HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6</td>
<td>Sub-total Costs Requested</td>
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<tr>
<td>7</td>
<td>Admin</td>
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<td>8</td>
<td>Total Assistance plus Admin Requested</td>
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<tr>
<td>9</td>
<td>Cash Match</td>
<td>$0</td>
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<tr>
<td>10</td>
<td>In-Kind Match</td>
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<tr>
<td>11</td>
<td>Total Match</td>
<td>$150,000</td>
</tr>
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<td>12</td>
<td>Total Budget</td>
<td>$691,428</td>
</tr>
</tbody>
</table>

**Applicant:** Alameda County Housing and Community Development Department

**Project:** Welcome Home San Leandro

**021116418**

**146166**

**Renewal Project Application FY2016**

**Page 43**

**09/12/2016**
7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant’s application for funding is consistent with the jurisdiction’s HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

<table>
<thead>
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<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
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<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
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<tr>
<td>2) Other Attachment</td>
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</tr>
<tr>
<td>3) Other Attachment</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: 501c3 BFWC

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.
20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.
Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official  Linda Gardner
Date: 09/08/2016
Title: Housing Director

Applicant Organization: Alameda County

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant X
Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
Applicant: Alameda County Housing and Community Development Department 02116418
Project: Welcome Home San Leandro 146166

8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
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<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. Congressional District(s)</td>
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</tr>
<tr>
<td>1E. Compliance</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>1F. Declaration</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>09/08/2016</td>
</tr>
<tr>
<td>2B. Recipient Performance</td>
<td>08/18/2016</td>
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</table>
3A. Project Detail  08/18/2016  
3B. Description  08/18/2016  
4A. Services  08/18/2016  
4B. Housing Type  08/18/2016  
5A. Households  08/18/2016  
5B. Subpopulations  No Input Required  
5C. Outreach  08/18/2016  
6A. Funding Request  08/18/2016  
6D. Rental Assistance  08/18/2016  
6H. Match  08/18/2016  
6I. Summary Budget  No Input Required  
7A. Attachment(s)  08/18/2016  
7B. Certification  09/08/2016  

Applicant: Alameda County Housing and Community Development Department  021116418  
Project: Welcome Home San Leandro  146166
In reply refer to: 0435758212
Jan. 14, 2009 LTR 4168C EO
94-3100741 000000 00 000
00020598
BDGC: TE

CORNER STONE COMMUNITY DEVELOPMENT CORPORATION
1395 BANCROFT AVE
SAN LEANDRO CA 94577-5103

Employer Identification Number: 94-3100741
Person to Contact: S. Ingraham
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Jan. 05, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in October 1989, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(03) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Deborah Bingham
Deborah Bingham
Accounts Management I
501 (c)(3) Documentation

Building Futures with Women and Children (BFWC) is the “doing business as” (dba) name for Cornerstone Community Development Corporation, which has been the legal name of the organization since 1999. All properties and assets are owned and taxes are filed in Cornerstone’s name. For purposes of protecting confidentiality of battered women who stay at Cornerstone’s facilities, the name BFWC is used for day-to-day business. BFWC was originally incorporated as a 501c3 as St. Leander Women’s Refuge in 1988, and then in 1992 its name changed to the San Leandro Shelter for Women and Children, until 2000 when its current name of BFWC was adopted by the Board of Directors.
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/  
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
**1A. Application Type**

**Instructions:**

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

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

1. **Type of Submission:** Application

2. **Type of Application:** Renewal Project Application

   If "Revision", select appropriate letter(s):

   If "Other", specify:

3. **Date Received:** 09/08/2016

4. **Applicant Identifier:**

5a. **Federal Entity Identifier:**

5b. **Federal Award Identifier:** CA1272L9T021501

   (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number X

6. **Date Received by State:**

7. **State Application Identifier:**

Applicant: Alameda County Housing and Community Development Department

Project: Welcome Home

Renewal Project Application FY2016

Page 2 09/12/2016
1B. Legal Applicant

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are
any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the
Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in
“complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from
the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant
Profile” training document on the HUD Exchange.

8. Applicant

a. Legal Name: Alameda County

b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000501

c. Organizational DUNS: 02116418

PLUS 4

d. Address

Street 1: 224 W. Winton Ave, Room 108

Street 2:

City: Hayward

County:

State: California

Country: United States

Zip / Postal Code: 94544

e. Organizational Unit (optional)

Department Name: Housing and Community Development

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Riley
Middle Name:
Last Name: Wilkerson
Suffix:
Title: HCD Manager
Organizational Affiliation: Alameda County
Telephone Number: (510) 670-9797
Extension:
Fax Number: (510) 670-6378
Email: riley.wilkerson@acgov.org
1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant: B. County Government
   If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
    Title: CoC Program
    CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25
    Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
    Title:
1D. Congressional District(s)

Instructions:
Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant’s Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Welcome Home

16. Congressional District(s):

   a. Applicant: CA-013, CA-017, CA-015
   (for multiple selections hold CTRL key)

   b. Project: CA-013, CA-017, CA-015
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 12/01/2017
   b. End Date: 11/30/2018

18. Estimated Funding ($)
Applicant: Alameda County Housing and Community Development Department
Project: Welcome Home

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

   If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?
   No

   If "YES," provide an explanation:
1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix:  Ms.
First Name:  Linda
Middle Name:  M
Last Name:  Gardner

Suffix:  
Title:  Housing Director
Telephone Number:  (510) 670-5404
(Format: 123-456-7890)
Fax Number:  (510) 670-6378
(Format: 123-456-7890)
Email:  linda.gardner@acgov.org
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.

Date Signed:  09/08/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $680,723

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<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
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<tbody>
<tr>
<td>Bonita House, Inc</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$340,362</td>
</tr>
<tr>
<td>Abode Services</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$340,361</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

Instructions:
Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: Bonita House, Inc

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

If "Other" specify:
c. Employer or Tax Identification Number: 94-1735133

e. Physical Address
   Street 1: 6333 Telegraph Avenue
   Street 2: 
   City: Oakland
   State: California
   Zip Code: 94609

f. Congressional District(s): CA-013
   (for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

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

i. Expected Sub-Award Amount: $340,362

j. Contact Person
   Prefix: Mr.
   First Name: Mark
   Middle Name: 
   Last Name: Shotwell
   Suffix: 
   Title: Program Director
   E-mail Address: mark@bonitahouse.org
   Confirm E-mail Address: mark@bonitahouse.org
   Phone Number: 510-809-1780
   Extension: 
   Fax Number: 
Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

Instructions:
Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: Abode Services
b. Organization Type: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:

c. Employer or Tax Identification Number: 94-3087060

d. Organizational DUNS: 012042880

<table>
<thead>
<tr>
<th>d. Organizational DUNS:</th>
<th>012042880</th>
</tr>
</thead>
</table>

e. Physical Address

Street 1: 40849 Fremont Blvd
Street 2:
City: Fremont
State: California
Zip Code: 94538

f. Congressional District(s): CA-013, CA-017, CA-015, CA-019, CA-018, CA-020
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

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

i. Expected Sub-Award Amount: $340,361

j. Contact Person
Prefix: Mr.
First Name: Louis
Middle Name: Chicione
Last Name: Chicione
Suffix:
Title: Executive Director
E-mail Address: lchicoine@abodeservices.org
Confirm E-mail Address: lchicoine@abodeservices.org
Phone Number: 510-657-7409
Extension:
Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.
2B. Recipient Performance

Instructions:
The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?  
   - No

   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.
   
   The Welcome Home project is a newly funded project with HUD, therefore no APR has been required. The anticipated initial start date for the project is December 1, 2016.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?  
   - No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project?  
   - No
request?

Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.

The Welcome Home project is a newly funded project with HUD, therefore no draws has been completed. The anticipated initial start date for the project is December 1, 2016.

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?

No
3A. Project Detail

Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select “Yes” or “No” to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: CA1272L9T021501
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Welcome Home
4. Project Status:  Standard

5. Component Type:  PH

6. Does this project use one or more properties that have been conveyed through the Title V process?  No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.

- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.)

- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.

- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.

- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type pf SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

1. Provide a description that addresses the entire scope of the proposed project.

The Welcome Home project will provide supportive services and tenant-based rental assistance certificates to at least 29 chronically homeless households who are disabled with serious mental illness and are residents of Alameda County.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>X</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans</td>
<td>X</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td></td>
<td>Mental Illness</td>
</tr>
</tbody>
</table>

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### 3. Housing First

3a. Does the project quickly move participants into permanent housing **Yes**

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance abuse</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of domestic violence (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found in the project’s geographic area.</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach? **Yes**

4. Does the PH project provide PSH or RRH? **PSH**
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a. Does the project request costs under the rental assistance budget line item?</td>
<td>Yes</td>
</tr>
<tr>
<td>4b. Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance?</td>
<td>No</td>
</tr>
</tbody>
</table>
Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Service</th>
<th>Subrecipient</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Assistance and Job Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?  
Yes

2b. Use of a single application form for four or more mainstream programs?  
No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?  
Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?  
Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months?  
No
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

- Total Units: 29
- Total Beds: 29
- Total Dedicated CH Beds: 29
- Total Prioritized CH Beds: 0

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (…)</td>
<td>29</td>
<td>29</td>
<td>29</td>
<td>0</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

Instructions:
ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in “2b. Beds” are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in “2b. Beds” are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. **Housing Type:** Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   
   a. **Units:** 29
   
   b. **Beds:** 29

3. **Beds for the Chronically Homeless**
   
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless?
      
      29
   
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?
      
      Auto calculated
      
      0
   
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?
      
      0
   
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?
      
      0

4. **Address:**
   
   Street 1: 224 W Winton Avenue Room 108
   
   Street 2:
   
   City: Hayward
   
   State: California
   
   ZIP Code: 94544

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)

   069001 Alameda County
**5A. Project Participants - Households**

**Instructions:**

**ALL PROJECTS EXCEPT HMIS**

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

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

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>0</td>
<td>29</td>
<td>0</td>
<td>29</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Renewal Project Application FY2016</strong></td>
<td><strong>Page 30</strong></td>
<td><strong>09/12/2016</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Adults over age 24</td>
<td>Adults ages 18-24</td>
<td>Accompanied Children under age 18</td>
<td>Unaccompanied Children under age 18</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------------</td>
<td>-------------------</td>
<td>-----------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>29</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>29</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic(ally Homeless Non-Veterans</th>
<th>Chronic(ally Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disabilit y</th>
<th>Developmental Disabilit y</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>25</td>
<td>4</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>25</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>25</td>
<td>4</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>25</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>25</td>
<td>4</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>25</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>50%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td></td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td></td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td></td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant? This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Yes

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

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

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance X
   - Supportive Services X
   - Operations
   - HMIS
6D. 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>CA - Oakland-Fremont, CA HUD Metro FM...</td>
<td>29</td>
<td>$434,652</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $434,652
Total Units: 29
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.

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents: In the FY 2016 CoC Program Competition, eligible renewal projects requesting rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select “Yes” from the dropdown for this question. The project applicant will then have the ability to enter an amount in the “HUD Paid Rent (applicant)” field that is less than the amount listed in the “FMR Area (applicant)” field. The following question is visible when PRA is selected:

Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA? This request is only available for PH PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2016 CoC Program Competition NOFA.

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. The number(s) listed should match the CoC’s HUD-approved FY 2015 GIW.

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

HUD Paid Rent: For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. If the applicants select “No” above, this column will not be available for edit). In the GIW, HUD Paid Rent is known as “Actual”.

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 “HUD Paid Rent” and by 12 months. If the applicant selected “No” above, the automatic calculation will be based on the FMR and not the “HUD Paid Rent.”.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based on 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**
Additional Resources can be found at the HUD Resource 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:** CA - Oakland-Fremont, CA HUD Metro FMR Area (0600199999)

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?** No

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$778</td>
<td>$778</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,037</td>
<td>$1,037</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>29</td>
<td>$1,249</td>
<td>$1,249</td>
<td>x</td>
<td>$434,652</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$1,580</td>
<td>$1,580</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,202</td>
<td>$2,202</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$2,455</td>
<td>$2,455</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$2,823</td>
<td>$2,823</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$3,192</td>
<td>$3,192</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$3,560</td>
<td>$3,560</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$3,928</td>
<td>$3,928</td>
<td>x</td>
<td>$0</td>
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<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$4,296</td>
<td>$4,296</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td>29</td>
<td></td>
<td></td>
<td></td>
<td><strong>$434,652</strong></td>
</tr>
</tbody>
</table>

**Grant Term**
1 Year

**Total Request for Grant Term**
$434,652

Click the 'Save' button to automatically calculate totals.
6E. 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. 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. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td>Security deposits/move-in costs</td>
<td>$5,000</td>
</tr>
<tr>
<td>3. Case Management</td>
<td>1.5 FTE Case Manager salary and benefits</td>
<td>$196,389</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Description</td>
<td>Amount</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>---------</td>
<td></td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Transportation</td>
<td>$1,000</td>
<td></td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td>$1,000</td>
<td></td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td>$203,389</td>
<td></td>
</tr>
<tr>
<td>Grant Term</td>
<td>1 Year</td>
<td></td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td>$203,389</td>
<td></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Behavioral Health...</td>
<td>10/15/2015</td>
<td>$190,000</td>
</tr>
</tbody>
</table>

Total Value of Cash Commitments: $0

Total Value of In-Kind Commitments: $190,000

Total Value of All Commitments: $190,000
Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment: Behavioral Health Care Services
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 10/15/2015

6. Value of Written Commitment: $190,000
6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$434,652</td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016

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09/12/2016
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>Supportive Services</td>
<td>$203,389</td>
</tr>
<tr>
<td>4.</td>
<td>Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5.</td>
<td>HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6.</td>
<td>Sub-total Costs Requested</td>
<td>$638,041</td>
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<tr>
<td>7.</td>
<td>Admin (Up to 10%)</td>
<td>$40,594</td>
</tr>
<tr>
<td>8.</td>
<td>Total Assistance plus Admin Requested</td>
<td>$678,635</td>
</tr>
<tr>
<td>9.</td>
<td>Cash Match</td>
<td>$0</td>
</tr>
<tr>
<td>10.</td>
<td>In-Kind Match</td>
<td>$190,000</td>
</tr>
<tr>
<td>11.</td>
<td>Total Match</td>
<td>$190,000</td>
</tr>
<tr>
<td>12.</td>
<td>Total Budget</td>
<td>$868,635</td>
</tr>
</tbody>
</table>
Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>Bonita House Abod...</td>
<td>09/08/2016</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: Bonita House Abode 501c3

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official**

Linda Gardner

**Date:** 09/08/2016

**Title:** Housing Director

**Applicant Organization:** Alameda County

**PHA Number (For PHA Applicants Only):**

I certify that I have been duly authorized by the applicant to submit this Applicant [X]

---

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Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
# 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. Application Details</td>
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<tr>
<td>1D. Congressional District(s)</td>
<td>08/11/2016</td>
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<tr>
<td>1E. Compliance</td>
<td>08/11/2016</td>
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<tr>
<td>1F. Declaration</td>
<td>08/11/2016</td>
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<tr>
<td>2A. Subrecipients</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>2B. Recipient Performance</td>
<td>08/11/2016</td>
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<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>---------------------------------</td>
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<tr>
<td>3A. Project Detail</td>
<td>08/11/2016</td>
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<tr>
<td>3B. Description</td>
<td>09/07/2016</td>
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<td>4A. Services</td>
<td>08/31/2016</td>
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<td>4B. Housing Type</td>
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<td>5B. Subpopulations</td>
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<td>5C. Outreach</td>
<td>08/11/2016</td>
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<tr>
<td>6A. Funding Request</td>
<td>08/31/2016</td>
</tr>
<tr>
<td>6D. Rental Assistance</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>6H. Match</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>6I. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>09/08/2016</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>09/08/2016</td>
</tr>
</tbody>
</table>
Dear Sir or Madam:

This is in response to your telephone request of January 29, 2003, regarding your organization’s tax-exempt status.

Our records indicate that a determination letter issued in December 1971 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(2).

This classification was based on the assumption that your organization’s operations would continue as stated in the application. If your organization’s sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization’s annual accounting period. The law imposes a penalty of $20 a day, up to a maximum of $10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.
Employer Identification Number: 94-3087060
Person to Contact: Barb Herald
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of June 11, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in November 1989, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(03) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Requests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Cindy Westcott
Manager, EO Determinations
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.
Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.
Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps.guides/coc-program-competition-resources/

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
   If "Revision", select appropriate letter(s):
   If "Other", specify:
   3. Date Received: 08/31/2016
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: CA0090L9T021508
   (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number
   X
6. Date Received by State:
7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

8. Applicant
   a. Legal Name: Women's Daytime Drop-In Center
   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3123986

   c. Organizational DUNS: 828075838  PLUS 4

   d. Address
      Street 1: 2218 Acton Street
      Street 2: N/A
      City: Berkeley
      County: Alameda
      State: California
      Country: United States
      Zip / Postal Code: 94702

   e. Organizational Unit (optional)
      Department Name: N/A
      Division Name: N/A

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mrs.
First Name: Jennifer  
Middle Name:  
Last Name: Dow Rowell  
Suffix:  
Title: Executive Director  
Organizational Affiliation: Women's Daytime Drop-In Center  
Telephone Number: (510) 548-2884  
Extension: N/A  
Fax Number: (510) 528-1852  
Email: jennifer@womensdropin.org
1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile” training document on the HUD Exchange.

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

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance

   Title: CoC Program

   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25

   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

   Title:
1D. Congressional District(s)

Instructions:
- Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.
- Descriptive Title of Applicant’s Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.
- Congressional District(s):
  a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.
  b. Project: This field is required. Select the congressional district(s) in which the project operates.
- Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.
- Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) only): California
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Bridget House Transitional

16. Congressional District(s):
   a. Applicant: CA-013
   (for multiple selections hold CTRL key)
   b. Project: CA-013
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 12/01/2017
   b. End Date: 11/30/2018

18. Estimated Funding ($)

Applicant: Women's Daytime Drop-In Center
Project: Bridget House Transitional

828075838
146216
a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

   If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?
   No

   If "YES," provide an explanation:
1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Jennifer
Middle Name:
Last Name: Dow Rowell
Suffix:
Title: Executive Director

Telephone Number: (510) 548-2884
(Format: 123-456-7890)
Fax Number: (510) 528-1852
(Format: 123-456-7890)
Email: jennifer@womensdropin.org
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.

Date Signed:  08/31/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>This list contains no items</td>
</tr>
</tbody>
</table>
2B. Recipient Performance

Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No
3A. Project Detail

Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen "1A. Application Type."

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: CA0090L9T021508
(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Bridget House Transitional
4. Project Status: Standard

5. Component Type: TH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.

- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.

- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.

- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.

- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on...
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

1. Provide a description that addresses the entire scope of the proposed project.

Bridget Transitional House provides a supportive home environment and intensive case management for four single parent mothers, each with one or two children, in a lovely home in West Berkeley.

Each family, in addition to being homeless, is also working on recovery from substance abuse or domestic violence. The Bridget Transitional House program has been designed to assist the families to transition to stable permanent housing, to increase each mother’s marketable skills and to increase family income, and to help the families learn important life skills so that they may successfully re-integrate into the community.

The Bridget House staff assist families in applying for affordable housing opportunities and in developing a plan to find affordable housing. Bridget House is a "housing first" environment meaning we strive to reduce barriers to entry into our program and we making finding permanent housing the focal point of our work. Each mother works with the case manager to create an individual "action plan" which addresses personal areas of challenge, not only for housing stability, but also for employment, education or training, physical health, mental health, substance abuse, parenting skills, income management and budgeting. The plan includes accessing mainstream community resources for health and
human services, education, recreation and other needed services. Graduates from Bridget House are prepared to provide a stable and healthy home for their children.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Veterans</td>
<td>Substance Abuse</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td>Mental Illness</td>
<td></td>
</tr>
<tr>
<td>Families with Children</td>
<td>HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other (Click 'Save' to update)

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th>Having too little or little income</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Active or history of substance abuse</th>
<th>Active or history of substance abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Having a criminal record with exceptions for state-mandated restrictions</th>
<th>Having a criminal record with exceptions for state-mandated restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)</th>
<th>History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>None of the above</th>
<th>None of the above</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Failure to participate in supportive services</th>
<th>Failure to participate in supportive services</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>x</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>x</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>x</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found in the project's geographic area.</td>
<td>x</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach? Yes

4. Does the project request costs under the rental assistance budget line item? No
4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>Annually</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016 Page 19 09/12/2016
2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? **No**

2b. Use of a single application form for four or more mainstream programs? **No**

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? **Yes**

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? **Yes**

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? **No**
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared housing</td>
<td>1</td>
<td>12</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Total Units: 1
Total Beds: 12
Total Youth Beds: 0
## 4B. Housing Type and Location Detail

### Instructions:

**ALL PROJECTS EXCEPT HMIS**

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

**PH-PSH PROJECTS ONLY**

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

**ALL PROJECTS EXCEPT HMIS**

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snapsguides/coc-program-competition-resources/
1. Housing Type:  Shared housing

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units:  1
   b. Beds:  12

3. Beds for Youth
   a. How many of the total beds entered in "2b. Beds" are dedicated to the youth?  0

4. Address:
   Street 1:  2213 Byron Street
   Street 2:
   City: Berkeley
   State: California
   ZIP Code: 94702

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)
   060324 Berkeley
### 5A. Project Participants - Households

**Instructions:**

**ALL PROJECTS EXCEPT HMIS**

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

- **Households with at least One Adult and One Child:** Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

- **Adult Households without Children:** Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

- **Households with Only Children:** Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

- **Persons in Households with at least One Adult and One Child:** Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

- **Adult Persons in Households without Children:** Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

- **Persons in Households with Only Children:** Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

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

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Project Application FY2016</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Adults over age 24</td>
<td>Adults ages 18-24</td>
<td>Accompanied Children under age 18</td>
<td>Unaccompanied Children under age 18</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------------</td>
<td>-------------------</td>
<td>-----------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>8</td>
<td>0</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
**5B. Project Participants - Subpopulations**

**Instructions:**

**ALL PROJECTS EXCEPT HMIS**

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the HUD Resource Exchange: [https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/](https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severe Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
## Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

## Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>40%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>33%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td></td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td>27%</td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td></td>
<td>Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (TH and SSO projects only)</td>
</tr>
<tr>
<td></td>
<td>Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Do any of the properties in this project have an active restrictive covenant? Yes

Applicant: Women's Daytime Drop-In Center
Project: Bridget House Transitional

Renewal Project Application FY2016 Page 29 09/12/2016
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation?  No

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

5. Renewal Grant Term:  1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Supportive Services  X
   - Operations  X
   - HMIS
6E. 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 “1 FTE” 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. 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. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>0.83 FTE @ $21.05/hr</td>
<td>$36,245</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td>0.34 FTE @ 16.37/hr</td>
<td>$11,700</td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td>4 families recruited annually</td>
<td>$1,020</td>
</tr>
</tbody>
</table>

Applicant: Women's Daytime Drop-In Center
Project: Bridget House Transitional

828075838

146216

09/12/2016
| 14. Substance Abuse Treatment Services |  |
| 15. Transportation |  |
| 16. Utility Deposits |  |
| 17. Operating Costs | $0 |

Total Annual Assistance Requested: $48,965

Grant Term: 1 Year

Total Request for Grant Term: $48,965

Click the 'Save' button to automatically calculate totals.
6F. Operating Budget

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g., .75 FTE hours and benefits for staff, utility types, and monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW

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

Are you requesting a 15 year renewal per the FY2016 CoC Program NOFA? This request is only available for Operating Costs budget line items in projects in which the applicant owns the building and needs to provide maintenance. Only 1 year of funding is allowed according to the relevant section of the FY 2016 CoC Program Competition NOFA.

Grant term: This field is populated with the value “1 Year” 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 Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintenance/Repair</td>
<td>house, appliance, garden maintenance</td>
<td>$1,800</td>
</tr>
<tr>
<td>2. Property Taxes and Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Replacement Reserve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Building Security</td>
<td>.32 FTE evening security staff @$16.37/hr. + benefits</td>
<td>$11,226</td>
</tr>
<tr>
<td>5. Electricity, Gas, and Water</td>
<td>$208/mo. gas, electricity, water, phone</td>
<td>$2,500</td>
</tr>
<tr>
<td>6. Furniture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Equipment (lease, buy)</td>
<td>Alarm system, house and office supplies</td>
<td>$1,200</td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td></td>
<td>$16,726</td>
</tr>
</tbody>
</table>

Grant Term

1 Year

Applicant: Women's Daytime Drop-In Center
Project: Bridget House Transitional

09/12/2016
Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for projects with operating costs and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>City of Berkeley</td>
<td>10/09/2015</td>
<td>$30,777</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>City of Berkeley</td>
<td>10/09/2015</td>
<td>$28,000</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Red Oak Realty RO...</td>
<td>12/31/2014</td>
<td>$3,000</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Community Donations</td>
<td>10/21/2015</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

Total Value of Cash Commitments: $35,777

Total Value of In-Kind Commitments: $28,000

Total Value of All Commitments: $63,777
Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: City of Berkeley
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 10/09/2015
6. Value of Written Commitment: $30,777
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Government
4. Name the Source of the Commitment: City of Berkeley
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 10/09/2015
6. Value of Written Commitment: $28,000

Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field
that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

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: Red Oak Realty ROOF Foundation
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 12/31/2014
6. Value of Written Commitment: $3,000

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The
Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/s screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

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: Community Donations
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 10/21/2015
6. Value of Written Commitment: $2,000
6l. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%)."

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year (Grant Term (Applicant))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
</tbody>
</table>

Applicant: Women's Daytime Drop-In Center
Project: Bridget House Transitional

Renewal Project Application FY2016

Page 40

09/12/2016
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Supportive Services</td>
<td>$48,965</td>
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<tr>
<td>4</td>
<td>Operating</td>
<td>$16,726</td>
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<tr>
<td>5</td>
<td>HMIS</td>
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<tr>
<td>6</td>
<td>Sub-total Costs Requested</td>
<td>$65,691</td>
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<tr>
<td>7</td>
<td>Admin (Up to 10%)</td>
<td>$4,598</td>
</tr>
<tr>
<td>8</td>
<td>Total Assistance plus Admin Requested</td>
<td>$70,289</td>
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<tr>
<td>9</td>
<td>Cash Match</td>
<td>$35,777</td>
</tr>
<tr>
<td>10</td>
<td>In-Kind Match</td>
<td>$28,000</td>
</tr>
<tr>
<td>11</td>
<td>Total Match</td>
<td>$63,777</td>
</tr>
<tr>
<td>12</td>
<td>Total Budget</td>
<td>$134,066</td>
</tr>
</tbody>
</table>
7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

<table>
<thead>
<tr>
<th>Document Type</th>
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<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
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<td></td>
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<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>2015 Match Documents</td>
<td>10/22/2015</td>
</tr>
<tr>
<td>3) Other Attachment</td>
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<td>2015 Leverage Doc...</td>
<td>10/22/2015</td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description: 2015 Match Documents

Attachment Details

Document Description: 2015 Leverage Documents
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official**  Jennifer Dow Rowell  
**Date:**  08/31/2016  
**Title:**  Executive Director  
**Applicant Organization:**  Women’s Daytime Drop-In Center  

**PHA Number (For PHA Applicants Only):**

I certify that I have been duly authorized by the applicant to submit this Applicant  X
Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
8B Submission Summary

<table>
<thead>
<tr>
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<tr>
<td>1A. Application Type</td>
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<td>1C. Application Details</td>
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<td>1E. Compliance</td>
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<td>1F. Declaration</td>
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<td>Section</td>
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<tr>
<td>------------------------------</td>
<td>------------</td>
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<tr>
<td>3B. Description</td>
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<td>4A. Services</td>
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<td>5C. Outreach</td>
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<td>6A. Funding Request</td>
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<td>6F. Operating</td>
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<td>6H. Match</td>
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<td>6I. Summary Budget</td>
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<tr>
<td>7A. Attachment(s)</td>
<td>08/16/2016</td>
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<tr>
<td>7B. Certification</td>
<td>08/16/2016</td>
</tr>
</tbody>
</table>
October 9, 2015

To: U.S. Department of Housing and Urban Development

Subject: City of Berkeley Funding for Women’s Daytime Drop-In Center

To Whom it May Concern:

The Women’s Daytime Drop-In Center (WDDC) is renewing its HUD SHP Grant (No. CA0090L9T0205) for Bridget Transitional House to continue services provided to low-income families with children. The City of Berkeley provides WDDC general fund and in-kind contributions during the grant year. The services are valued at the following amount for each of the corresponding grants.

City of Berkeley General Fund $30,777
City of Berkeley In-Kind Contribution (use of site) $28,000
Total Amount $58,777

Sincerely,

[Signature]
Kelly Wallace
Interim Director
October 21, 2015

To: U.S Department of Housing and Urban Development

Subject: Community Donations for Women’s Daytime Drop-In Center/Bridget House

To Whom it May Concern:

The Women’s Daytime Drop-In Center is renewing its HUD SHP grant for Bridget Transitional House to continue providing services to low income families with children. The Women’s Daytime Drop-In Center agrees to commit $2,000 from its community donations to support Bridget Transitional House.

Sincerely,

Jennifer Dobb-Rowell
Executive Director
RED OAK OPPORTUNITY FOUNDATION
1891 SOLANO AVENUE
BERKELEY, CA 94707
(510) 527-3307

PAY TO THE
ORDER OF

Women's Daytime Drop-in Center

Three Thousand and 00/100 $ 3,000.00

Women's Daytime Drop-in Center
P O Box 11612
Berkeley, CA 94712

MEMO
2014 ROOF Grant

12/31/14

PRESIDIO
RANK
East Bay Regional Office
5001 Keller Rd
Emeryville, CA 94608
(510) 649-3016

DOLLARS

Security Feature: Visible on back.
October 21, 2015

To Whom it May Concern

Rubicon strongly supports Bridget Transitional House Renewal Project sponsored by the Women’s Daytime Drop-In Center as part of Alameda County’s efforts to reduce and end homelessness.

Bridget Transitional house provides vital transitional housing and support services for four single parent families who are recovering from substance abuse and/or domestic violence. The goal of the program is to assist participating families to move to permanent housing and to settle into the community with improved life skills.

To that end, as an employment readiness and housing program, Rubicon Programs agrees to commit resources to Bridget House sponsored by the Women’s Daytime Drop-In Center as the grantee. Rubicon will offer workshops and services for Bridget House residents on topics such as employment readiness, financial services, and housing assistance as well as providing information about supportive services and resources. Additionally, Bridget House participants may register with Rubicon’s career center to gain full access to employment resources such as phones, computers, fax and copy machines as well as internet access for job search, resume workshops and access to individualized employment and training services through a WIA program.

Rubicon resources committed are valued at 3,620.80 per person and the total for services provided to six woman annually is $21,725.

These resources will be available to the project when the project is under contract with HUD and available for one year.

Sincerely,

Jane Fischberg
President and Executive Director
October 7, 2015

To Whom It May Concern

Building Futures with Women and Children is in support of the Women’s Daytime Drop-In Center’s Bridget House Transitional Program on behalf of the countywide efforts to reduce and end homelessness. Bridget House provides six months of housing for families in order to renew, restore and transform the lives of women and children struggling with homelessness, domestic violence and addiction.

To that end, Building Futures agrees to commit resources to Bridget House and to Women’s Daytime Drop-In Center as the grantee. The specific resources being contributed include:

- 40 Hour Domestic Violence Training for staff members valued at $5,000.
- Shelter for women and children valued at $25,000.
- Domestic Violence Services valued at $15,000.

These resources will be available to the project when the project is under contract with HUD and available for one year.

Sincerely,

Liz Varela
Executive Director
October 8, 2015

To Whom it May Concern:

BOSS is writing this letter in support of the Women’s Daytime Drop-In Center’s Supportive Housing Program application for Bridget Transitional House. This project provides much needed transitional housing services for 4 homeless women and their children who are overcoming the additional obstacles of domestic violence or substance abuse.

BOSS commits to making housing services, benefits advocacy, payee services and other relevant supportive services as leveraging resources to participants of Bridget Transitional House. These services are valued at $30,000 annually and will be available for one year, beginning December 1, 2016-November 30, 2017.

Sincerely

[Signature]

Donald Frazier
Executive Director
October 13, 2015

United States Department of Housing and Urban Development
Washington DC 20410-7000

Subject: Women’s Daytime Drop-In Center

I am writing in support of the Women’s Daytime Drop-In Center’s Bridget Transitional House. This project provides critical transitional housing services for homeless women and their children, who are overcoming the additional obstacles of domestic violence, mental health problems and/or substance abuse.

Berkeley Mental Health plans to provide on-going mental health services to clients of the Women’s Daytime Drop-In Center and Transitional House residents. For this grant submittal, Berkeley Mental Health will provide leveraged services valued at approximately $180,040.80 a year for at least one year beginning December 1, 2016 through November 30 2017. The cost of services is based on the following:

- Crisis Intervention: 3 hours per year at $309.60 per hour = $928.80 ($928.00 per year)
- Medication Support: 10 hours per month at $545.40 per hour = $5454.00 ($65,448.00 per year)
- Mental Health Services: 10 hours per month at $286.80 per hour = $2860.00 ($34,320.00 per year)

A Vibrant and Healthy Berkeley for All

2640 Martin Luther King Jr. Way, Berkeley, CA 94704 Tel: 510.981.5290 TDD: 510.981.5270 Fax: 510.981.5265
E-mail: mentalhealth@cityofberkeley.info - http://www.cityofberkeley.info/health/
United States Department of Housing and Urban Development  
RE: Women's Daytime Drop-In Center  
10/13/15  
Page 2 of 2

Case Management Services: 20 hours per month at $330.60 per hour = $6612 ($79,344 per year)

Sincerely,

[Signature]

Steven Grolnic-McClurg, Manager  
Mental Health Division
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snapsguides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission: Application
2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/18/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: CA0093L9T021508
(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number X

6. Date Received by State:

7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant
   a. Legal Name: The City of Oakland
   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000384
   c. Organizational DUNS: 137137977
   d. Address
      Street 1: 150 Frank H. Ogawa Plaza, Suite 4340
      City: Oakland
      County: Alameda
      State: California
      Country: United States
      Zip / Postal Code: 94612
   e. Organizational Unit (optional)
      Department Name: Human Services Department
      Division Name: Community Housing Services Div
   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Ms.
First Name: Susan
Middle Name: R.
Last Name: Shelton
Suffix:
Title: Manager, Community Housing Services Division
Organizational Affiliation: The City of Oakland
Telephone Number: (510) 986-2721
Extension:
Fax Number: (510) 238-3661
Email: srshelton@oaklandnet.com
1C. Application Details

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

9. Type of Applicant: C. City or Township Government
If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
    Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant’s Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) only):
   (for multiple selections hold CTRL key)
   California

15. Descriptive Title of Applicant’s Project:
   Families in Transition

16. Congressional District(s):
   a. Applicant: CA-013
   (for multiple selections hold CTRL key)
   b. Project: CA-013
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 04/01/2017
   b. End Date: 03/31/2018

18. Estimated Funding ($)
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1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:
1F. Declaration

Instructions:
The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Mrs.
First Name: Sara
Middle Name:
Last Name: Bedford
Suffix:
Title: Director - Department of Human Services
Telephone Number: (510) 238-6112
(Format: 123-456-7890)
Fax Number: (510) 238-2157
(Format: 123-456-7890)
Email: SBedford@oaklandnet.com
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  08/18/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

**Total Expected Sub-Awards:** $241,644

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Oakland Community Project</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$241,644</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

Instructions:
Enter the contact information for the person designated by the subrecipient who has the
authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will
serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best
describes the subrecipient. Nonprofit applicant types (both public and private) are required to
submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling
showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3)
Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state
official showing that the applicant is organized and in good standing as a public nonprofit
organization.

If Other, please specify: Enter the other type of business organization that best describes the
subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer
Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4
number received from Dun and Bradstreet. Information on obtaining a DUNS number may be

Physical Address: Enter the street address, city, state, and zip code (required); county,
province, and country (optional). If the mailing address is different from the street address, enter
the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which
the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a
faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the
subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and
suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other
than the subrecipient. Enter the person’s telephone number and email (required); alternate
number, extension, and fax number (optional).

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

a. Organization Name: East Oakland Community Project

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

If "Other" specify:
c. Employer or Tax Identification Number: 94-3078181

<table>
<thead>
<tr>
<th></th>
<th>847360567</th>
<th>PLUS 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>d. Organizational DUNS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

e. Physical Address
- Street 1: 7515 International Blvd.
- Street 2: 
  - City: Oakland
  - State: California
  - Zip Code: 94621

f. Congressional District(s): CA-013
   (for multiple selections hold CTRL key)

### g. Is the subrecipient a Faith-Based Organization?
- No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?
- Yes

i. Expected Sub-Award Amount: $241,644

j. Contact Person
   - Prefix: Ms.
   - First Name: Wendy
   - Middle Name: U.
   - Last Name: Jackson
   - Suffix:
   - Title: Executive Director
   - E-mail Address: wendyujackson@gmail.com
   - Confirm E-mail Address: wendyujackson@gmail.com
   - Phone Number: 510-746-3602
   - Extension:
   - Fax Number: 510-532-2112
Documentation of the subrecipient's nonprofit status is required with the submission of this application.
2B. Recipient Performance

Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If “Yes” is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If “No,” is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If “Yes,” is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No
3A. Project Detail

Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select “Yes” or “No” to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: CA0093L9T021508
   (e.g., the “Federal Award Identifier” indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Families in Transition
4. Project Status: Standard

5. Component Type: TH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?:This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

1. Provide a description that addresses the entire scope of the proposed project.

The Families in Transition (FIT) Scattered Sites Program serves literally homeless families with dependent children in nine (9) single-family homes and apartments in Oakland, California.

The City of Oakland contracts with East Oakland Community Project (EOCP) to operate the FIT program. The FIT program has changed its program design to operates as an Interim Housing model with the primary goal to assist families in securing and maintaining residency in permanent housing within six to nine months. The hallmarks of the Interim Housing model are that participants enter directly from the streets with no barriers or pre-conditions, participants have a short length of stay, and all services are focused on quickly re-housing the person in the community. A Housing Placement Specialist assists each client with developing a housing plan, finding permanent housing, and obtaining adequate employment income and/or enrollment into mainstream benefits. The FIT program provides a case management driven program offering educational/vocational support, relapse prevention support, mental health support and counseling, parenting skills training, and money management/financial literacy training. Currently the length of stay is approximately 8 months and the program is implementing strategies to reduce this amount of time in an effort to service more families.
Since November 2015, clients have been exclusively referred to FIT via a Family Coordinated Entry pilot program known as the Family Front Door (FFD). The FFD assesses and prioritizes literally homeless families for services and using a low barrier, housing first approach, refers families to Interim Housing/Transitional Housing who have high levels of need and would benefit from the intensive level of service delivery that is provided in an Interim Housing/ Transitional Housing program. These clients typically have experienced more incidences of homelessness in their lives and are often adversely impacted by multiple barriers which have prevented them from achieving housing stability in the past.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other (Click 'Save' to update)

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active or history of substance abuse</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)</td>
<td>X</td>
</tr>
</tbody>
</table>
**3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>✗</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>✗</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>✗</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>✗</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found in the project's geographic area.</td>
<td>✗</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

**3d. Does the project follow a "Housing First" approach?**  Yes

**4. Does the project request costs under the rental assistance budget line item?**  No
4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.
- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.
  Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:
- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:
  - Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Education Services</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016

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09/12/2016
2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single family homes/townhou...</td>
<td>1</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single family homes/townhou...</td>
<td>4</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single family homes/townhou...</td>
<td>2</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single family homes/townhou...</td>
<td>1</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single family homes/townhou...</td>
<td>1</td>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Units: 9
Total Beds: 32
Total Youth Beds: 23
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter the total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the project’s grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 1
   b. Beds: 4

3. Beds for Youth
   a. How many of the total beds entered in "2b. Beds" are dedicated to the youth? 3

4. Address:
   Street 1: 173 Hunter Avenue
   Street 2: 
   City: Oakland
   State: California
   ZIP Code: 94603

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   062508 Oakland

4B. Housing Type and Location Detail

Instructions:
ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.
PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless:
This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 4
   b. Beds: 12

3. Beds for Youth
   a. How many of the total beds entered in "2b. Beds" are dedicated to the youth? 8

4. Address:
5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)

062508 Oakland

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”
How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 2
   b. Beds: 8

3. Beds for Youth
   a. How many of the total beds entered in "2b. Beds" are dedicated to the youth? 6

4. Address:
   Street 1: 2400 Church/6850 Halliday
   Street 2:
     City: Oakland
     State: California
     ZIP Code: 94605

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
     062508 Oakland

4B. Housing Type and Location Detail


**Instructions:**

**ALL PROJECTS EXCEPT HMIS**

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

**PH-PSH PROJECTS ONLY**

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

**ALL PROJECTS EXCEPT HMIS**

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. **Housing Type:** Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 1
   b. Beds: 4

3. **Beds for Youth**
   a. How many of the total beds entered in "2b. Beds" are dedicated to the youth? 3

4. **Address:**
   - Street 1: 3501 Adeline Street
   - Street 2:
     - City: Oakland
     - State: California
     - ZIP Code: 94608

5. **Select the geographic area(s) associated with the address:**
   (for multiple selections hold CTRL Key)
   062508 Oakland

### 4B. Housing Type and Location Detail

**Instructions:**

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.
How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless:
This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the project’s grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 1
   b. Beds: 4

3. Beds for Youth
   a. How many of the total beds entered in "2b. Beds" are dedicated to the youth? 3

4. Address:
   Street 1: 1936 84th Avenue
Street 2:
  City: Oakland
  State: California
  ZIP Code: 94621

5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)
062508 Oakland
5A. Project Participants - Households

**Instructions:**

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

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

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Applicants Over Age 24</td>
<td>Applicants Ages 18-24</td>
<td>Applicants Accompanied Children Under Age 18</td>
<td>Applicants Unaccompanied Children Under Age 18</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>------------------------</td>
<td>-----------------------</td>
<td>---------------------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Adults over age 24</td>
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<tr>
<td>Adults ages 18-24</td>
<td>6</td>
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</tr>
<tr>
<td>Accompanied Children under 18</td>
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</tr>
<tr>
<td>Unaccompanied Children under 18</td>
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<td>0</td>
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<tr>
<td>Total Persons</td>
<td>41</td>
<td>0</td>
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</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

Instructions:
ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has
been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity
according to their age group, disability status, and the extent in which persons served fit into one
or more of the subpopulation categories. The numbers here are intended to reflect a single point
in time at maximum capacity and not the number served over the course of a year or grant term.
Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in
households with at least one adult and one child. To be listed on this chart, a person must be
part of a household with at least one person at or above the age of 18, and at least one person
under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without
children. To be listed on this chart, a person must be part of a household with at least one
person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only
children. To be listed on this chart, a person must be part of a household with no persons at or
above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save”
button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a
number greater than 0 is entered into the column “Persons not represented by listed
subpopulations.” Enter text that describes the person(s) identified in this column and explains
how they do not fall under the other categories in columns 1 through 9.

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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>5</td>
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<tr>
<td>Adults ages 18-24</td>
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<td>Children under age 18</td>
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<td>3</td>
<td>15</td>
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</tbody>
</table>

Click Save to automatically calculate totals
### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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</tr>
</tbody>
</table>

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Development Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under 18</td>
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<td>0</td>
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<td>0</td>
<td>0</td>
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<td>0</td>
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</tr>
</tbody>
</table>

**Describe the unlisted subpopulations referred to above:**

The 15 children under 18 listed above do not fit in any of the sub-population categories listed above.
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>10%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td>0%</td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td>0%</td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td>0%</td>
<td>Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (TH and SSO projects only)</td>
</tr>
<tr>
<td>0%</td>
<td>Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)</td>
</tr>
<tr>
<td>0%</td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:

- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation?  No

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

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Supportive Services X
   - Operations X
   - HMIS
6E. 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 “1 FTE” 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. 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. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based on 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 Resource Exchange: https://www.hudexchange.info/e-snaps.guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td>0.39 FTE client services director @ $57,000 base salary + $6,530 FB = $28,760</td>
<td>$28,760</td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>3. Case Management</td>
<td>0.34 FTE family case manager @ $42,000 base salary + $4,141 FB; 0.30 FTE mental health case manager @ $44,000 base salary + $4,215 FB = $17,415</td>
<td>$35,836</td>
</tr>
<tr>
<td>4. Child Care</td>
<td>Formula is $30/per hour x 7 hours per month x 12 months = $2,520; however, only requesting $2,400 from HUD. Child care provided to families during parenting support group and life skills classes.</td>
<td>$2,400</td>
</tr>
<tr>
<td>5. Education Services</td>
<td>covers the cost of annual subscription to on-line career assessment tool - Eureka. Used to ensure appropriate career assessment is completed</td>
<td>$3,683</td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td>0.62 FTE client empowerment specialist @ $45,000 base salary + $6,729 FB = $34,629</td>
<td>$34,629</td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td>0.62 FTE housing placement specialist @ $33,000 base salary + $3,714 FB = $24,174</td>
<td>$24,174</td>
</tr>
</tbody>
</table>

Applicant: City of Oakland
Project: Families in Transition

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## 9. Legal Services

$0

## 10. Life Skills

$0

## 11. Mental Health Services

Clinical consultant for weekly case conference with families @ $70/session x 46 sessions

$3,200

## 12. Outpatient Health Services

$0

## 13. Outreach Services

$0

## 14. Substance Abuse Treatment Services

$0

## 15. Transportation

Client transportation and staff travel to visit scattered sites

$2,500

## 16. Utility Deposits

Utility assistance for families moving into scattered TH sites

$17,480

## 17. Operating Costs

$0

**Total Annual Assistance Requested**

$152,662

**Grant Term**

1 Year

**Total Request for Grant Term**

$152,662

---

Click the 'Save' button to automatically calculate totals.
### Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g., .75 FTE hours and benefits for staff, utility types, and monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW

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

Are you requesting a 15 year renewal per the FY2016 CoC Program NOFA? This request is only available for Operating Costs budget line items in projects in which the applicant owns the building and needs to provide maintenance. Only 1 year of funding is allowed according to the relevant section of the FY 2016 CoC Program Competition NOFA.

Grant term: This field is populated with the value “1 Year” 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

---

**A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.**

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintenance/Repair</td>
<td>0.28 FTE facilities manager @ $59,583 base salary + $4,838 FB = $18,038; 0.41 FTE maintenance worker @ $40,000 base salary + $4,756 FB = $18,350; $16,117 in estimated maintenance supplies and/or repair costs for 9 sites</td>
<td>$52,505</td>
</tr>
<tr>
<td>2. Property Taxes and Insurance</td>
<td>annual insurance costs for 9 sites</td>
<td>$4,475</td>
</tr>
<tr>
<td>3. Replacement Reserve</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>4. Building Security</td>
<td>0.18 FTE building security manager @ $55,000 base salary + $2,876 FB = $11,876 to monitor 9 scattered sites</td>
<td>$11,876</td>
</tr>
<tr>
<td>5. Electricity, Gas, and Water</td>
<td>utility costs for program</td>
<td>$5,485</td>
</tr>
<tr>
<td>6. Furniture</td>
<td>replacement furniture for families moving into the FIT TH program sites</td>
<td>$4,270</td>
</tr>
</tbody>
</table>

Applicant: City of Oakland
Project: Families in Transition

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### Equipment (lease, buy)

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>copier + telephone leases</td>
<td></td>
<td>$2,200</td>
</tr>
</tbody>
</table>

**Total Annual Assistance Requested**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Term</td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td>$80,811</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for projects with operating costs and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.

---

**Applicant:** City of Oakland

**Project:** Families in Transition

**Grant No:** 137137977

**Project ID:** MC-144869

---

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6H. 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.

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>City of Oakland</td>
<td>08/12/2016</td>
<td>$133,000</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>East Oakland Comm...</td>
<td>08/12/2016</td>
<td>$25,915</td>
</tr>
</tbody>
</table>
Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: City of Oakland (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/12/2016
6. Value of Written Commitment: $133,000
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

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: East Oakland Community Project (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/12/2016

6. Value of Written Commitment: $25,915
6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).” Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
</tbody>
</table>

Applicant: City of Oakland
Project: Families in Transition
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Supportive Services</td>
<td>$152,662</td>
</tr>
<tr>
<td>4</td>
<td>Operating</td>
<td>$80,811</td>
</tr>
<tr>
<td>5</td>
<td>HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6</td>
<td>Sub-total Costs Requested</td>
<td>$233,473</td>
</tr>
<tr>
<td>7</td>
<td>Admin</td>
<td>$16,342</td>
</tr>
<tr>
<td>8</td>
<td>Total Assistance plus Admin Requested</td>
<td>$249,815</td>
</tr>
<tr>
<td>9</td>
<td>Cash Match</td>
<td>$158,915</td>
</tr>
<tr>
<td>10</td>
<td>In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11</td>
<td>Total Match</td>
<td>$158,915</td>
</tr>
<tr>
<td>12</td>
<td>Total Budget</td>
<td>$408,730</td>
</tr>
</tbody>
</table>

**Applicant:** City of Oakland  
**Project:** Families in Transition  
**137137977**  
**144869**
7A. Attachment(s)

**Instructions:**

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant’s application for funding is consistent with the jurisdiction’s HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>East Oakland Comm...</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: East Oakland Community Project 501 (c) (3)

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official**

Sara Bedford

**Date:** 08/18/2016

**Title:** Director - Department of Human Services

**Applicant Organization:** The City of Oakland

**PHA Number (For PHA Applicants Only):**

I certify that I have been duly authorized by the applicant to submit this Applicant

X
Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. Congressional District(s)</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>1E. Compliance</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>1F. Declaration</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>08/12/2016</td>
</tr>
<tr>
<td>2B. Recipient Performance</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>Section</td>
<td>Date</td>
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</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/17/2016</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>08/09/2016</td>
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<tr>
<td>5C. Outreach</td>
<td>08/10/2016</td>
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<tr>
<td>6A. Funding Request</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>6F. Operating</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>6H. Match</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>6I. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/18/2016</td>
</tr>
</tbody>
</table>
Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

Richard R. Orosco
District Director

Letter 1050 (DO/CG)
Dear Taxpayer:

This is in response to your request of July 23, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in March 1994, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
If "Revision", select appropriate letter(s):
If "Other", specify:
3. Date Received: 08/29/2016
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: CA0122L9T021508
   (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number
   X

6. Date Received by State:
7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant
a. Legal Name: LifeLong Medical Care

b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2502308

c. Organizational DUNS: 177726908

PLUS 4

d. Address
Street 1: 2344 6th Street
Street 2:
City: Berkeley
County:
State: California
Country: United States
Zip / Postal Code: 94710

e. Organizational Unit (optional)
Department Name: Supportive Housing Program
Division Name: n/a

f. Name and contact information of person to be contacted on matters involving this application
Prefix: Ms.
First Name: Nance
Middle Name:
Last Name: Rosencranz
Suffix:
Title: Director of Strategic Planning
Organizational Affiliation: LifeLong Medical Care
Telephone Number: (510) 981-4137
Extension:
Fax Number: (510) 981-4191
Email: nrosencranz@lifelongmedical.org
1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

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

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Health, Housing and Integrated Services Network

16. Congressional District(s):

a. Applicant: CA-013
(for multiple selections hold CTRL key)

b. Project: CA-013
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2017

b. End Date: 06/30/2018

18. Estimated Funding ($)
Applicant: LifeLong Medical Care
Project: Health, Housing and Integrated Services Network

a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:
1E. Compliance

Instructions:

19. Is the Application Subject to Review By State Executive Order 12372 Process?

If "YES", enter the date this application was made available to the State for review:

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

20. Is the Applicant delinquent on any Federal debt?

No

If "YES," provide an explanation:

---

Applicant: LifeLong Medical Care
Project: Health, Housing and Integrated Services Network
1F. Declaration

Instructions:
The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative
Prefix: Ms.
First Name: Brenda
Middle Name:
Last Name: Goldstein
Suffix:
Title: Psychosocial Services Director
Telephone Number: (510) 981-4136
(Format: 123-456-7890)
Fax Number: (510) 981-4191
(Format: 123-456-7890)
Email: bgoldstein@lifelongmedical.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/29/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
2B. Recipient Performance

Instructions:
The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No
3A. Project Detail

Instructions:
The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select “Yes” or “No” to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: CA0122L9T021508
(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Health, Housing and Integrated Services Network
4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.)
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type pf SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

1. Provide a description that addresses the entire scope of the proposed project.

The Health, Housing and Integrated Services Network (HHISN) provides supportive services including case management, mental health and primary care to the homeless as well as those living in permanent supportive housing sites. HHISN provides on-site, multidisciplinary support services to tenants living in congregate housing sites (such as SROs) as well as those living in scattered site housing in Berkeley and Oakland, California. Services provided by the HHISN are voluntary and available to all HUD eligible tenants living in these sites. The HHISN does not own or operate any of the housing sites, but collaborates with several nonprofit housing development corporations which create and operate permanent supportive housing in Alameda County. In addition the HHISN collaborates with the Cities of Berkeley and Oakland as well as Alameda County Housing and Community Development to link housing subsidies with supportive services for adults who have been chronically homeless.

Intensive support services are provided to HHISN tenants and include outreach, case management, housing stabilization and eviction prevention, benefits advocacy and money management, medical care, mental health and substance abuse services, community building and social activities and employment/vocational support. The HHISN collaborates with numerous
community based organizations to provide enriched services for enrolled clients in order to support their housing stability and to improve their well being. The HHISN is actively involved in EveryOne Home, the county wide effort to improve access to affordable housing and eliminate homelessness. The HHISN is also involved in collaborations to serve the highest risk/highest cost homeless including those who are frequent users of emergency services and homeless adults being discharged from inpatient hospitalization.

Current sites at which HHISN services are provided include: UA Homes, Erna P. Harris Court, MLK House, the California Hotel, Dellums Apartments, Hamilton, Apartments, Harrison Hotel, Clinton Commons and The Savoy (formerly the Oaks). Scattered site housing is located in both Oakland and Berkeley.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterans</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td>Mental Illness</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Families with Children</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Click 'Save' to update)</td>
<td></td>
</tr>
</tbody>
</table>

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing? Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Active or history of substance abuse</td>
<td></td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td></td>
</tr>
</tbody>
</table>
### History of domestic violence
(e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)

- [x] History of domestic violence

- [ ] None of the above

### 3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>[x]</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>[x]</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>[x]</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>[x]</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found in the project's geographic area.</td>
<td>[x]</td>
</tr>
<tr>
<td>None of the above</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

### 3d. Does the project follow a "Housing First" approach? Yes

### 4. Does the PH project provide PSH or RRH? PSH

### 4a. Does the project request costs under the rental assistance budget line item? No
**4A. Supportive Services for Participants**

**Instructions:**

**ALL PROJECTS EXCEPT HMIS**

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- **Provider**: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- **Frequency**: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

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<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Non-Partner</td>
<td>As needed</td>
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09/12/2016
<table>
<thead>
<tr>
<th>Service</th>
<th>Role</th>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>Daily</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Applicant</td>
<td>Daily</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Applicant</td>
<td>Daily</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Applicant</td>
<td>Daily</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
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<tr>
<td>Single Room Occupancy (SRO)...</td>
<td>34</td>
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<td>0</td>
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<td>11</td>
<td>11</td>
<td>2</td>
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<td>0</td>
<td>2</td>
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<td>Single Room Occupancy (SRO)...</td>
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<td>5</td>
</tr>
<tr>
<td>Single Room Occupancy (SRO)...</td>
<td>21</td>
<td>21</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps-guides/coc-program-competition-resources/
1. Housing Type: Single Room Occupancy (SRO) units

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 34
   b. Beds: 34

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 0
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 34
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 5
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 2

4. Address:
   Street 1: 1040 University Ave.
   Street 2: 
   City: Berkeley
   State: California
   ZIP Code: 94710

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   060324 Berkeley

4B. Housing Type and Location Detail
Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered
apartments, a single complex with multiple addresses may be entered on one detail screen. In
the case of scattered-site apartments, all scattered-site units within a single FMR area may be
entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown
menu. Refer to the Project Application Detailed Instructions for a definition of each Housing
Type.

Indicate the maximum number of units and beds available for project participants at the
selected housing site: This is a required field. Indicate the number of units and beds that will be
served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless:
This is a required field. Enter that total number of beds that are dedicated to the chronically
homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only
be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3,
unless there are no persons within the CoC that meet that criteria. These PSH beds are also
reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated
beds to serve CH families, all beds serving the household should be included in this number. If
none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically
homeless? This is a required field, but it is Auto calculated. The number that is calculated is the
difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically
homeless but will be used to assist the chronically homeless when turnover occurs: This is a
required field. Enter the number of beds that are not dedicated to the chronically homeless but
that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be
incorporated into the projects grant agreement for FY 2016 and represents the minimum number
of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized
for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically
homeless? This is a required field. Use the number of turnover beds that are not dedicated to
the chronically homeless and that you estimated in field c to estimate and enter the number of
those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For
Scattered-site housing, programs should enter the address where the majority of beds are
located or where most beds are located as of the application submission. For scattered-site
apartments or clustered apartments with different addresses, applicants may also choose to
enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the
geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type:  Single Room Occupancy (SRO) units

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units:  12
   b. Beds:  12

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless?  0
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?  12
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?  1
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?  1

4. Address:
   Street 1:  1330 University Ave
   Street 2:  
   City:  Berkeley
   State:  California
   ZIP Code:  94710

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   060324 Berkeley

4B. Housing Type and Location Detail
Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

1. Housing Type: Single Room Occupancy (SRO) units
2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 1
   b. Beds: 1

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 0
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 1
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 0
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 0

4. Address:
   Street 1: 2942 - 2944 Martin Luther King Jr. Way
   Street 2: 
   City: Berkeley
   State: California
   ZIP Code: 94710

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   060324 Berkeley

4B. Housing Type and Location Detail
**Instructions:**

**ALL PROJECTS EXCEPT HMIS**

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

**Housing Type:** This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

**PH-PSH PROJECTS ONLY**

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter the total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

**ALL PROJECTS EXCEPT HMIS**

**Address:** This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

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**1. Housing Type:** Single Room Occupancy (SRO) units
2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 5
   b. Beds: 5

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 0
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 5
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 1
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 1

4. Address:
   Street 1: 720 E 11th St
   Street 2: 
   City: Oakland
   State: California
   ZIP Code: 94606

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   062508 Oakland

4B. Housing Type and Location Detail

Instructions:
ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
3. Beds for the Chronically Homeless

a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 11

b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 0

Auto calculated

c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 2

Turnover beds should not exceed the number of beds not dedicated to the chronically homeless.

d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 2

4. Address:

Street 1: 616 16th St
Street 2: 
City: Oakland
State: California
ZIP Code: 94612

5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)

062508 Oakland

4B. Housing Type and Location Detail
ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
3. Beds for the Chronically Homeless

   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless?
      12

   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?  
      0
      Auto calculated

   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?
      3

      Turnover beds should not exceed the number of beds not dedicated to the chronically homeless.

   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?
      3

4. Address:
   Street 1: 616 16th St
   Street 2: 
   City: Oakland
   State: California
   ZIP Code: 94612

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   062508 Oakland

4B. Housing Type and Location Detail

Instructions:

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A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
a. Units: 38

b. Beds: 38

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 0
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 38
      Auto calculated
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 2
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 2

4. Address:
   Street 1: 1700 Broadway
   Street 2:
   City: Oakland
   State: California
   ZIP Code: 94612

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   062508 Oakland

4B. Housing Type and Location Detail

Instructions:
ALL PROJECTS EXCEPT HMIS
A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

1. Housing Type: Single Room Occupancy (SRO) units

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 35
b. Beds: 35

3. Beds for the Chronically Homeless

a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless?
   0

b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?
   35

Auto calculated

c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?
   3

d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?
   0

4. Address:

Street 1: 510 21st St
Street 2:
City: Oakland
State: California
ZIP Code: 94612

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   062508 Oakland

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In
the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

1. Housing Type: Single Room Occupancy (SRO) units

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

   a. Units: 35
   b. Beds: 35
3. Beds for the Chronically Homeless

a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless?
   0

b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?
   35

Auto calculated

c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?
   2

d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?
   2

4. Address:
   Street 1: 644 14th St
   Street 2: 
   City: Oakland
   State: California
   ZIP Code: 94612

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   062508 Oakland

4B. Housing Type and Location Detail

Instructions:
ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.
Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

1. Housing Type: Single Room Occupancy (SRO) units

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 42
   b. Beds: 42
3. Beds for the Chronically Homeless

a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 0

b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 42

Auto calculated

c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 4

d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 4

4. Address:

Street 1: 1415 Harrison St
Street 2:
City: Oakland
State: California
ZIP Code: 94612

5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)

062508 Oakland

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown
menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

1. Housing Type: Single Room Occupancy (SRO) units

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 19
   b. Beds: 19

3. Beds for the Chronically Homeless
a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 0

b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 19

Auto calculated

c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 2

d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 0

4. Address:
   Street 1: 1424 Jefferson St
   Street 2:
   City: Oakland
   State: California
   ZIP Code: 94612

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)
   062508 Oakland

4B. Housing Type and Location Detail

Instructions:
ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.
Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

1. Housing Type: Single Room Occupancy (SRO) units

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 30
   b. Beds: 30

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in 0
"2b. Beds" are dedicated to the chronically homeless?

b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?  
   30  
   Auto calculated

c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?  
   4

d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?  
   0

4. Address:
   Street 1: 3501 San Pablo Ave
   Street 2:
   City: Oakland
   State: California
   ZIP Code: 94608

5. Select the geographic area(s) associated with the address:  
   (for multiple selections hold CTRL Key)
   062508 Oakland

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.
Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

**PH-PSH PROJECTS ONLY**

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

**ALL PROJECTS EXCEPT HMIS**

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

### 1. Housing Type:
Scattered-site apartments (including efficiencies)

### 2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

| a. Units: | 35 |
| b. Beds:  | 35 |

### 3. Beds for the Chronically Homeless

a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless:

| 0 |

Applicant: LifeLong Medical Care

Project: Health, Housing and Integrated Services Network
b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?
Auto calculated 35

c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?
5

d. How many of the beds listed in question "3c." above will likely be prioritized for use by the chronically homeless in the FY 2016 operating year?
5

4. Address:
Street 1: 616 16th St
City: Oakland
State: California
ZIP Code: 94612

5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)
062508 Oakland

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the
selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

**PH-PSH PROJECTS ONLY**

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

**ALL PROJECTS EXCEPT HMIS**

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

**1. Housing Type:** Single Room Occupancy (SRO) units

**2. Indicate the maximum number of units and beds available for project participants at the selected housing site.**

   a. Units: 21
   b. Beds: 21

**3. Beds for the Chronically Homeless**

   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 0
b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?  
Auto calculated

21

c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?  

26

Turnover beds should not exceed the number of beds not dedicated to the chronically homeless.

d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?  

0

4. Address:

Street 1: 1701 Martin Luther King
Street 2: 
City: Oakland
State: California
ZIP Code: 94612

5. Select the geographic area(s) associated with the address:  
(for multiple selections hold CTRL Key)

062508 Oakland
## 5A. Project Participants - Households

**Instructions:**

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number...” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

Additional Resources can be found at the HUD Resource Exchange: [https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/](https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/)

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>0</td>
<td>330</td>
<td>0</td>
<td>330</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Total Persons

<table>
<thead>
<tr>
<th>Category</th>
<th>Adults over age 24</th>
<th>Adults ages 18-24</th>
<th>Accompanied Children under age 18</th>
<th>Unaccompanied Children under age 18</th>
<th>Total Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>310</td>
<td>0</td>
<td>0</td>
<td>310</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Persons</strong></td>
<td>0</td>
<td>330</td>
<td>0</td>
<td>0</td>
<td>330</td>
</tr>
</tbody>
</table>

*Click Save to automatically calculate totals*
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Applicant: LifeLong Medical Care  
Project: Health, Housing and Integrated Services Network  
Renewal Project Application FY2016  
Page 52  
09/12/2016
### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>80</td>
<td>10</td>
<td>138</td>
<td>7</td>
<td>187</td>
<td>25</td>
<td>80</td>
<td>5</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>80</td>
<td>0</td>
<td>147</td>
<td>7</td>
<td>194</td>
<td>25</td>
<td>83</td>
<td>6</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
5C. Outreach for Participants

**Instructions:**

**ALL PROJECTS EXCEPT HMIS**

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

Additional Resources can be found at the HUD Resource Exchange: [https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/](https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/)

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>8%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td>0%</td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td>2%</td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td>0%</td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>

Applicant: LifeLong Medical Care

Project: Health, Housing and Integrated Services Network
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Do any of the properties in this project have an active restrictive covenant? Yes
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation?  No

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

5. Renewal Grant Term:  1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Supportive Services  X
   - Operations
   - HMIS
6E. 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 “1 FTE” 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. 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. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based 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 Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>1.5 FTE case manager/clinic coordinator salaries (annual $43,680) plus benefits (.31), 4 FTE LCSW salary (annual $67,953) plus benefits (.31) for non-clinical case management services. Case managers provide outreach, individual and group services and support linkage to clinical services to help clients achieve housing stability and improve quality of life.</td>
<td>$101,321</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td>$26,290 to provide meals and groceries for participants</td>
<td>$26,290</td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td>2 FTE LCSW salary ($67,953) plus benefits (.31) to provide mental health services</td>
<td>$172,602</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td>1.0 FTE primary care provider salary ($145,000) plus benefits (.30) to provide physical health services</td>
<td>$188,500</td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Transportation</td>
<td>$25,000 for client transportation assistance for program participants who need assistance with transportation to medical, social services, education, vocational or legal services. Includes bus, subway and taxi rides. $21,000 is budgeted for bus tickets/passes, $2,000 for taxi rides and $2,000 for subway tickets</td>
<td>$25,000</td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td></td>
<td>$513,713</td>
</tr>
<tr>
<td>Grant Term</td>
<td></td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td></td>
<td>$513,713</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>LifeLong Medical Care</td>
<td>08/11/2016</td>
<td>$164,902</td>
</tr>
</tbody>
</table>

Total Value of Cash Commitments: $164,902
Total Value of In-Kind Commitments: $0
Total Value of All Commitments: $164,902
Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g., HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match screen will populate the Screen “6l. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: LifeLong Medical Care Medical Fees
5. Date of Written Commitment: 08/11/2016
6. Value of Written Commitment: $164,902
6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with the exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
</tbody>
</table>

Applicant: LifeLong Medical Care
Project: Health, Housing and Integrated Services Network
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Supportive Services</td>
<td>$513,713</td>
</tr>
<tr>
<td>4</td>
<td>Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5</td>
<td>HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6</td>
<td>Sub-total Costs Requested</td>
<td>$513,713</td>
</tr>
<tr>
<td>7</td>
<td>Admin (Up to 10%)</td>
<td>$35,959</td>
</tr>
<tr>
<td>8</td>
<td>Total Assistance plus Admin Requested</td>
<td>$549,672</td>
</tr>
<tr>
<td>9</td>
<td>Cash Match</td>
<td>$164,902</td>
</tr>
<tr>
<td>10</td>
<td>In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11</td>
<td>Total Match</td>
<td>$164,902</td>
</tr>
<tr>
<td>12</td>
<td>Total Budget</td>
<td>$714,574</td>
</tr>
</tbody>
</table>
7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>LifeLong Match Le...</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
LifeLong Match Letter

Document Description: LifeLong Match Letter
7B. Certification

A. For all projects:
Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official  Brenda Goldstein
Date: 08/29/2016
Title: Psychosocial Services Director

Applicant Organization: LifeLong Medical Care

I certify that I have been duly authorized by the applicant to submit this Applicant X

PHA Number (For PHA Applicants Only): 177726908

Renewal Project Application FY2016  Page 66  09/12/2016
Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
## 8B Submission Summary

<table>
<thead>
<tr>
<th>Table</th>
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<tbody>
<tr>
<td>1A. Application Type</td>
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</tr>
<tr>
<td>1B. Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. Application Details</td>
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</tr>
<tr>
<td>1D. Congressional District(s)</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>1E. Compliance</td>
<td>08/08/2016</td>
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<tr>
<td>1F. Declaration</td>
<td>08/08/2016</td>
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<td>2A. Subrecipients</td>
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<td>2B. Recipient Performance</td>
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<tr>
<td>3A. Project Detail</td>
<td>08/08/2016</td>
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<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>3B. Description</td>
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<td>4A. Services</td>
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<td>5C. Outreach</td>
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<tr>
<td>6A. Funding Request</td>
<td>08/08/2016</td>
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<tr>
<td>6H. Match</td>
<td>08/11/2016</td>
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<tr>
<td>6l. Summary Budget</td>
<td>No Input Required</td>
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<tr>
<td>7A. Attachment(s)</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/11/2016</td>
</tr>
</tbody>
</table>
August 11, 2016

RE: LifeLong Medical Care
Health, Housing and Integrated Services Network Program
Match Commitment

To Whom It May Concern:

Life Long Medical Care, participating in Alameda County's efforts to reduce and end homelessness, will provide a match in support of the LifeLong HUD funded Permanent Supportive Housing Project, the Health, Housing and Integrated Services Network. To that end, Life Long Medical Care agrees to commit resources totaling $164,902 for medical and mental health services provided to HUD eligible clients for FY 17/18.

These resources will be available to the program when it is under contract with HUD and available for one year.

Sincerely,

Brenda Goldstein
Psychosocial Services Director
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 08/15/2016
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: CA0827L9T021502
   (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number X
6. Date Received by State:
7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant
a. Legal Name: City of Berkeley
b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000299
c. Organizational DUNS: 076529924
   PLUS 4

d. Address
   Street 1: 2180 Milvia Street
   Street 2:
   City: Berkeley
   County: Alameda
   State: California
   Country: United States
   Zip / Postal Code: 94704

e. Organizational Unit (optional)
   Department Name: Health, Housing &Community Services
   Division Name: Housing & Community Services

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Mr.
First Name: Andrew
Middle Name: 
Last Name: Wicker
Suffix: 
Title: Community Services Specialist
Organizational Affiliation: City of Berkeley
Telephone Number: (510) 981-5418
Extension: 
Fax Number: (510) 981-5450
Email: awicker@ci.berkeley.ca.us
1C. Application Details

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant: C. City or Township Government
If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) only): California
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Berkeley Housing for Older Adults Project (HOAP)

16. Congressional District(s):
   a. Applicant: CA-013
      (for multiple selections hold CTRL key)
   b. Project: CA-013
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 11/01/2017
   b. End Date: 10/31/2018

18. Estimated Funding ($)
a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:
Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:
1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Dee
Middle Name:
Last Name: Williams-Ridley
Suffix:
Title: City Manager
Telephone Number: (510) 981-7000
(Format: 123-456-7890)
Fax Number: (510) 981-7099
(Format: 123-456-7890)
Email: DWilliams-Ridley@ci.berkeley.ca.us
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  08/15/2016

Applicant: City of Berkeley  076529924
Project: Berkeley Housing for Older Adults Project (HOAP)  144962
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
2B. Recipient Performance

Instructions:
The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snapsguides/coc-program-competition-resources/

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Applicant: City of Berkeley
Project: Berkeley Housing for Older Adults Project (HOAP)
Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

Rental assistance projects are funded for one year, and since award amounts change annually based on Fair Market Rents, the actual amount of funding available fluctuates from year to year. When there is a significant increase in funding available it is difficult to lease-up at a rate to spend the additional amount within a one-year timeframe. It can take several months to find a rental unit in the private market in Alameda County for chronically homeless participants. On the other hand, since the FMR's may go down and result in a reduction in funding available, rental assistance projects must maintain a prudent reserve of funds to minimize the risk that the program does not have sufficient funds to continue the rental assistance for all households enrolled in the program. Beyond the annual fluctuations in the grant awards, there are also many variables that affect the amount of rental assistance being paid each month, making it impossible to guarantee that the project can expend 100% of the funds. The actual expenditures vary on a monthly basis due to changes in household income, changes in contract rents, changes in bedroom sizes of the units assisted, payments withheld (permanently) during periods of abatement when landlords have failed to make necessary repairs, deposit payments and damage claims, and participants temporarily not using the rental assistance while they complete residential treatment.
3A. Project Detail

Instructions:
The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select “Yes” or “No” to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: CA0827L9T021502 (e.g., the “Federal Award Identifier” indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Berkeley Housing for Older Adults Project (HOAP)
4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.)
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

1. Provide a description that addresses the entire scope of the proposed project.

The Berkeley Housing for Older Adults Project (HOAP) provides permanent supportive housing for chronically homeless adults utilizing tenant-based rental assistance. The project primarily serves older adults who are living on the streets and disabled due to a serious mental illness and/or history of drug and alcohol dependence. The City of Berkeley’s Health, Housing and Community Services Department administers the grant, and the Department’s Aging Services Division provides outreach, housing search assistance, and intensive case management for the participants enrolled in the project.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

| Chronic Homeless | X | Domestic Violence |  |

Applicant: City of Berkeley  
Project: Berkeley Housing for Older Adults Project (HOAP)
### 3. Housing First

**3a. Does the project quickly move participants into permanent housing?** Yes

**3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance abuse</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Domestic violence</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found in the project's geographic area.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**3d. Does the project follow a "Housing First" approach?** Yes
4. Does the PH project provide PSH or RRH?  PSH

4a. Does the project request costs under the rental assistance budget line item?  Yes

4b. Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance?  No
### 4A. Supportive Services for Participants

**Instructions:**

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- **Provider:** select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- **Frequency:** Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

---

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Case Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Click 'Save' to update.**
2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? No
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>14</td>
<td>15</td>
<td>15</td>
<td>0</td>
</tr>
</tbody>
</table>

Total Units: 14
Total Beds: 15
Total Dedicated CH Beds: 15
Total Prioritized CH Beds: 0
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 14
   b. Beds: 15

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless?
      15
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?
      0
      Auto calculated
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?
      0
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?
      0

4. Address:
   Street 1: 2180 Milvia Street
   Street 2: 
   City: Berkeley
   State: California
   ZIP Code: 94704

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   069001 Alameda County
## 5A. Project Participants - Households

### Instructions:

**ALL PROJECTS EXCEPT HMIS**

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

**Households:** Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

- Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.
- Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.
- Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Characteristics:** Enter the total number of homeless that fall under one of the characteristics listed.

- Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.
- Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.
- Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Totals:** All fields in the “Total Number...” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

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

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Number of Households</strong></td>
<td>0</td>
<td>14</td>
<td>0</td>
<td>14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
</table>

Renewal Project Application FY2016
<table>
<thead>
<tr>
<th>Category</th>
<th>Adults over age 24</th>
<th>Adults ages 18-24</th>
<th>Accompanied Children under age 18</th>
<th>Unaccompanied Children under age 18</th>
<th>Total Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>15</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Applicant: City of Berkeley

Project: Berkeley Housing for Older Adults Project (HOAP)

076529924

09/12/2016
### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless</th>
<th>Chronically Homeless</th>
<th>Non-Chronically Homeless</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>11</td>
<td>4</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>12</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>11</td>
<td>4</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>12</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless</th>
<th>Chronically Homeless</th>
<th>Non-Chronically Homeless</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations. This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>75%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>25%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td>0%</td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td>0%</td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td>0%</td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  
   Yes

3. Are the requested renewal funds reduced from the previous award as a result of reallocation?  
   No

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

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance
   - Supportive Services  X
   - Operations
   - HMIS
6D. 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>CA - Oakland-Fremont, CA HUD Metro FM...</td>
<td>14</td>
<td>$201,636</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $201,636

Total Units: 14
## 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.

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents:** In the FY 2016 CoC Program Competition, eligible renewal projects requesting rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select “Yes” from the dropdown for this question. The project applicant will then have the ability to enter an amount in the “HUD Paid Rent (applicant)” field that is less than the amount listed in the “FMR Area (applicant)” field. The following question is visible when PRA is selected:

**Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA?** This request is only available for PH PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2016 CoC Program Competition NOFA.

**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. The number(s) listed should match the CoC’s HUD-approved FY 2015 GIW.

**FMR:** These fields are populated with the FY 2016 FMRs based on the FMR area selected by the project applicant. The FMRs are available online at [http://www.huduser.org/portal/datasets/fmr.html](http://www.huduser.org/portal/datasets/fmr.html).

**HUD Paid Rent:** For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. (If the applicants select “No” above, this column will not be available for edit). In the GIW, HUD Paid Rent is known as “Actual”.

**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 “HUD Paid Rent” and by 12 months. If the applicant selected “No” above, the automatic calculation will be based on the FMR and not the “HUD Paid Rent”.

**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 with the value “1 Year” and will be read only.

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

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

| Renewal Project Application FY2016 | Page 33 | 09/12/2016 |
Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: CA - Oakland-Fremont, CA HUD Metro FMR Area (060019999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
</table>
| SRO           | 1                      | x                    | $778                      | $778      | x                        | $9,336
| 0 Bedroom     | 1                      | x                    | $1,037                    | $1,037    | x                        | $12,444
| 1 Bedroom     | 12                     | x                    | $1,249                    | $1,249    | x                        | $179,856
| 2 Bedrooms    | x                      |                      | $1,580                    | $1,580    | x                        | $0
| 3 Bedrooms    | x                      |                      | $2,202                    | $2,202    | x                        | $0
| 4 Bedrooms    | x                      |                      | $2,455                    | $2,455    | x                        | $0
| 5 Bedrooms    | x                      |                      | $2,823                    | $2,823    | x                        | $0
| 6 Bedrooms    | x                      |                      | $3,192                    | $3,192    | x                        | $0
| 7 Bedrooms    | x                      |                      | $3,560                    | $3,560    | x                        | $0
| 8 Bedrooms    | x                      |                      | $3,928                    | $3,928    | x                        | $0
| 9 Bedrooms    | x                      |                      | $4,296                    | $4,296    | x                        | $0
| **Total Units and Annual Assistance Requested** | **14** | | | | **$201,636** |

Grant Term: 1 Year

Total Request for Grant Term: $201,636

Click the 'Save' button to automatically calculate totals.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>MediCal billing a...</td>
<td>12/02/2015</td>
<td>$85,730</td>
</tr>
</tbody>
</table>

Total Value of Cash Commitments: $0
Total Value of In-Kind Commitments: $85,730
Total Value of All Commitments: $85,730

Applicant: City of Berkeley
Project: Berkeley Housing for Older Adults Project (HOAP)
Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Government
4. Name the Source of the Commitment: MediCal billing and City general fund (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 12/02/2015
6. Value of Written Commitment: $85,730
6l. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$201,636</td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016 Page 37 09/12/2016
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Supportive Services</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$201,636</td>
<td></td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$14,172</td>
<td></td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$215,808</td>
<td></td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$85,730</td>
<td></td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$85,730</td>
<td></td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$301,538</td>
<td></td>
</tr>
</tbody>
</table>
7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant’s application for funding is consistent with the jurisdiction’s HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>Service Match</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:  Service Match

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) therein which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official**

Dee Williams-Ridley

**Date:** 08/15/2016

**Title:** City Manager

**Applicant Organization:** City of Berkeley

**PHA Number (For PHA Applicants Only):**

I certify that I have been duly authorized by the applicant to submit this Applicant

<table>
<thead>
<tr>
<th>Name of Authorized Certifying Official</th>
<th>Dee Williams-Ridley</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>Title:</td>
<td>City Manager</td>
</tr>
<tr>
<td>Applicant Organization:</td>
<td>City of Berkeley</td>
</tr>
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</table>

Renewal Project Application FY2016 Page 42 09/12/2016
Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
## 8B Submission Summary

<table>
<thead>
<tr>
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<tr>
<td>1A. Application Type</td>
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<tr>
<td>1B. Legal Applicant</td>
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<tr>
<td>1C. Application Details</td>
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</tr>
<tr>
<td>1D. Congressional District(s)</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>1E. Compliance</td>
<td>08/09/2016</td>
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<tr>
<td>1F. Declaration</td>
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</tr>
<tr>
<td>2A. Subrecipients</td>
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<tr>
<td>2B. Recipient Performance</td>
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</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/09/2016</td>
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<td>Section</td>
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<tr>
<td>3B. Description</td>
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<td>4A. Services</td>
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<td>4B. Housing Type</td>
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<td>5A. Households</td>
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<td>6A. Funding Request</td>
<td>08/09/2016</td>
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<tr>
<td>6D. Rental Assistance</td>
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<td>6H. Match</td>
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<td>6I. Summary Budget</td>
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<td>7B. Certification</td>
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## Service Match Report

### Agency: City of Berkeley Aging Services Division

<table>
<thead>
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<tbody>
<tr>
<td>Outreach</td>
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<td>Case Management</td>
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<tr>
<td>Life Skills (outside of case management)</td>
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<tr>
<td>Alcohol/Drug Treatment/Recovery</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
</tr>
<tr>
<td>AIDS Related Services</td>
<td></td>
</tr>
<tr>
<td>Other Health Services</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Housing Placement</td>
<td></td>
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<tr>
<td>Employment Assistance</td>
<td></td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Legal/Benefits Advocacy</td>
<td></td>
</tr>
<tr>
<td>OTHER:</td>
<td></td>
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<tr>
<td>OTHER:</td>
<td></td>
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<td>OTHER:</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>$85,730</td>
</tr>
</tbody>
</table>

Leah Talley, Manager of Aging Services

Name and Title of Authorized Agency Representative (please print)

Leah Talley 1/4/16

Signature and Date
BeforeStarting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.
Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.
Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.
Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission: Application
2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 09/08/2016
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: CA1468L9T021500
   (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).
Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number X
6. Date Received by State:
7. State Application Identifier:

Applicant: Alameda County Housing and Community Development Department
Project: Homes for Wellness

09/12/2016
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant
a. Legal Name: Alameda County
b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000501

c. Organizational DUNS: 02116418

| c. Organizational DUNS | 02116418 | PLUS 4 |

<table>
<thead>
<tr>
<th>d. Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street 1: 224 W. Winton Ave, Room 108</td>
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<tr>
<td>City: Hayward</td>
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<tr>
<td>County:</td>
</tr>
<tr>
<td>State: California</td>
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<tr>
<td>Country: United States</td>
</tr>
<tr>
<td>Zip / Postal Code: 94544</td>
</tr>
</tbody>
</table>

e. Organizational Unit (optional)
Department Name: Housing and Community Development
Division Name: 

f. Name and contact information of person to be contacted on matters involving this application
Prefix: Mr.
First Name: Riley
Middle Name: 
Last Name: Wilkerson
Suffix: 
Title: HCD Manager
Organizational Affiliation: Alameda County
Telephone Number: (510) 670-9797
Extension: 
Fax Number: (510) 670-6378
Email: riley.wilkerson@acgov.org
1C. Application Details

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant: B. County Government
   If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
    Title: CoC Program
    CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25
    Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
    Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Homes for Wellness

16. Congressional District(s):

a. Applicant: CA-013, CA-017, CA-015
(for multiple selections hold CTRL key)

b. Project: CA-013, CA-017, CA-015
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2017

b. End Date: 06/30/2018

18. Estimated Funding ($)
Applicant: Alameda County Housing and Community Development Department
Project: Homes for Wellness

- Federal:
- Applicant:
- State:
- Local:
- Other:
- Program Income:
- Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

   If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?
   No

   If "YES," provide an explanation:
1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: [X]

21. Authorized Representative

Prefix: Ms.
First Name: Linda
Middle Name: M
Last Name: Gardner
Suffix:
Title: Housing Director
Telephone Number: (510) 670-5404
(Format: 123-456-7890)
Fax Number: (510) 670-6378
(Format: 123-456-7890)
Email: linda.gardner@acgov.org
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  09/08/2016


2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

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<th>Organization</th>
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<th>Sub-Award Amount</th>
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</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

This list contains no items
2B. Recipient Performance

Instructions:
The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

   This project has not yet started, so no APR is due.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? No
Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.

This project has not yet started, so no draws have been made.

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?

No
3A. Project Detail

Instructions:
The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select “Yes” or “No” to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: CA1468L9T021500
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Homes for Wellness
4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

1. Provide a description that addresses the entire scope of the proposed project.

Homes for Wellness will provide safe and affordable housing along with increased self-sufficiency for chronically homeless individuals and families struggling with serious mental health issues. All participants will be identified from the Alameda County Continuum of Care Council prioritization process for permanent supportive housing known as Home Stretch. Home Stretch aims to accelerate progress in Alameda County toward ending chronic and veteran homelessness. It prioritizes people with long histories on the streets and multiple barriers to housing. The program model will build on the successful implementation of similar programs by HCD. Homes for Wellness HUD-funded services staff will have two primary functions: to assist in finding, applying for and obtaining permanent housing and coordination with BHCS-funded Full Service Partnership (FSP) Housing First programs. Each participant will receive a certificate for a rental subsidy. HCD recognizes the challenges that participants can face identifying housing on their own and therefore each household will work with service staff that provides “housing navigation” assistance to locate housing and prepare necessary applications and materials. A rental assistance administrator will be responsible for conducting unit inspections, issuing rental subsidies to landlords, annual recertifications and, when necessary, issuing damage claim payments.
Once housing is located and secured FSP staff will work with participants on personal health improvement goals and housing stability. Support services that will be available to participants include traditional and nontraditional mental health services, alcohol and drug treatment and recovery, housing search assistance, in-home support services, transportation assistance, money management, independent living skills support, benefits advocacy, child care resources, job training, social and recreational activities, crisis response, and housing stabilization supports.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
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<th>Chronic Homeless</th>
<th>Domestic Violence</th>
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</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other (Click ‘Save’ to update)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Other: Will serve veterans ineligible for VASH or SSVF resources

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

| Having too little or little income | |
|-----------------------------------| X |

| Active or history of substance abuse | |
|--------------------------------------| X |

| Having a criminal record with exceptions for state-mandated restrictions | |
|--------------------------------------------------------------------------| X |

| History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement) | |
|-----------------------------------------------------------------------------------------------------------------| X |
None of the above

<table>
<thead>
<tr>
<th>Reason</th>
<th>Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found in the project's geographic area.</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? PSH

4a. Does the project request costs under the rental assistance budget line item? Yes

4b. Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? Yes
4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:
- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:
- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.
Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Partner</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016  Page 20  09/12/2016
<table>
<thead>
<tr>
<th>Service</th>
<th>Partner</th>
<th>Non-Partner</th>
<th>Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Non-Partner</td>
<td>As needed</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>As needed</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Partner</td>
<td>Weekly</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>As needed</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Partner</td>
<td>As needed</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Partner</td>
<td>As needed</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Applicant</td>
<td>As needed</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? No
# 4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

- **Total Units:** 38
- **Total Beds:** 38
- **Total Dedicated CH Beds:** 38
- **Total Prioritized CH Beds:** 0

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (…)</td>
<td>38</td>
<td>38</td>
<td>38</td>
<td>0</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 38
   b. Beds: 38

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 38
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 0
      Auto calculated
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 0
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 0

4. Address:
   Street 1: 224 W. Winton
   Street 2:
   City: Hayward
   State: California
   ZIP Code: 94544

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   061404 Fremont, 060012 Alameda, 063276 San Leandro, 062034 Livermore, 061602 Hayward, 062826 Pleasanton City, 062508 Oakland, 060324 Berkeley, 069001 Alameda County
5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

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

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[Total Number of Households]</td>
<td></td>
<td></td>
<td>38</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[Persons in Households with at Least One Adult and One Child]</td>
<td>[Adult Persons in Households without Children]</td>
<td>[Persons in Households with Only Children]</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Category</th>
<th>Adults over age 24</th>
<th>Adults ages 18-24</th>
<th>Accompanied Children under age 18</th>
<th>Unaccompanied Children under age 18</th>
<th>Total Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>34</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>38</td>
<td>0</td>
<td>0</td>
<td>38</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

"This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Applicant: Alameda County Housing and Community Development Department

Project: Homes for Wellness

09/12/2016

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### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>30</td>
<td>4</td>
<td>17</td>
<td>3</td>
<td>34</td>
<td>5</td>
<td>17</td>
<td>5</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>34</td>
<td>4</td>
<td>0</td>
<td>20</td>
<td>3</td>
<td>38</td>
<td>7</td>
<td>17</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>60%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>40%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td></td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td></td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td></td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant?: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate?: This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:

- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate?: Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

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

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance X
   - Supportive Services X
   - Operations
   - HMIS
6D. 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>CA - Oakland-Fremont, CA HUD Metro FM...</td>
<td>38</td>
<td>$569,544</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $569,544
Total Units: 38
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.

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents: In the FY 2016 CoC Program Competition, eligible renewal projects requesting rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select “Yes” from the dropdown for this question. The project applicant will then have the ability to enter an amount in the “HUD Paid Rent (applicant)” field that is less than the amount listed in the “FMR Area (applicant)” field. The following question is visible when PRA is selected:

Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA? This request is only available for PH PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2016 CoC Program Competition NOFA.

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. The number(s) listed should match the CoC’s HUD-approved FY 2015 GIW.

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

HUD Paid Rent: For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. (If the applicants select “No” above, this column will not be available for edit). In the GIW, HUD Paid Rent is known as “Actual”.

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 “HUD Paid Rent” and by 12 months. If the applicant selected “No” above, the automatic calculation will be based on the FMR and not the “HUD Paid Rent.”.

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 with the value “1 Year” and will be read only.

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

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

Applicant: Alameda County Housing and Community Development Department

Project: Homes for Wellness

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Additional Resources can be found at the HUD Resource 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:** CA - Oakland-Fremont, CA HUD Metro FMR Area (0600199999)

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?** No

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$778</td>
<td>$778</td>
<td>x: 12</td>
<td>=</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,037</td>
<td>$1,037</td>
<td>x: 12</td>
<td>=</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>38</td>
<td>$1,249</td>
<td>$1,249</td>
<td>x: 12</td>
<td>= $569,544</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$1,580</td>
<td>$1,580</td>
<td>x: 12</td>
<td>=</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,202</td>
<td>$2,202</td>
<td>x: 12</td>
<td>=</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$2,455</td>
<td>$2,455</td>
<td>x: 12</td>
<td>=</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$2,823</td>
<td>$2,823</td>
<td>x: 12</td>
<td>=</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$3,192</td>
<td>$3,192</td>
<td>x: 12</td>
<td>=</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$3,560</td>
<td>$3,560</td>
<td>x: 12</td>
<td>=</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$3,928</td>
<td>$3,928</td>
<td>x: 12</td>
<td>=</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$4,296</td>
<td>$4,296</td>
<td>x: 12</td>
<td>=</td>
</tr>
<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td>38</td>
<td></td>
<td></td>
<td>12</td>
<td>= $569,544</td>
</tr>
<tr>
<td><strong>Grant Term</strong></td>
<td></td>
<td></td>
<td></td>
<td>1 Year</td>
<td></td>
</tr>
<tr>
<td><strong>Total Request for Grant Term</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$569,544</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6E. 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. 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. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td>.75 FTE staff (salary and benefits) to provide housing search and counseling services to participants in partnership with health care funded mental health service teams</td>
<td>$68,416</td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016 | Page 35 | 09/12/2016
### Applicant: Alameda County Housing and Community Development Department
### Project: Homes for Wellness

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Amount Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach Services</td>
<td></td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Utility Deposits</td>
<td></td>
</tr>
<tr>
<td>Operating Costs</td>
<td></td>
</tr>
<tr>
<td><strong>Total Annual Assistance Requested</strong></td>
<td><strong>$68,416</strong></td>
</tr>
<tr>
<td><strong>Grant Term</strong></td>
<td><strong>1 Year</strong></td>
</tr>
<tr>
<td><strong>Total Request for Grant Term</strong></td>
<td><strong>$68,416</strong></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>ALCO Behavioral H...</td>
<td>09/01/2016</td>
<td>$176,000</td>
</tr>
</tbody>
</table>

Total Value of Cash Commitments: $0
Total Value of In-Kind Commitments: $176,000
Total Value of All Commitments: $176,000
Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match?  Yes
2. Type of Commitment:  In-Kind
3. Type of Source:  Government
4. Name the Source of the Commitment:  ALCO Behavioral Health Services
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment:  09/01/2016
6. Value of Written Commitment:  $176,000
Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$569,544</td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016  Page 39  09/12/2016
### Applicant: Alameda County Housing and Community Development Department

**Project:** Homes for Wellness

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Supportive Services</td>
<td></td>
<td>$68,416</td>
</tr>
<tr>
<td>4. Operating</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td><strong>6. Sub-total Costs Requested</strong></td>
<td></td>
<td><strong>$637,960</strong></td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td></td>
<td><strong>$63,796</strong></td>
</tr>
<tr>
<td><strong>8. Total Assistance plus Admin Requested</strong></td>
<td></td>
<td><strong>$701,756</strong></td>
</tr>
<tr>
<td>9. Cash Match</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td></td>
<td><strong>$176,000</strong></td>
</tr>
<tr>
<td><strong>11. Total Match</strong></td>
<td></td>
<td><strong>$176,000</strong></td>
</tr>
<tr>
<td><strong>12. Total Budget</strong></td>
<td></td>
<td><strong>$877,756</strong></td>
</tr>
</tbody>
</table>
7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant’s application for funding is consistent with the jurisdiction’s HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Linda Gardner
Date: 09/08/2016
Title: Housing Director
Applicant Organization: Alameda County

I certify that I have been duly authorized by the applicant to submit this Applicant

PHA Number (For PHA Applicants Only): 

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Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
## 8B Submission Summary

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Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.
Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 08/24/2016
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: CA0096L9T021508
   (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).
Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: X
6. Date Received by State:
7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant

a. Legal Name: The City of Oakland

b. Employer/Taxpayer Identification Number (EIN/TIN):
   94-6000384

c. Organizational DUNS: 137137977  PLUS 4

d. Address
   Street 1: 150 Frank H. Ogawa Plaza, Suite 4340
   Street 2:  
   City: Oakland
   County: Alameda
   State: California
   Country: United States
   Zip / Postal Code: 94612

e. Organizational Unit (optional)
   Department Name: Human Services Department
   Division Name: Community Housing Services Div

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Ms.
First Name: Susan
Middle Name: R.
Last Name: Shelton
Suffix:

Title: Manager, Community Housing Services Division

Organizational Affiliation: The City of Oakland

Telephone Number: (510) 986-2721
Extension:

Fax Number: (510) 238-3661
Email: srshelton@oaklandnet.com
1C. Application Details

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant:  C. City or Township Government

   If "Other" please specify:

10. Name of Federal Agency:  Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance

   Title:  CoC Program
   CFDA Number:  14.267

12. Funding Opportunity Number:  FR-6000-N-25

   Title:  Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

   Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) only): California
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Housing Fast Support Network

16. Congressional District(s):
   a. Applicant: CA-013
      (for multiple selections hold CTRL key)
   b. Project: CA-013
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 03/01/2017
   b. End Date: 02/28/2018

18. Estimated Funding ($)
Applicant: City of Oakland
Project: Housing Fast Support Network

a. Federal:
b. Applicant:
   c. State:
   d. Local:
   e. Other:
   f. Program Income:
   g. Total:
**1E. Compliance**

**Instructions:**

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: [http://www.whitehouse.gov/omb/grants_spoc](http://www.whitehouse.gov/omb/grants_spoc)

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Resource Exchange: [https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/](https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/)

19. Is the Application Subject to Review By State Executive Order 12372 Process?

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?

No

If "YES," provide an explanation:
1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

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

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Mrs.
First Name: Sara
Middle Name: 
Last Name: Bedford
Suffix: 
Title: Director - Department of Human Services
Telephone Number: (510) 238-6112 (Format: 123-456-7890)
Fax Number: (510) 238-2157 (Format: 123-456-7890)
Email: SBedford@oaklandnet.com
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  08/24/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

**Total Expected Sub-Awards:** $1,696,532

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<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
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<tbody>
<tr>
<td>Bay Area Community Services</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$1,696,532</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: Bay Area Community Services

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

If "Other" specify:
c. Employer or Tax Identification Number: 94-1708069

e. Physical Address
Street 1: 629 Oakland Avenue
Street 2: 
    City: Oakland
    State: California
    Zip Code: 94611

f. Congressional District(s): CA-013
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

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

i. Expected Sub-Award Amount: $1,696,532

j. Contact Person
Prefix: Mrs.
First Name: Jamie
Middle Name: 
Last Name: Almanza
Suffix: 
Title: Executive Director
E-mail Address: jalmanza@bayareacs.org
Confirm E-mail Address: jalmanza@bayareacs.org
Phone Number: 510-415-4672
Extension: 
Fax Number: 510-569-4589
Documentation of the subrecipient's nonprofit status is required with the submission of this application.
2B. Recipient Performance

Instructions:
The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?
   Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?
   No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?
   Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?
   No
Instructions:
The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: CA0096L9T021508
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Housing Fast Support Network
4. Project Status: Standard

5. Component Type: TH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.)
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

1. Provide a description that addresses the entire scope of the proposed project.

Bay Area Community Services (BACS), an Oakland-based local non-profit, provides the Housing Fast Support Network (HFSN). HFSN is an Interim Housing program that provides short term housing and supportive services for single, homeless adults in Oakland, California. The hallmarks of the Interim Housing model are that participants enter directly from the streets with no barriers or pre-conditions, participants have a short length of stay, and all services are focused on quickly re-housing the person in the community. HFSN ensures efficacy of services through a Rapid Re-Housing approach. BACS and HFSN fully embraces and exercises the philosophy of Housing First – the program is extremely low barrier for entry, as evidenced in its framework, policies, and service delivery design. The HFSN Program Agreement & Expectations document covers these philosophies, strategies, and practices for participants. Because the HFSN model is brief, interim housing, it is able to serve four times the amount of homeless individuals each year that would be served in a traditional 24 month model, while achieving higher incidences of permanent housing success.

HFSN is located in a convenient downtown Oakland location. BACS provides very brief Interim Housing and short-term interventions, lasting approximately 4-6 months. During this period, one of BACS’ Housing Specialists works to quickly
locate and secure permanent, stable housing. This Housing Specialist works closely with each participant from the moment of outreach, through to permanent housing and beyond. HFSN’s sole focus is on locating permanent housing for people, and helping participants develop the necessary independent living skills to support permanent housing. HFSN staff provides supportive services to participants while they are living in the program, including assistance with benefits advocacy, employment support, budgeting and rental assistance, and mental health care. These supportive services ensure long-term success of the HFSN program participants, and helps participants remain stable once they are in permanent housing. After individuals leave HFSN, they receive six months of aftercare support to ensure their housing stability and success.

BACS’ model utilizes an Evidence Based Practice called Critical Time Intervention (CTI) which focuses on providing services in three phases; with services decreasing in intensity over time as participants develop skills and connect to community based resources to support their success in maintaining housing. This Evidence-Based Practice contributes to the high success rate of HFSN, and is tied to BACS’ robust Outcomes Management and Quality Improvement Systems.

2. Does your project have a specific population focus?  Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

| Youth (under 25) | Mental Illness |
|------------------|               |
|                  | X              |

<table>
<thead>
<tr>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other (Click 'Save' to update)</th>
</tr>
</thead>
</table>

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing  Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
</tbody>
</table>
### Active or history of substance abuse

- [ ] Yes

### Having a criminal record with exceptions for state-mandated restrictions

- [ ] Yes

### History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)

- [ ] Yes

### None of the above

- [ ] Yes

#### 3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

- Failure to participate in supportive services - [ ]
- Failure to make progress on a service plan - [ ]
- Loss of income or failure to improve income - [ ]
- Domestic violence - [ ]
- Any other activity not covered in a lease agreement typically found in the project's geographic area. - [ ]
- None of the above - [ ]

#### 3d. Does the project follow a "Housing First" approach?

- Yes

#### 4. Does the project request costs under the rental assistance budget line item?

- No
4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, Non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Case Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Service</th>
<th>Type</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Non-Partner</td>
<td>Daily</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?  
Yes

2b. Use of a single application form for four or more mainstream programs?  
No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?  
Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?  
Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months?  
Yes
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dormitory, shared or privat...</td>
<td>62</td>
<td>137</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Units: 62
Total Beds: 137
Total Youth Beds: 0
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the project’s grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Dormitory, shared or private rooms

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 62
   b. Beds: 137

3. Beds for Youth
   a. How many of the total beds entered in "2b. Beds" are dedicated to the youth? 0

4. Address:
   Street 1: 559 - 16th Street
   Street 2: 
   City: Oakland
   State: California
   ZIP Code: 94612

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   062508 Oakland
5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

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

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>0</td>
<td>137</td>
<td>0</td>
<td>137</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
</table>

<p>| Renewal Project Application FY2016 | Page 27 | 09/12/2016 |</p>
<table>
<thead>
<tr>
<th>Category</th>
<th>Adults over age 24</th>
<th>Adults ages 18-24</th>
<th>Accompanied Children under age 18</th>
<th>Unaccompanied Children under age 18</th>
<th>Total Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>123</td>
<td>0</td>
<td>0</td>
<td>123</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>14</td>
<td>0</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>137</td>
<td>0</td>
<td>0</td>
<td>137</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
**5B. Project Participants - Subpopulations**

**Instructions:**

**ALL PROJECTS EXCEPT HMIS**

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severe Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Applicant: City of Oakland  
Project: Housing Fast Support Network  
137137977  
144870  

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### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronically Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>25</td>
<td>0</td>
<td>6</td>
<td>25</td>
<td>1</td>
<td>25</td>
<td>15</td>
<td>25</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>6</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>25</td>
<td>1</td>
<td>7</td>
<td>25</td>
<td>2</td>
<td>31</td>
<td>19</td>
<td>25</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronically Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>0%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td>0%</td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td>0%</td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td>0%</td>
<td>Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (TH and SSO projects only)</td>
</tr>
<tr>
<td>0%</td>
<td>Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)</td>
</tr>
<tr>
<td>0%</td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant? This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation? This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:

- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Do any of the properties in this project have an active restrictive covenant? Yes
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

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

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures X
   - Supportive Services X
   - Operations X
   - HMIS
6C. Leased Structures Budget

The following list summarizes the funds being requested for one or more structures leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

<table>
<thead>
<tr>
<th>Total Annual Assistance Request:</th>
<th>$107,050</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Term:</td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term:</td>
<td>$107,050</td>
</tr>
<tr>
<td>Total Structures:</td>
<td>1</td>
</tr>
</tbody>
</table>

Structure Name

Henry J. Robinson...
Leased Structure(s) Budget Detail

Instructions:

Complete the following fields related to the funds being requested to lease one or more structures for operating the project.

Structure Name: This is a required field. Indicate the name of the structure for which funds are requested.

Address: Only 1 “Street Address…” field is required. Enter the actual street number and name in the first field. Do not list a PO Box or other mailing address. Use the second field for apartment or subsection numbers. Complete fields for City, State and Zip Code.

HUD Paid Rent (Annual): This is a required field. Enter the annual leasing amount. The amount entered cannot exceed the annual rent for comparable structures.

Grant Term: This field is populated with the value “1 Year” and will be read only.

Total Request for Grant Term: This field will equal the total leasing amount entered above.

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

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

Structure Name: Henry J. Robinson Multi Service Center
Street Address 1: 559 - 16th Street
Street Address 2:
   City: Oakland
   State: California
   Zip Code: 94612

<table>
<thead>
<tr>
<th>HUD Paid Rent (Annual):</th>
<th>$107,050</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Term:</td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term:</td>
<td>$107,050</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate the Total Assistance Requested.
6E. 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. 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. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td>Assistance to clients in obtaining mainstream benefits, assistance with credit repair or obtaining DMV licenses/identifications, and other client support services for the 300 adults served by the HFSN program in FY16</td>
<td>$128,813</td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>3. Case Management</td>
<td>4.0 FTE case managers @ $39,000 base salary + $1,3650 FB = $210,600</td>
<td>$210,600</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td>1.0 FTE job sepecialist @ $39,000 base salary + $13,650 FB = $52,560; program supplies of $24,241</td>
<td>$76,791</td>
</tr>
<tr>
<td>7. Food</td>
<td>food costs @ $45.98/month x 137 clients x 12 months = $75,591</td>
<td>$75,595</td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td>2.0 FTE Sr. housing coordinators @ $50,000 base salary + $17,500 FB = $135,000; 2.0 FTE housing coordinators @ $39,000 base salary + $13,650 FB = $105,200; 2.0 property assistants @ $25,000 base salary + $8,750 FB = $67,500</td>
<td>$307,500</td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Service</td>
<td>Cost</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td>$36,636</td>
<td></td>
</tr>
<tr>
<td>mental health division director @ $85,000 base salary + $11,145 FB x 0.3 HUD cost = $36,636</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td>$86,737</td>
<td></td>
</tr>
<tr>
<td>0.70 FTE program manager @ $65,000 base salary + $15,925 FB = $61,425; 0.25 FTE site supervisor @ $75,000 base salary + $6,562 FB = $25,312</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>15. Transportation</td>
<td>$10,000</td>
<td></td>
</tr>
<tr>
<td>250 AC Transit vouchers @ $10.00/per ticket and 250 BART tickets to assist clients with their HQS inspections and housing searches. In addition, HFSN staff mileage @ $0.57/mile x 40 miles/week x 2 staff x 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td>$932,672</td>
<td></td>
</tr>
<tr>
<td>Grant Term</td>
<td>1 Year</td>
<td></td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td>$932,672</td>
<td></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6F. Operating Budget

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g., .75 FTE hours and benefits for staff, utility types, and monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW

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

Are you requesting a 15 year renewal per the FY2016 CoC Program NOFA? This request is only available for Operating Costs budget line items in projects in which the applicant owns the building and needs to provide maintenance. Only 1 year of funding is allowed according to the relevant section of the FY 2016 CoC Program Competition NOFA.

Grant term: This field is populated with the value “1 Year” 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintenance/Repair</td>
<td>1.0 FTE maintenance coordinator @ $50,000 base salary + $17,500 FB = $67,500; janitorial contract @ $33,280/year; repairs &amp; service agreements @ $63,861/year; pest control @ $6,701/year; supplies @ $37,225/year for a 62 unit building</td>
<td>$208,567</td>
</tr>
<tr>
<td>2. Property Taxes and Insurance</td>
<td>property liability insurance @ 4914.08/month x 12 months</td>
<td>$10,969</td>
</tr>
<tr>
<td>3. Replacement Reserve</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>4. Building Security</td>
<td>0.75 FTE bldg. security site supervisor @ $50,000 base salary + $13,125 FB = $65,625; 2.0 FTE bldg. security coordinators @ $30,225 base salary + $10,579 FB = $81,608; security contract @ $50,000/year; security monitoring system @ $21,750/year</td>
<td>$203,983</td>
</tr>
<tr>
<td>5. Electricity, Gas, and Water</td>
<td>utilities: PG&amp;E @ $7,770/month; EBMUD @ $4,906/month; Waste Management @ $5,024/month</td>
<td>$214,400</td>
</tr>
</tbody>
</table>
### 6. Furniture
- Replacement furniture per tenant per year @ $550/unit x 137 units (includes, $200 mattress, $100 bed frame, $80 box spring, and $120 side table) = $68,500, only asking HUD for $49,636

### 7. Equipment (lease, buy)
- Copier, laundry rental machines @ $835/month; telecommunications costs of $5,401/year (9 cell phones @ $50/month x 12 months x 9 phones)

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Annual Assistance Requested</td>
<td>$702,977</td>
</tr>
<tr>
<td>Grant Term</td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td>$702,977</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for projects with operating costs and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>City of Oakland</td>
<td>08/12/2016</td>
<td>$275,000</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Bay Area Community...</td>
<td>08/12/2016</td>
<td>$250,000</td>
</tr>
</tbody>
</table>

Total Value of Cash Commitments: $275,000
Total Value of In-Kind Commitments: $250,000
Total Value of All Commitments: $525,000
Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: City of Oakland
5. Date of Written Commitment: 08/12/2016
6. Value of Written Commitment: $275,000

Sources of Match Detail
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Bay Area Community Services

(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/12/2016

6. Value of Written Commitment: $250,000
6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$107,050</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Description</td>
</tr>
<tr>
<td>---</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>3.</td>
<td>Supportive Services</td>
</tr>
<tr>
<td>4.</td>
<td>Operating</td>
</tr>
<tr>
<td>5.</td>
<td>HMIS</td>
</tr>
<tr>
<td>6.</td>
<td>Sub-total Costs Requested</td>
</tr>
<tr>
<td>7.</td>
<td>Admin (Up to 10%)</td>
</tr>
<tr>
<td>8.</td>
<td>Total Assistance plus Admin Requested</td>
</tr>
<tr>
<td>9.</td>
<td>Cash Match</td>
</tr>
<tr>
<td>10.</td>
<td>In-Kind Match</td>
</tr>
<tr>
<td>11.</td>
<td>Total Match</td>
</tr>
<tr>
<td>12.</td>
<td>Total Budget</td>
</tr>
</tbody>
</table>

**Applicant:** City of Oakland  
**Project:** Housing Fast Support Network  
137137977  
144870  

---
Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient’s nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant’s application for funding is consistent with the jurisdiction’s HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>Bay Area Community...</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: Bay Area Community Services 501 (c) (3)

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part 1), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section’s nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official:** Sara Bedford

**Date:** 08/24/2016

**Title:** Director - Department of Human Services

**Applicant Organization:** The City of Oakland

**PHA Number (For PHA Applicants Only):**

I certify that I have been duly authorized by the applicant to submit this Applicant [X]

---

Renewal Project Application FY2016

Page 48

09/12/2016
Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
### 8B Submission Summary

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<td>6A. Funding Request</td>
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<td>6C. Leased Structures</td>
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<td>6F. Operating</td>
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<td>6H. Match</td>
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<td>6I. Summary Budget</td>
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<td>7A. Attachment(s)</td>
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</tr>
<tr>
<td>7B. Certification</td>
<td>08/18/2016</td>
</tr>
</tbody>
</table>
Gentlemen:

Thank you for submitting the information shown below. We have made it a part of your file.

The changes indicated do not adversely affect your exempt status and the exemption letter issued to you continues in effect.

Please let us know about any future change in the character, purpose, method of operation, name or address of your organization. This is a requirement for retaining your exempt status.

Thank you for your cooperation.

Sincerely yours,

Michael A. "
District Director

Item Changed

From To

Name and Address The Social Service Bureau Bay Area Community Service of Oakland, Inc. Inc.
534 - 22nd Street 2647 East 14th Street
Oakland, CA 94612 Oakland, CA 94601

Letter 976(DO) (7-77)
Internal Revenue Service

To: The Social Service Bureau of Oakland, Inc.
534 - 22nd Street
Oakland, California 94612

Date: SEP 15

Gentlemen:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(2).

You are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. You are not liable for the taxes imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you, or for your use, are deductible for Federal estate and gift tax purposes under sections 2055, 2106, and 2522 of the Code.

If your gross receipts each year are normally more than $5,000, you are required to file Form 990, Return of Organization Exempt From Income Tax, by the 15th day of the 5th month after the end of your annual accounting period. The law imposes a penalty of $10 a day, up to a maximum of $5,000, for failure to file a return on time.
You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Your Key District for exempt organization matters is San Francisco, California. Please keep your Key District Director informed of any changes in your purposes, character, method of operation, or sources of support. Also, you must inform him of all changes in your name or address.

'Please keep the ruling letter in your permanent records.

Sincerely yours,

[Signature]
Chief, Rulings Section
Exempt Organizations Branch
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission: Application
2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/24/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: CA0100L9T021508
(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant
a. Legal Name: Building Opportunities for Self-Sufficiency
b. Employer/Taxpayer Identification Number (EIN/TIN): 51-0173390

c. Organizational DUNS: 363812850
   PLUS 4: 0000

d. Address
   Street 1: 1918 University Ave.
   Street 2: 
   City: Berkeley
   County: Alameda
   State: California
   Country: United States
   Zip / Postal Code: 94704

e. Organizational Unit (optional)
   Department Name: Administration
   Division Name:

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Mr.
First Name: Donald
Middle Name: Ivy
Last Name: Frazier
Suffix: 
Title: Executive Director
Organizational Affiliation: Building Opportunities for Self-Sufficiency
Telephone Number: (510) 649-1930
Extension: 1012
Fax Number: (510) 649-0627
Email: dfrazier@self-sufficiency.org
1C. Application Details

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information. When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar. For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

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

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant’s Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Housing Stabilization

16. Congressional District(s):

a. Applicant: CA-013, CA-017, CA-015
(for multiple selections hold CTRL key)

b. Project: CA-013
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2017

b. End Date: 06/30/2018

18. Estimated Funding ($)

Applicant: Building Opportunities for Self-Sufficiency
Project: Housing Stabilization

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<tbody>
<tr>
<td>a. Federal:</td>
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<td>b. Applicant:</td>
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<td>c. State:</td>
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<td>d. Local:</td>
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<td>e. Other:</td>
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<tr>
<td>f. Program Income:</td>
<td></td>
</tr>
<tr>
<td>g. Total:</td>
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</tbody>
</table>
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?

No

If "YES," provide an explanation:
1F. Declaration

Instructions:
The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative
Prefix: Mr.
First Name: Donald
Middle Name: Ivy
Last Name: Frazier
Suffix:
Title: Executive Director
Telephone Number: (510) 649-1930
(Format: 123-456-7890)
Fax Number: (510) 649-0627
(Format: 123-456-7890)
Email: dfrazier@self-sufficiency.org
**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.
**Date Signed:** 08/24/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

<table>
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<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
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</table>

This list contains no items.
2B. Recipient Performance

Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No
3A. Project Detail

Instructions:
The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: CA0100L9T021508
(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Housing Stabilization
4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.

- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.

- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.

- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.

- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type pf SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

1. Provide a description that addresses the entire scope of the proposed project.

Housing Stabilization is a rapid rehousing program targeting homeless families with children. The program has the goal of increasing access to permanent access for homeless families and reducing the amount of time between initial engagement and placement into permanent housing.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Families with Children</th>
<th>Yes</th>
<th>HIV/AIDS</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td></td>
<td>(Click 'Save' to update)</td>
<td></td>
</tr>
</tbody>
</table>

3. Housing First

3a. Does the project quickly move participants into permanent housing? Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active or history of substance abuse</td>
<td>Yes</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>Yes</td>
</tr>
<tr>
<td>History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)</td>
<td>Yes</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Failure to participate in supportive services</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to make progress on a service plan</td>
<td>Yes</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>Yes</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>Yes</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found in the project's geographic area.</td>
<td>Yes</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? RRH
4a. Does the project request costs under the rental assistance budget line item? Yes

4b. Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? Yes
4A. Supportive Services for Participants

Instructions:
ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:
- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:
- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Annually</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>Frequency</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td></td>
</tr>
<tr>
<td>Legal Services</td>
<td>Weekly</td>
<td></td>
</tr>
<tr>
<td>Life Skills Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outreach Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td></td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>As needed</td>
<td></td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? **Yes**

2b. Use of a single application form for four or more mainstream programs? **No**

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? **Yes**

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? **Yes**

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. **Yes**
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>14</td>
<td>21</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Units: 14
Total Beds: 21
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 14
   b. Beds: 21

3. Address
   Street 1: 1918 University
   Street 2:
   City: Berkeley
   State: California
   ZIP Code: 94704

4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)
   062508 Oakland, 060324 Berkeley, 069001 Alameda County
**5A. Project Participants - Households**

**Instructions:**

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

Additional Resources can be found at the HUD Resource Exchange: [https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/](https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/)

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>14</td>
<td>0</td>
<td>0</td>
<td>14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
</table>

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Page 24

09/12/2016
<table>
<thead>
<tr>
<th>Category</th>
<th>Adults over age 24</th>
<th>Adults ages 18-24</th>
<th>Accompanied Children under age 18</th>
<th>Unaccompanied Children under age 18</th>
<th>Total Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>11</td>
<td>0</td>
<td></td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>3</td>
<td>0</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>22</td>
<td>0</td>
<td></td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td>0</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>36</td>
<td>0</td>
<td></td>
<td></td>
<td>36</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>18</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Describe the unlisted subpopulations referred to above:**
Homeless, non-chronic adults with children without an identified disability or chronic health condition.
5C. Outreach for Participants

**Instructions:**

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Location Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>63%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td>0%</td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td>25%</td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td>2%</td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant? This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:

- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Do any of the properties in this project have an active restrictive covenant? No

Applicant: Building Opportunities for Self-Sufficiency

Project: Housing Stabilization

363812850

145545

Renewal Project Application FY2016 Page 29 09/12/2016
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

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

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance X
   - Supportive Services X
   - Operations
   - HMIS
6D. 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>CA - Oakland-Fremont, CA HUD Metro FM...</td>
<td>14</td>
<td>$241,128</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $241,128
Total Units: 14
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.

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents: In the FY 2016 CoC Program Competition, eligible renewal projects requesting rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select “Yes” from the dropdown for this question. The project applicant will then have the ability to enter an amount in the “HUD Paid Rent (applicant)” field that is less than the amount listed in the “FMR Area (applicant)” field. The following question is visible when PRA is selected:

Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA? This request is only available for PH PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2016 CoC Program Competition NOFA.

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. The number(s) listed should match the CoC’s HUD-approved FY 2015 GIW.

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

HUD Paid Rent: For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. (If the applicants select “No” above, this column will not be available for edit). In the GIW, HUD Paid Rent is known as “Actual”.

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 “HUD Paid Rent” and by 12 months. If the applicant selected “No” above, the automatic calculation will be based on the FMR and not the “HUD Paid Rent.”

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based on 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 Resource 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:** CA - Oakland-Fremont, CA HUD Metro FMR Area (0600199999)

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?** No

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>0</td>
<td>$778</td>
<td>$778</td>
<td>x</td>
<td>= $0</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>0</td>
<td>$1,037</td>
<td>$1,037</td>
<td>x</td>
<td>= $0</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>8</td>
<td>$1,249</td>
<td>$1,249</td>
<td>x</td>
<td>= $119,904</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>5</td>
<td>$1,580</td>
<td>$1,580</td>
<td>x</td>
<td>= $94,800</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>1</td>
<td>$2,202</td>
<td>$2,202</td>
<td>x</td>
<td>= $26,424</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>0</td>
<td>$2,455</td>
<td>$2,455</td>
<td>x</td>
<td>= $0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>0</td>
<td>$2,823</td>
<td>$2,823</td>
<td>x</td>
<td>= $0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>0</td>
<td>$3,192</td>
<td>$3,192</td>
<td>x</td>
<td>= $0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>0</td>
<td>$3,560</td>
<td>$3,560</td>
<td>x</td>
<td>= $0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>0</td>
<td>$3,928</td>
<td>$3,928</td>
<td>x</td>
<td>= $0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>0</td>
<td>$4,296</td>
<td>$4,296</td>
<td>x</td>
<td>= $0</td>
</tr>
<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td><strong>14</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$241,128</strong></td>
</tr>
</tbody>
</table>

**Grant Term** 1 Year

**Total Request for Grant Term** $241,128

Click the 'Save' button to automatically calculate totals.
6E. 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 “1 FTE” 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. 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. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based 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 Resource Exchange: https://www.hudexchange.info/e-snaps.guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>Case Manager .55 FTE (including benefits at 36%)</td>
<td>$48,716</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016          Page 34  09/12/2016
<table>
<thead>
<tr>
<th>Service Type</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>Transportation assistance for clients seeking housing</td>
<td>$1,000</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Assistance with paying utility costs/deposits for up to 14 units</td>
<td>$7,914</td>
</tr>
<tr>
<td>Operating Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td></td>
<td>$57,630</td>
</tr>
<tr>
<td>Grant Term</td>
<td></td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td></td>
<td>$57,630</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Building Opportunities</td>
<td>08/10/2016</td>
<td>$131,303</td>
</tr>
</tbody>
</table>

Total Value of Cash Commitments: $0
Total Value of In-Kind Commitments: $131,303
Total Value of All Commitments: $131,303
Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Building Opportunities for Self-Sufficiency

   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/10/2016

6. Value of Written Commitment: $131,303
6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read-only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the “Save” button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$241,128</td>
</tr>
<tr>
<td>Description</td>
<td>Amount</td>
</tr>
<tr>
<td>------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$57,630</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$298,758</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$15,266</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$314,024</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$0</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$131,303</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$131,303</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$445,327</td>
</tr>
</tbody>
</table>

**Applicant:** Building Opportunities for Self-Sufficiency  
**Project:** Housing Stabilization
7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>Nonprofit Documen...</td>
<td>10/23/2015</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. Certification

A. For all projects:
Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official**: Donald Frazier

**Date**: 08/24/2016

**Title**: Executive Director

**Applicant Organization**: Building Opportunities for Self-Sufficiency

**PHA Number (For PHA Applicants Only)**: 

**I certify that I have been duly authorized by the applicant to submit this Applicant** X
Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
### 8B Submission Summary

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Dear Sir or Madam:

This is in response to your request of May 29, 2007, regarding your organization’s tax-exempt status.

In November 1975 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations
LETTER OF GOOD STANDING FOR EXEMPT ORGANIZATION

ORGANIZATION NAME
Building Opportunities for Self-Sufficiency

ORGANIZATION NUMBER
# 0734086

STATUS DATE
04-01-1975

This organization is currently exempt from tax under Revenue and Taxation Code Section 23701 and is currently in good standing with this office.

Please contact us again if we can be of any further assistance.

ASSISTANCE
Our regular toll-free telephone service is available Monday through Friday, between 8:00 a.m. and 5:00 p.m. From the first working day in January through April 15, service is available Monday through Friday from 7:00 a.m. until 8:00 p.m. The best time to call is between 7:00 a.m. and 10:00 a.m. Service is also available from 8:00 a.m. through 5:00 p.m. on the two Saturdays prior to April 15.

From within the United States, call: 1-800-852-5711
From outside the United States, call (not toll-free): 1-916-845-8500
For hearing impaired with TDD, call: 1-800-822-6268

Internet Site: http://www.ftb.ca.gov
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.
Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.
Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission: Application
2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 09/08/2016
4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number
   X

6. Date Received by State:
7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant
   a. Legal Name: Alameda County
   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000501
   c. Organizational DUNS: 02116418
   d. Address
      Street 1: 224 W. Winton Ave, Room 108
      City: Hayward
      County: County:
      State: California
      Country: United States
      Zip / Postal Code: 94544
   e. Organizational Unit (optional)
      Department Name: Housing and Community Development
      Division Name:
   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mr.
First Name: Riley
Middle Name: 
Last Name: Wilkerson
Suffix: 
Title: HCD Manager
Organizational Affiliation: Alameda County
Telephone Number: (510) 670-9797
Extension: 
Fax Number: (510) 670-6378
Email: riley.wilkerson@acgov.org
1C. Application Details

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

9. Type of Applicant: B. County Government
   If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. Congressional District(s)

Instructions:
Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: InHOUSE

16. Congressional District(s):

a. Applicant: CA-013, CA-017, CA-015
(for multiple selections hold CTRL key)

b. Project: CA-013, CA-017, CA-015
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2017

b. End Date: 09/30/2018

18. Estimated Funding ($)
Applicant: Alameda County Housing and Community Development Department

Project: InHOUSE

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?
   No

If "YES," provide an explanation:
1F. Declaration

Instructions:
The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: [X]

21. Authorized Representative

Prefix: Ms.
First Name: Linda
Middle Name: M
Last Name: Gardner
Suffix:
Title: Housing Director
Telephone Number: (510) 670-5404
(Format: 123-456-7890)
Fax Number: (510) 670-6378
(Format: 123-456-7890)
Email: linda.gardner@acgov.org
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.

Date Signed:  09/08/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>This list contains no items</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2B. Recipient Performance

Instructions:
The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If “Yes” is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No
3A. Project Detail

Instructions:
The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select “Yes” or “No” to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: CA0101L9T021508
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: InHOUSE
4. Project Status: Standard

5. Component Type: HMIS

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

1. Provide a description that addresses the entire scope of the proposed project.

InHOUSE is Alameda County’s Homeless Management Information System (HMIS). The software vendor used is Bowman Systems; the program is called ServicePoint. Alameda County has used the same vendor since project implementation (2005). Presently, there are 50,573 unduplicated records of unique individuals-served. InHOUSE HMIS data is used for completion and submission of the following reports to HUD: AHAR, PIT, HIC, CAPER, NOFA and APR. Locally, InHOUSE HMIS data is provided and used for the Outcomes Project, 100k Homes Campaign, Operation Vets Home, Length of Stay, Demographics, Returns to Homelessness Report, and other data report requests.

2. Does your project have a specific population focus? No
4A. HMIS Standards

Instructions:

HMIS PROJECTS ONLY

1a. Is the HMIS currently programmed to collect all Universal Data Elements (UDE’s) as set forth in the 2014 HMIS Data Standards? This field is required. Select Yes or No to indicate whether the HMIS is programmed to collect all of the Universal Data Elements, as outlined in the HMIS Data Standards, last revised in May 2014 https://www.hudexchange.info/news/federal-partners-release-final-2014-hmis-data-standards.

1b. If no, explain why and the planned steps for compliance: (required if No to 1a) Applicants must explain how they intend to change their HMIS to comply with the Universal Data Elements.

2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, quarterly reports, data for CAPER/ESG reporting, etc.): This field is required. Select Yes or No to indicate the ability of the HMIS to meet HUD reporting requirements, including Annual Performance Reports, quarterly reports, and data for CAPER/ESG reporting.

2b. If no, explain why and the planned steps for compliance: (required if No to 2a) Applicants must explain what they are not able to currently produce HUD-required reports and how they intend to change their HMIS to comply with reporting requirements.

3.-7.: Select Yes or No for each question to identify HMIS openness and capability and the HMIS’ current level of security.

8. Do you have a process in place to remove community members who no longer need access to HMIS (e.g. leave their job, fired, etc.). Select “Yes” or “No” from the dropdown menu.

8a. How long does it take to remove access rights to former HMIS users? Select options from the dropdown menu. Visible if the above question is “Yes”.

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

1a. Is the HMIS currently programmed to collect all Universal Data Elements (UDE’s) as set forth in the HMIS Data Standard Notice? Yes

1b. If no, explain why and the planned steps for compliance. Max. 500 characters

2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells, and data for CAPER/ESG reporting, etc). Yes
2b. If no, explain why and the planned steps for compliance. Max. 500 characters

3. Can the HMIS currently search client records to determine if a client is actively receiving services in the CoC? Yes

4. Can the HMIS currently provide the CoC with an unduplicated count of clients receiving services in the CoC? Yes

5. Does the HMIS Lead have a security officer? No

6. Does your organization conduct a background check on all employees who access HMIS or view HMIS data? No

7. Does the HMIS Lead conduct Security Training and follow up on security standards on a regular basis? Yes

8. Do you have a process in place to remove community members who no longer need access to HMIS (e.g. leave their job, fired, etc.) Yes

a. How long does it take to remove access rights to former HMIS users? Within 24 hours
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant? This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Do any of the properties in this project have an active restrictive covenant?  No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation?  No

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

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:
   - HMIS [X]
6G. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g., .75 FTE hours and benefits for staff) for each HMIS cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount funds requested for each activity. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 the “Funding Request” screen 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 Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Equipment</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>2. Software</td>
<td>User Licensing and Supporting Software Tools</td>
<td>$34,803</td>
</tr>
<tr>
<td>3. Services</td>
<td>Hosting/Technical Services</td>
<td>$43,460</td>
</tr>
<tr>
<td>4. Personnel</td>
<td>1 FTE of System Administrator @123,352 salary and benefits and 1 FTE of Project Manager @111,889 salary and benefits &amp; Administrative and Support Staff @30,165</td>
<td>$265,406</td>
</tr>
<tr>
<td>5. Space &amp; Operations</td>
<td>Office Space &amp; Operational Costs</td>
<td>$22,600</td>
</tr>
</tbody>
</table>

Total Annual Assistance Requested $366,269

Grant Term 1 Year

Total Request for Grant Term $366,269

Click the 'Save' button to automatically calculate totals.
6H. 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.

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>City of Alameda</td>
<td>08/09/2016</td>
<td>$4,176</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>City of Berkeley</td>
<td>08/09/2016</td>
<td>$6,676</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>City of Fremont</td>
<td>08/09/2016</td>
<td>$8,703</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>City of Hayward</td>
<td>08/09/2016</td>
<td>$4,851</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>City of Livermore</td>
<td>08/09/2016</td>
<td>$4,514</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>City of Oakland</td>
<td>08/09/2016</td>
<td>$28,566</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>City of Pleasanton</td>
<td>08/09/2016</td>
<td>$2,689</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>City of Union City</td>
<td>08/09/2016</td>
<td>$3,838</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>County of Alameda</td>
<td>08/09/2016</td>
<td>$14,662</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>City of Albany</td>
<td>08/09/2016</td>
<td>$1,473</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>City of Dublin</td>
<td>08/09/2016</td>
<td>$1,946</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>City of Emeryville</td>
<td>08/09/2016</td>
<td>$1,338</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>City of Newark</td>
<td>08/09/2016</td>
<td>$2,284</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>City of Piedmont</td>
<td>08/09/2016</td>
<td>$1,541</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>City of Alameda</td>
<td>08/09/2016</td>
<td>$6,410</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>City of San Leandro</td>
<td>08/09/2016</td>
<td>$4,311</td>
</tr>
</tbody>
</table>

Summary for Match

| Total Value of Cash Commitments: | $97,978 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $97,978 |
Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: City of Alameda (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/09/2016
6. Value of Written Commitment: $4,176
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: City of Berkeley
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/09/2016
6. Value of Written Commitment: $6,676

Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field
that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
   2. Type of Commitment: Cash
   3. Type of Source: Government
   4. Name the Source of the Commitment: City of Fremont
   (Be as specific as possible and include the office or grant program as applicable)
   5. Date of Written Commitment: 08/09/2016
   6. Value of Written Commitment: $8,703

Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The
Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Government

4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) City of Hayward

5. Date of Written Commitment: 08/09/2016

6. Value of Written Commitment: $4,851

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and
include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Government

4. Name the Source of the Commitment: City of Livermore
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/09/2016

6. Value of Written Commitment: $4,514

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.
Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Government

4. Name the Source of the Commitment: City of Oakland
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/09/2016

6. Value of Written Commitment: $28,566

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.
1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Government

4. Name the Source of the Commitment: City of Pleasanton
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/09/2016

6. Value of Written Commitment: $2,689

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

2. **Type of Commitment:** Cash

3. **Type of Source:** Government

4. **Name the Source of the Commitment:** City if Union City
   (Be as specific as possible and include the office or grant program as applicable)

5. **Date of Written Commitment:** 08/09/2016

6. **Value of Written Commitment:** $3,838

**Sources of Match Detail**

**Instructions:**

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. **Will this commitment be used towards Match?** Yes

2. **Type of Commitment:** Cash

3. **Type of Source:** Government
4. Name the Source of the Commitment: County of Alameda
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/09/2016

6. Value of Written Commitment: $14,662

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: City of Albany
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/09/2016
6. Value of Written Commitment: $1,473

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: City of Dublin
5. Date of Written Commitment: 08/09/2016
6. Value of Written Commitment: $1,946
Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
   2. Type of Commitment: Cash
   3. Type of Source: Government
   4. Name the Source of the Commitment: City of Emeryville
      (Be as specific as possible and include the office or grant program as applicable)
   5. Date of Written Commitment: 08/09/2016
   6. Value of Written Commitment: $1,338

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or
greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match?  
   Yes

2. Type of Commitment:  
   Cash

3. Type of Source:  
   Government

4. Name the Source of the Commitment:  
   City of Newark

   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment:  
   08/09/2016

6. Value of Written Commitment:  
   $2,284

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.
Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Screen will populate the Screen “6. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: City of Piedmont
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/09/2016
6. Value of Written Commitment: $1,541

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program)
funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: City of Alameda (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/09/2016
6. Value of Written Commitment: $6,410

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the
contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: City of San Leandro
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/09/2016
6. Value of Written Commitment: $4,311
6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term ( Applicant )</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
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</tbody>
</table>

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<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>3. Supportive Services</td>
<td>$0</td>
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<tr>
<td>4. Operating</td>
<td>$0</td>
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<tr>
<td>5. HMIS</td>
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<td>6. Sub-total Costs Requested</td>
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<td>7. Admin (Up to 10%)</td>
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<tr>
<td>8. Total Assistance plus Admin Requested</td>
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<td>9. Cash Match</td>
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<tr>
<td>10. In-Kind Match</td>
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<td>11. Total Match</td>
<td>$97,978</td>
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<tr>
<td>12. Total Budget</td>
<td>$489,885</td>
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</table>
7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant’s application for funding is consistent with the jurisdiction’s HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
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<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
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<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
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<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official**  
Linda Gardner

**Date:** 09/08/2016

**Title:** Housing Director

**Applicant Organization:** Alameda County

**PHA Number (For PHA Applicants Only):**

I certify that I have been duly authorized by the applicant to submit this Applicant X
Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
# 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
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<td>1C. Application Details</td>
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<td>1D. Congressional District(s)</td>
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<td>1E. Compliance</td>
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<td>1F. Declaration</td>
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<td>2A. Subrecipients</td>
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<td>2B. Recipient Performance</td>
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<td>3A. Project Detail</td>
<td>08/09/2016</td>
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<tr>
<td>3B. Description</td>
<td>08/09/2016</td>
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<tr>
<td>4A. HMIS Standards</td>
<td>08/09/2016</td>
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<tr>
<td>6A. Funding Request</td>
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<td>Item</td>
<td>Details</td>
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<td>------</td>
<td>---------</td>
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<td>6G. HMIS Budget</td>
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<td>6H. Match</td>
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<td>6l. Summary Budget</td>
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<td>7A. Attachment(s)</td>
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<tr>
<td>7B. Certification</td>
<td>09/08/2016</td>
</tr>
</tbody>
</table>
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps-guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission: Application
2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/08/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: CA0102L9T021508
(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number X

6. Date Received by State:

7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant
   a. Legal Name: Alameda County
   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000501
   c. Organizational DUNS: 02116418
   d. Address
      Street 1: 224 W. Winton Ave, Room 108
      City: Hayward
      County:
      State: California
      Country: United States
      Zip / Postal Code: 94544
   e. Organizational Unit (optional)
      Department Name: Housing and Community Development
         Division Name:
   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mr.
First Name: Riley
Middle Name: 
Last Name: Wilkerson 
Suffix: 
Title: HCD Manager
Organizational Affiliation: Alameda County
Telephone Number: (510) 670-9797
Extension:
Fax Number: (510) 670-6378
Email: riley.wilkerson@acgov.org
1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

9. Type of Applicant:  B. County Government
   If "Other" please specify:

10. Name of Federal Agency:  Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
    Title:  CoC Program
    CFDA Number:  14.267

12. Funding Opportunity Number:  FR-6000-N-25
    Title:  Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
    Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Lorenzo Creek SHP

16. Congressional District(s):
   a. Applicant: CA-013, CA-017, CA-015
   (for multiple selections hold CTRL key)
   b. Project: CA-015
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 02/01/2017
   b. End Date: 01/31/2018

18. Estimated Funding ($)
Applicant: Alameda County Housing and Community Development Department
Project: Lorenzo Creek SHP

a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

   If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

   If "YES," provide an explanation:
1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Linda
Middle Name: M
Last Name: Gardner
Suffix:
Title: Housing Director
Telephone Number: (510) 670-5404
Fax Number: (510) 670-6378
Email: linda.gardner@acgov.org
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.

Date Signed:  09/08/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $85,788

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allied Housing</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$85,788</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

Instructions:
Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: Allied Housing

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

If "Other" specify:
c. Employer or Tax Identification Number: 94-3087060

e. Physical Address
Street 1: 40849 Fremont Boulevard
Street 2:
City: Fremont
State: California
Zip Code: 94538

f. Congressional District(s): CA-013, CA-017, CA-015
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

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

i. Expected Sub-Award Amount: $85,788

j. Contact Person
Prefix: Ms.
First Name: Vivian
Middle Name:
Last Name: Wan
Suffix:
Title: Chief Operating Officer
E-mail Address: vwan@abodeservices.org
Confirm E-mail Address: vwan@abodeservices.org
Phone Number: 510-657-7409
Extension: 212
Fax Number:
Documentation of the subrecipient's nonprofit status is required with the submission of this application.
2B. Recipient Performance

Instructions:
The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes
Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

This under-spending is due in part to fluctuations in the service needs of participant families living at LCA. We can only charge to the grant time that our Service Coordinator spends in direct service to LCA SHP participants, which she tracks carefully per HUD regulations. At times when a family seeks fewer services, or if a unit is temporarily vacant, the demands on her time decrease. We observe such fluctuations in all of our permanent supportive housing sites. This is a small program, serving just 7 families, so a reduction or increase in the needs of one or two families can have a relatively large impact on the supportive services provided. In addition, there was some staff turnover that left a Service Coordinator position vacant (which has since been filled).

Aside from this, after closer analysis earlier this year, we concluded that there may be funding in the budget that we may never be able to spend fully. As part of the local competition, we offered to reduce this project budget by $15,000 to release those funds for re-allocation. We believe that this reduction will allow us to reduce under-spending in the future while ensuring an appropriate and sustainable services budget in future years.
3A. Project Detail

Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: CA0102L9T021508
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Lorenzo Creek SHP
4. Project Status:  Standard

5. Component Type:  PH

6. Does this project use one or more properties that have been conveyed through the Title V process?  No
3B. Project Description

**Instructions:**

**ALL PROJECTS**

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

**PH, SH, TH and SSO PROJECTS ONLY**

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.

- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.

- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.

- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.

- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

**PH PROJECTS ONLY**

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

**PH AND TH PROJECTS ONLY:**

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

**RENTAL ASSISTANCE PROJECTS ONLY**

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
1. Provide a description that addresses the entire scope of the proposed project.

Lorenzo Creek Apartments is a 27-unit affordable housing program in Castro Valley, serving households from the Central, Eastern, and Southern areas of Alameda County. The building is managed by Resources for Community Development, which whom Abode Services has a strong collaborative partnership. Seven of the units are designated for homeless households with disabilities and served by the Lorenzo Creek SHP (now CoC). Lorenzo Creek SHP is a Housing First program targeting households with barriers to housing – including mental health disabilities, substance use disorders, histories of domestic violence, and other challenges.

Lorenzo Creek’s Service Coordinator provides an array of services designed to address each household’s barriers to housing, and to connect them to the requisite services, all of which are focused on increasing long-term housing stability and increasing self-sufficiency. In the last contract year, 100% of participants either maintained stable housing or exited the program to permanent housing, and 77% of adults maintained or increased their income.

Some of the services to which Lorenzo Creek Shelter Plus Care participants have access through Abode’s resources include: life skills, education, food, health care, children’s programs, mental health services, financial skills, and
other programs. Our community partners include Alameda County Behavioral Health Care, various mainstream employment centers, Tri-City Health Center, as well as local community colleges like Chabot and Ohlone.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
<th>Veterans</th>
<th>Substance Abuse</th>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
<th>Families with Children</th>
<th>HIV/AIDS</th>
<th>Other (Click 'Save' to update)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

- Having too little or little income X
- Active or history of substance abuse X
- Having a criminal record with exceptions for state-mandated restrictions X
- History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement) X
- None of the above

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

- Failure to participate in supportive services X
| Failure to make progress on a service plan | X |
| Loss of income or failure to improve income | X |
| Domestic violence | X |
| Any other activity not covered in a lease agreement typically found in the project’s geographic area. | X |
| None of the above | | 

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? PSH

4a. Does the project request costs under the rental assistance budget line item? No
4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
</tbody>
</table>

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2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clustered apartments</td>
<td>7</td>
<td>24</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

Total Units: 7
Total Beds: 24
Total Dedicated CH Beds: 0
Total Prioritized CH Beds: 3
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snapsguides/coc-program-competition-resources/
1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 7
   b. Beds: 24

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 0
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 24
      Auto calculated
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 3
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 3

4. Address:
   Street 1: 22198 Center Street
   Street 2:
      City: Castro Valley
      State: California
      ZIP Code: 94546

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
      069001 Alameda County
5A. Project Participants - Households

**Instructions:**

**ALL PROJECTS EXCEPT HMIS**

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number...” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

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

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>7</td>
<td>1</td>
<td>0</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016 | Page 28 | 09/12/2016
<table>
<thead>
<tr>
<th>Category</th>
<th>Adult 24</th>
<th>Adult 18-24</th>
<th>Accompanied Child 18</th>
<th>Unaccompanied Child 18</th>
<th>Total Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>8</td>
<td>2</td>
<td>10</td>
<td>0</td>
<td>24</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>14</td>
<td>0</td>
<td>0</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>24</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>27</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals.
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Non-Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>4</td>
<td>1</td>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>4</td>
<td>0</td>
<td></td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>19</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Describe the unlisted subpopulations referred to above:

We anticipate that some of the adults and all of the children will not fall into the identified subpopulations.
5C. Outreach for Participants

**Instructions:**

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>30%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>70%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>

- Persons fleeing domestic violence

Applicant: Alameda County Housing and Community Development Department

Project: Lorenzo Creek SHP
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Do any of the properties in this project have an active restrictive covenant? Yes
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  
No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation?  
Yes

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

5. Renewal Grant Term:  
1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Supportive Services  X
   - Operations
   - HMIS
6E. 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. 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. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td>1.0 FTE of Service Coordinator Salary ($44,000) plus 25% benefits ($11,000)</td>
<td>$55,000</td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td>0.4 FTE Children's Activity Coordinator (0.4 x $43,518 = $17,407) plus 25% benefits (4,351)</td>
<td>$21,758</td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Transportation</td>
<td>Travel costs associated with transportation for appointments, outings, and other events related to service coordination. Approx $285 per month, or $3,418</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$3,418</td>
<td></td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td>$80,176</td>
<td></td>
</tr>
<tr>
<td>Grant Term</td>
<td>1 Year</td>
<td></td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td>$80,176</td>
<td></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Resources for Com...</td>
<td>07/25/2016</td>
<td>$21,447</td>
</tr>
</tbody>
</table>

Total Value of Cash Commitments: $0
Total Value of In-Kind Commitments: $21,447
Total Value of All Commitments: $21,447
Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6l. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Resources for Community Development (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 07/25/2016

6. Value of Written Commitment: $21,447
6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
</tbody>
</table>

Applicant: Alameda County Housing and Community Development Department
Project: Lorenzo Creek SHP
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Supportive Services</td>
<td>$80,176</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$80,176</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$5,612</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$85,788</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$0</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$21,447</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$21,447</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$107,235</td>
</tr>
</tbody>
</table>
7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant’s application for funding is consistent with the jurisdiction’s HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>Allied Housing 501c3</td>
<td>09/08/2016</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:  Allied Housing 501c3

Attachment Details

Document Description:

Attachment Details

Document Description:
A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part 1), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section’s nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Linda Gardner
Date: 09/08/2016
Title: Housing Director
Applicant Organization: Alameda County

I certify that I have been duly authorized by the applicant to submit this Applicant

Applicant Organization: Alameda County Housing and Community Development Department

PHA Number (For PHA Applicants Only): X

Renewal Project Application FY2016
Page 44
Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
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</tr>
<tr>
<td>1C. Application Details</td>
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</tr>
<tr>
<td>1D. Congressional District(s)</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>1E. Compliance</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>1F. Declaration</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>09/08/2016</td>
</tr>
<tr>
<td>2B. Recipient Performance</td>
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<tr>
<td>3A. Project Detail</td>
<td>08/11/2016</td>
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</table>

Applicant: Alameda County Housing and Community Development Department

Project: Lorenzo Creek SHP

Renewal Project Application FY2016 Page 46 09/12/2016
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>3B. Description</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>08/11/2016</td>
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<tr>
<td>5C. Outreach</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>6H. Match</td>
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</tr>
<tr>
<td>6I. Summary Budget</td>
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<tr>
<td>7A. Attachment(s)</td>
<td>09/08/2016</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>09/08/2016</td>
</tr>
</tbody>
</table>
Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

[Signature]
District Director

Letter 1050 (DO/CG)
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/  
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snapsguides/coc-program-competition-resources/

1. Type of Submission: Application
2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/25/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: CA0103L9T021508
(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

X

6. Date Received by State:

7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

8. Applicant
   a. Legal Name: The City of Oakland
   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000384

<table>
<thead>
<tr>
<th>c. Organizational DUNS:</th>
<th>137137977</th>
<th>PLUS 4</th>
</tr>
</thead>
</table>

d. Address
   Street 1: 150 Frank H. Ogawa Plaza, Suite 4340
   Street 2:  
   City: Oakland
   County: Alameda
   State: California
   Country: United States
   Zip / Postal Code: 94612

e. Organizational Unit (optional)
   Department Name: Human Services Department
   Division Name: Community Housing Services Div

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Ms.
First Name: Susan
Middle Name: R.
Last Name: Shelton
Suffix:
Title: Manager, Community Housing Services Division
Organizational Affiliation: The City of Oakland
Telephone Number: (510) 986-2721
Extension:
Fax Number: (510) 238-3661
Email: srshelton@oaklandnet.com
1C. Application Details

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

9. Type of Applicant: C. City or Township Government
   If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Matilda Cleveland Transitional Housing Program

16. Congressional District(s):

   a. Applicant: CA-013
      (for multiple selections hold CTRL key)

   b. Project: CA-013
      (for multiple selections hold CTRL key)

17. Proposed Project

   a. Start Date: 10/01/2017
   b. End Date: 09/30/2018

18. Estimated Funding ($)
a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?

No

If "YES," provide an explanation:
1F. Declaration

Instructions:
The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Mrs.
First Name: Sara
Middle Name:
Last Name: Bedford
Suffix:
Title: Director - Department of Human Services
Telephone Number: (510) 238-6112
Fax Number: (510) 238-2157
Email: SBedford@oaklandnet.com

Applicant: City of Oakland
Project: Matilda Cleveland Transitional Housing Program

Renewal Project Application FY2016 Page 9 09/12/2016
**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.

**Date Signed:** 08/25/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $245,938

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
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</thead>
<tbody>
<tr>
<td>East Oakland Community Project</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$245,938</td>
</tr>
</tbody>
</table>

Applicant: City of Oakland
Project: Matilda Cleveland Transitional Housing Program

137137977
144873
2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: East Oakland Community Project

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

If "Other" specify:
c. Employer or Tax Identification Number: 94-3078181

e. Physical Address
   Street 1: 7515 International Blvd.
   Street 2: 
   City: Oakland
   State: California
   Zip Code: 94621

f. Congressional District(s): CA-013
   (for multiple selections hold CTRL key)

   g. Is the subrecipient a Faith-Based Organization? No

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

i. Expected Sub-Award Amount: $245,938

j. Contact Person
   Prefix: Ms.
   First Name: Wendy
   Middle Name: U.
   Last Name: Jackson
   Title: Executive Director
   E-mail Address: wendyujackson@gmail.com
   Confirm E-mail Address: wendyujackson@gmail.com
   Phone Number: 510-746-3602
   Extension: 
   Fax Number: 510-532-2112
Documentation of the subrecipient's nonprofit status is required with the submission of this application.
2B. Recipient Performance

Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No
3A. Project Detail

Instructions:
The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: CA0103L9T021508
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Matilda Cleveland Transitional Housing Program
4. Project Status: Standard

5. Component Type: TH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.)
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

1. Provide a description that addresses the entire scope of the proposed project.

The Matilda Cleveland Transitional Housing Program (MC THP) serves literally homeless, single parents with children in 14 units of housing located in a renovated motel. The City of Oakland contracts with East Oakland Community Project (EOCP) to administer the MC THP program. The Matilda Cleveland program operates as an Interim Housing Model with the primary goal to assist homeless families in securing and maintaining permanent housing.

The hallmarks of the Interim Housing model are that participants enter directly from the streets with no barriers or pre-conditions, participants have a short length of stay, and all services are focused on quickly re-housing the person in the community. A Housing Placement Specialist assists each client with developing a housing plan, finding permanent housing, and obtaining adequate employment income and/or enrollment into mainstream benefits.

Participants are trained in matching housing market demands with their income to identify housing within their means. In addition, MC THP provides case management, parenting, and other life skills training for adults and youth specific services for the children. Mental health screening and counseling, money management, wellness support, and benefits advocacy round out the services provided to single parents in the MC THP program.
Since November 2015, clients have been exclusively referred to Matilda Cleveland via a Family Coordinated Entry pilot program known as the Family Front Door (FFD). The FFD assesses and prioritizes literally homeless families for services and using a low barrier, housing first approach, refers families to Interim Housing/Transitional Housing who have high levels of need and would benefit from the intensive level of service delivery that is provided in a Interim Housing/Transitional Housing program. These clients typically have experienced more incidences of homelessness in their lives and are often adversely impacted by multiple barriers which have prevented them from achieving housing stability in the past.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other (Click ‘Save’ to update)

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Active or history of substance abuse</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Having a criminal record with exceptions for state-mandated restrictions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Applicant: City of Oakland
Project: Matilda Cleveland Transitional Housing Program
144873

137137977

Renewal Project Application FY2016
Page 20
09/12/2016
3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found in the project's geographic area.</td>
<td>X</td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach? Yes

4. Does the project request costs under the rental assistance budget line item? No
4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.
- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.
- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.
  Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:
- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:
  - Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Education Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.
   Click ‘Save’ to update.
<table>
<thead>
<tr>
<th>Service</th>
<th>Subrecipient</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td></td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 14
Total Beds: 32
Total Youth Beds: 18

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clustered apartments</td>
<td>14</td>
<td>32</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snapsguides/coc-program-competition-resources/
1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 14
   b. Beds: 32

3. Beds for Youth
   a. How many of the total beds entered in "2b. Beds" are dedicated to the youth? 18

4. Address:
   Street 1: 8314 MacArthur Blvd.
   Street 2:
   City: Oakland
   State: California
   ZIP Code: 94605

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   062508 Oakland
5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

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

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td></td>
<td></td>
<td></td>
<td>14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Adults over age 24</td>
<td>Adults ages 18-24</td>
<td>Accompanied Children under age 18</td>
<td>Unaccompanied Children under age 18</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>--------------------</td>
<td>-------------------</td>
<td>-----------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>14</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>33</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Click Save to automatically calculate totals*
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>6</td>
<td>6</td>
<td>3</td>
<td>5</td>
<td>8</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homelessly Non-Veterans</th>
<th>Chronic Homelessly Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homelessly Non-Veterans</th>
<th>Chronic Homelessly Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Describe the unlisted subpopulations referred to above:**

We expect that most of the 18 children above will not be a member of a subpopulation listed here.
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>10%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td>0%</td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td>0%</td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td>0%</td>
<td>Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (TH and SSO projects only)</td>
</tr>
<tr>
<td>0%</td>
<td>Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)</td>
</tr>
<tr>
<td>0%</td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Do any of the properties in this project have an active restrictive covenant? Yes

Applicant: City of Oakland
Project: Matilda Cleveland Transitional Housing Program

Renewal Project Application FY2016  Page 32  09/12/2016
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

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

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures X
   - Supportive Services X
   - Operations X
   - HMIS
6C. Leased Structures Budget

The following list summarizes the funds being requested for one or more structures leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

<table>
<thead>
<tr>
<th>Total Annual Assistance Request:</th>
<th>$10,176</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Term:</td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term:</td>
<td>$10,176</td>
</tr>
<tr>
<td>Total Structures:</td>
<td>1</td>
</tr>
</tbody>
</table>

| Structure Name | Matilda Cleveland... |

Applicant: City of Oakland
Project: Matilda Cleveland Transitional Housing Program
Leased Structure(s) Budget Detail

Instructions:

Complete the following fields related to the funds being requested to lease one or more structures for operating the project.

Structure Name: This is a required field. Indicate the name of the structure for which funds are requested.

Address: Only 1 “Street Address…” field is required. Enter the actual street number and name in the first field. Do not list a PO Box or other mailing address. Use the second field for apartment or subsection numbers. Complete fields for City, State and Zip Code.

HUD Paid Rent (Annual): This is a required field. Enter the annual leasing amount. The amount entered cannot exceed the annual rent for comparable structures.

Grant Term: This field is populated with the value “1 Year” and will be read only.

Total Request for Grant Term: This field will equal the total leasing amount entered above.

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

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

Structure Name: Matilda Cleveland THP
Street Address 1: 8314 MacArthur Blvd.
Street Address 2: 
  City: Oakland
  State: California
  Zip Code: 94605

<table>
<thead>
<tr>
<th>HUD Paid Rent (Annual)</th>
<th>$10,176</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Term</td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td>$10,176</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate the Total Assistance Requested.
6E. 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. 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. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based on 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>3. Case Management</td>
<td>0.34 FTE case manager @ $42,000 base salary + $4,128 FB = $15,683; 0.32 FTE family case manager @ $46,000 base salary + $ 5,060 FB = $16,334</td>
<td>$32,017</td>
</tr>
<tr>
<td>4. Child Care</td>
<td>child care for families attending school and/or work; 1 person @ $30.00/hour x 3.5 hrs./week x 52 weeks = $5,460; however, only requesting $4,915 from HUD</td>
<td>$4,915</td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td>0.31 FTE client empowerment specialist @ $45,000 base salary + $13,458 FB = $17,167</td>
<td>$17,167</td>
</tr>
<tr>
<td>7. Food</td>
<td>$12,000 food costs; 0.66 FTE cook @ $30,000 base salary + $6,000 FB = $23,760</td>
<td>$35,760</td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td>0.32 FTE housing placement specialist @ $30,000 base salary + $3,714 FB = $10,788; however, only requesting $9,616 from HUD</td>
<td>$9,616</td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td>$0</td>
</tr>
</tbody>
</table>
**10. Life Skills**

<table>
<thead>
<tr>
<th>Mental Health Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>mental health services consultant @ $125/hour x 50.18 hours/year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Mental Health Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. Outpatient Health Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. Outreach Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.25 FTE client services director @ $60,000 base salary + $15,600 FB = $18,083</td>
</tr>
<tr>
<td>$18,083</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. Substance Abuse Treatment Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. Transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC Transit + BART tickets for 10 families x $4.20 round trip x 5 days x 52 week = $6,240; only requesting $4,434 from HUD</td>
</tr>
<tr>
<td>$4,434</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>16. Utility Deposits</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17. Operating Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
</tr>
</tbody>
</table>

**Total Annual Assistance Requested** $128,264

**Grant Term** 1 Year

**Total Request for Grant Term** $128,264

Click the 'Save' button to automatically calculate totals.
Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g., .75 FTE hours and benefits for staff, utility types, and monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating “1 FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW

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

Are you requesting a 15 year renewal per the FY2016 CoC Program NOFA? This request is only available for Operating Costs budget line items in projects in which the applicant owns the building and needs to provide maintenance. Only 1 year of funding is allowed according to the relevant section of the FY 2016 CoC Program Competition NOFA.

Grant term: This field is populated with the value “1 Year” 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintenance/Repair</td>
<td>supply costs for maintenance and repairs of a 14 unit MC complex</td>
<td>$17,497</td>
</tr>
<tr>
<td>2. Property Taxes and Insurance</td>
<td>insurance costs for the MC program by sub-recipient that prorates General Liability, Property and D&amp;O costs</td>
<td>$4,110</td>
</tr>
<tr>
<td>3. Replacement Reserve</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>4. Building Security</td>
<td>0.50 FTE house manager @ $30,000 base salary + $6,000 FB = $18,000; 0.74 FTE overnight caretaker @ $40,000 base salary + $8,000 FB = $35,411</td>
<td>$53,411</td>
</tr>
<tr>
<td>5. Electricity, Gas, and Water</td>
<td>utility costs (PG &amp; E, EBMUD, and Waste Management); this is HUD cost</td>
<td>$21,444</td>
</tr>
</tbody>
</table>
6. Furniture

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture purchased for families entering the MC THP program is inclusive of beds, mattress, dressers, desks, chairs, night stands, and end tables</td>
<td>$9,711</td>
</tr>
</tbody>
</table>

7. Equipment (lease, buy)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copier lease @ $482/month x 12 months = $5,784; however, only asking HUD for $2,850</td>
<td>$2,850</td>
</tr>
</tbody>
</table>

Total Annual Assistance Requested $109,023

Grant Term 1 Year

Total Request for Grant Term $109,023

Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for projects with operating costs and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>City of Oakland</td>
<td>08/12/2016</td>
<td>$50,000</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>East Oakland Comm...</td>
<td>08/12/2016</td>
<td>$45,250</td>
</tr>
</tbody>
</table>
Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Government

4. Name the Source of the Commitment: City of Oakland

5. Date of Written Commitment: 08/12/2016

6. Value of Written Commitment: $50,000
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

| 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: (Be as specific as possible and include the office or grant program as applicable) | East Oakland Community Project |
| 5. Date of Written Commitment: | 08/12/2016 |
| 6. Value of Written Commitment: | $45,250 |
Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$10,176</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016  
Page 43  
09/12/2016
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>Supportive Services</td>
<td>$128,264</td>
</tr>
<tr>
<td>4.</td>
<td>Operating</td>
<td>$109,023</td>
</tr>
<tr>
<td>5.</td>
<td>HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6.</td>
<td>Sub-total Costs Requested</td>
<td>$247,463</td>
</tr>
<tr>
<td>7.</td>
<td>Admin (Up to 10%)</td>
<td>$17,302</td>
</tr>
<tr>
<td>8.</td>
<td>Total Assistance plus Admin Requested</td>
<td>$264,765</td>
</tr>
<tr>
<td>9.</td>
<td>Cash Match</td>
<td>$95,250</td>
</tr>
<tr>
<td>10.</td>
<td>In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11.</td>
<td>Total Match</td>
<td>$95,250</td>
</tr>
<tr>
<td>12.</td>
<td>Total Budget</td>
<td>$360,015</td>
</tr>
</tbody>
</table>
Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant’s application for funding is consistent with the jurisdiction’s HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>East Oakland Comm...</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

**Document Description:** East Oakland Community Project 501 (c) (3)

Attachment Details

**Document Description:**

Attachment Details

**Document Description:**
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official:** Sara Bedford

**Date:** 08/25/2016

**Title:** Director - Department of Human Services

**Applicant Organization:** The City of Oakland

**PHA Number (For PHA Applicants Only):** I certify that I have been duly authorized by the applicant to submit this Applicant [X]

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Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
Applicant: City of Oakland  
Project: Matilda Cleveland Transitional Housing Program

8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. Congressional District(s)</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>1E. Compliance</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>1F. Declaration</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>2B. Recipient Performance</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/12/2016</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/09/2016</td>
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<tr>
<td>4B. Housing Type</td>
<td>08/25/2016</td>
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<td>5A. Households</td>
<td>08/18/2016</td>
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<tr>
<td>5B. Subpopulations</td>
<td>08/18/2016</td>
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<tr>
<td>5C. Outreach</td>
<td>08/10/2016</td>
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<tr>
<td>6A. Funding Request</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>6C. Leased Structures</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>6F. Operating</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>6H. Match</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>6l. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/18/2016</td>
</tr>
</tbody>
</table>
Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

Richard R. Orosco
District Director

Letter 1050 (DO/CG)
Dear Taxpayer:

This is in response to your request of July 23, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in March 1994, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps-guides/coc-program-competition-resources/.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

**Instructions:**
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.
Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.
Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.
Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 08/25/2016
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: CA1270L9T021501
(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).
Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number
6. Date Received by State:
7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

8. Applicant
a. Legal Name: The City of Oakland
b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000384
c. Organizational DUNS: 137137977
   PLUS 4

   d. Address
      Street 1: 150 Frank H. Ogawa Plaza, Suite 4340
      Street 2:  
      City: Oakland
      County: Alameda
      State: California
      Country: United States
      Zip / Postal Code: 94612

e. Organizational Unit (optional)
   Department Name: Human Services Department
   Division Name: Community Housing Services Div

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Ms.
First Name: Susan
Middle Name: R.
Last Name: Shelton
Suffix:
Title: Manager, Community Housing Services Division
Organizational Affiliation: The City of Oakland
Telephone Number: (510) 986-2721
Extension:
Fax Number: (510) 238-3661
Email: srshelton@oaklandnet.com
1C. Application Details

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant: C. City or Township Government
   If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
    Title: CoC Program
    CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25
    Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
    Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: North County Family Rapid Rehousing Collaborative

16. Congressional District(s):
   a. Applicant: CA-013
      (for multiple selections hold CTRL key)
   b. Project: CA-013
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 11/01/2017
   b. End Date: 10/31/2018

18. Estimated Funding ($)
a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?  
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?  
   No

   If "YES," provide an explanation:
1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative
   Prefix: Mrs.
   First Name: Sara
   Middle Name: 
   Last Name: Bedford
   Suffix: 
   Title: Director - Department of Human Services
   Telephone Number: (510) 238-6112
   (Format: 123-456-7890)
   Fax Number: (510) 238-2157
   (Format: 123-456-7890)
   Email: SBedford@oaklandnet.com
**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.

**Date Signed:** 08/25/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

**Total Expected Sub-Awards:** $654,317

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cornerstone Community Development Corporation d...</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$120,285</td>
</tr>
<tr>
<td>East Oakland Community Project</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$119,772</td>
</tr>
<tr>
<td>Oakland Housing Authority</td>
<td>L. Public/Indian Housing Authority</td>
<td>$414,260</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

Instructions:
Enter the contact information for the person designated by the subrecipient who has the
authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will
serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best
describes the subrecipient. Nonprofit applicant types (both public and private) are required to
submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling
showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3)
Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state
official showing that the applicant is organized and in good standing as a public nonprofit
organization.

If Other, please specify: Enter the other type of business organization that best describes the
subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer
Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4
number received from Dun and Bradstreet. Information on obtaining a DUNS number may be

Physical Address: Enter the street address, city, state, and zip code (required); county,
province, and country (optional). If the mailing address is different from the street address, enter
the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which
the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a
faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the
subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and
suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other
than the subrecipient. Enter the person’s telephone number and email (required); alternate
number, extension, and fax number (optional).

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

a. Organization Name: Cornerstone Community Development
Corporation dba Building Futures for Women and
Children

b. Organization Type: M. Nonprofit with 501(c)(3) IRS Status (Other
than Institution of Higher Education)
If "Other" specify:

c. Employer or Tax Identification Number: 94-3100741

d. Organizational DUNS: 788170355

*PLUS 4*

e. Physical Address
   Street 1: 1395 Bancroft Avenue
   Street 2: 
   City: San Leandro
   State: California
   Zip Code: 94577

f. Congressional District(s): CA-013
   (for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

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

i. Expected Sub-Award Amount: $120,285

j. Contact Person
   Prefix: Mrs.
   First Name: Elizabeth
   Middle Name: 
   Last Name: Varela
   Suffix: 
   Title: Executive Director
   E-mail Address: lvarela@bfwc.org
   Confirm E-mail Address: lvarela@bfwc.org
   Phone Number: 510-357-0205
   Extension: 103
Documentation of the subrecipient’s nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

Instructions:
Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
a. Organization Name: East Oakland Community Project

b. Organization Type: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)
   If "Other" specify:

c. Employer or Tax Identification Number: 94-3078181

<table>
<thead>
<tr>
<th>* d. Organizational DUNS:</th>
<th>847036567</th>
<th>PLUS 4</th>
</tr>
</thead>
</table>

e. Physical Address
   Street 1: 7515 International Blvc.
   Street 2:
      City: Oakland
      State: California
      Zip Code: 94621

f. Congressional District(s): CA-013
   (for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

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

i. Expected Sub-Award Amount: $119,772

j. Contact Person
   Prefix: Ms.
   First Name: Wendy
   Middle Name: U.
   Last Name: Jackson
   Suffix:
Title: Executive Director
E-mail Address: wendyujiangson@gmail.com
Confirm E-mail Address: wendyujiangson@gmail.com
Phone Number: 510-746-3602
Fax Number: 510-532-2112

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

Instructions:
Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.
Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: Oakland Housing Authority

b. Organization Type: L. Public/Indian Housing Authority
   If "Other" specify:

c. Employer or Tax Identification Number: 94-6000758

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>*d. Organizational DUNS:</td>
<td>038522343</td>
</tr>
<tr>
<td></td>
<td>PLUS 4</td>
</tr>
</tbody>
</table>

e. Physical Address
   Street 1: 1619 Harrison Street
   Street 2:  
   City: Oakland
   State: California
   Zip Code: 94612

f. Congressional District(s): CA-013
   (for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

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

i. Expected Sub-Award Amount: $414,260

j. Contact Person
   Prefix: Ms.
First Name: Michelle
Middle Name:
Last Name: Hasan
Suffix:
Title: Director of Leased Housing
E-mail Address: mhasan@oakha.org
Confirm E-mail Address: mhasan@oakha.org
Phone Number: 510-587-2100
Extension:
Fax Number:
2B. Recipient Performance

Instructions:
The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select “Yes” or “No” from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If “No” is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select “Yes” or “No” from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If “Yes” is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select “Yes” or “No” from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If “No,” is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select “Yes” or “No” from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If “Yes,” is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?  
No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

This is still the first year of operations, and the APR will not be due until January 29, 2017, given the start date of November 1, 2015.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?  
No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?  
Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?  

No
3A. Project Detail

Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select “Yes” or “No” to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: CA1270L9T021501
   (e.g., the “Federal Award Identifier” indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: North County Family Rapid Rehousing Collaborative
4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
**3B. Project Description**

**Instructions:**

**ALL PROJECTS**

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

**PH, SH, TH and SSO PROJECTS ONLY**

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

**PH PROJECTS ONLY**

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

**PH AND TH PROJECTS ONLY:**

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

**RENTAL ASSISTANCE PROJECTS ONLY**

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

1. Provide a description that addresses the entire scope of the proposed project.

The North County Family Rapid Re-housing Collaborative will assist 38 families annually to reach out of homelessness to permanent housing and increased stability to nurture and protect their children.

The Collaborative is strategically poised to transform services in Northern Alameda County by providing coordinated access for Oakland based homeless families. The project combines the strength of the grantee, the City of Oakland which provides program oversight and administrative support to Building Futures for Women and Children and the East Oakland Community Project, two high producing CBOs with successful experience serving homeless families via rapid re-housing, shelter and transitional housing, with the rental assistance administered through the Oakland Housing Authority.

The program provides one portal the Family Front Door with an 800 number connecting families to a Call Center to assess and prioritize each family’s need. This program levels the playing field for homeless families by eliminating side doors to services. Each family receives the same assessment and prioritization questions in order to ensure that the neediest families receive highest priority for services. Additionally both programs use a very low barrier, housing first approach to place client families in permanent housing. Placements into
transitional housing and shelter depend only upon need and bed availability for clients who cannot immediately access permanent housing. Program services are strength based, client centered and client informed. Outreach to clients and landlords, case management, and housing search are conducted by professionals from each agency. Similarly, application fees, deposits, subsidy and utility payments, tracking, mediation of client/landlord issues and unit inspections are managed by each agency. The Call Center Services are managed by a Program Director. Bi-monthly, senior management from both agencies meet with the grantee to problem solve and provide oversight and program team members meet in learning collaborative to solve operational challenges and continually improve client services.

As Alameda County implements Coordinated Entry Services, this collaborative will bring the knowledge experience and benefits of effective collaboration to inform and contribute to the process.

2. Does your project have a specific population focus?   Yes

2a. Please identify the specific population focus. (Select ALL that apply)

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<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<table>
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<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
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<th>Mental Illness</th>
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<table>
<thead>
<tr>
<th>Families with Children</th>
<th>HIV/AIDS</th>
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</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Other: (Click 'Save' to update)

3. Housing First

3a. Does the project quickly move participants into permanent housing   Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Active or history of substance abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
</tbody>
</table>
3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

- Failure to participate in supportive services [X]
- Failure to make progress on a service plan [X]
- Loss of income or failure to improve income [X]
- Domestic violence [X]
- Any other activity not covered in a lease agreement typically found in the project's geographic area. [X]
- None of the above

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? RRH

4a. Does the project request costs under the rental assistance budget line item? Yes

4b. Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? No
4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- **Provider**: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- **Frequency**: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016

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2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? Yes
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>22</td>
<td>57</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Units: 22  
Total Beds: 57
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 22
   b. Beds: 57

3. Address
   Street 1: 150 Frank H. Ogawa Plaza, Suite 4340
   Street 2:
       City: Oakland
       State: California
       ZIP Code: 94512

4. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   062508 Oakland
5A. Project Participants - Households

**Instructions:**

**ALL PROJECTS EXCEPT HMIS**

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number...” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

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

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>22</td>
<td>0</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>Characteristics</td>
<td>Persons in Households with at Least One Adult and One Child</td>
<td>Adult Persons in Households without Children</td>
<td>Persons in Households with Only Children</td>
<td>Total</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Category</th>
<th>Adults over age 24</th>
<th>Adults ages 18-24</th>
<th>Accompanied Children under age 18</th>
<th>Unaccompanied Children under age 18</th>
<th>Total Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>21</td>
<td>0</td>
<td></td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>1</td>
<td>0</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>35</td>
<td></td>
<td>0</td>
<td></td>
<td>35</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>57</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>57</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>2</td>
<td>1</td>
<td>21</td>
<td>1</td>
<td>21</td>
</tr>
<tr>
<td>Total Persons</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>6</td>
<td>12</td>
<td>4</td>
<td>1</td>
<td>26</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Describe the unlisted subpopulations referred to above:

We anticipate that a small number of adults and a majority of the children served will not have the sub-population characteristics listed above.
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>0%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td>0%</td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td>0%</td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td>0%</td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Do any of the properties in this project have an active restrictive covenant? Yes

Applicant: City of Oakland

Project: North County Family Rapid Rehousing Collaborative

Renewal Project Application FY2016 Page 37 09/12/2016
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

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

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance X
   - Supportive Services X
   - Operations
   - HMIS
6D. 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>CA - Oakland-Fremont, CA HUD Metro FM...</td>
<td>22</td>
<td>$392,808</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $392,808

Total Units: 22
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.

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents: In the FY 2016 CoC Program Competition, eligible renewal projects requesting rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select “Yes” from the dropdown for this question. The project applicant will then have the ability to enter an amount in the “HUD Paid Rent (applicant)” field that is less than the amount listed in the “FMR Area (applicant)” field. The following question is visible when PRA is selected:

Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA? This request is only available for PH PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2016 CoC Program Competition NOFA.

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. The number(s) listed should match the CoC’s HUD-approved FY 2015 GIW.

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

HUD Paid Rent: For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. (If the applicants select “No” above, this column will not be available for edit). In the GIW, HUD Paid Rent is known as “Actual”.

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 “HUD Paid Rent” and by 12 months. If the applicant selected “No” above, the automatic calculation will be based on the FMR and not the “HUD Paid Rent.”.

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 with the value “1 Year” and will be read only.

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

All total fields will be calculated once the required field has been completed and saved.
**Applicant:** City of Oakland  
**Project:** North County Family Rapid Rehousing Collaborative

Additional Resources can be found at the HUD Resource 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:** CA - Oakland-Fremont, CA HUD Metro FMR Area (0600199999)

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?** No

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$778</td>
<td>$778</td>
<td>x 12</td>
<td>=</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,037</td>
<td>$1,037</td>
<td>x 12</td>
<td>=</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>8</td>
<td>$1,249</td>
<td>$1,249</td>
<td>x 12</td>
<td>= $119,904</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>13</td>
<td>$1,580</td>
<td>$1,580</td>
<td>x 12</td>
<td>= $246,480</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>1</td>
<td>$2,202</td>
<td>$2,202</td>
<td>x 12</td>
<td>= $26,424</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$2,455</td>
<td>$2,455</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$2,823</td>
<td>$2,823</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$3,192</td>
<td>$3,192</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$3,560</td>
<td>$3,560</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$3,928</td>
<td>$3,928</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$4,296</td>
<td>$4,296</td>
<td>x 12</td>
<td>= $0</td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested** 22  
**Total Request for Grant Term** $392,808

**Grant Term** 1 Year

Click the 'Save' button to automatically calculate totals.
6E. 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 “1 FTE” 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. 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. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>1.0 FTE Case manager @ $44,000 base salary + $10,120 FB x 0.8 for HUD cost = $43,327; 1.0 FTE CTI case manager @ $39,750 base salary + $7,540 FB x 0.73 for HUD cost = $36,540</td>
<td>$79,867</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td>1.0 FTE Hsing specialist @ $33,600 base salary (BS) + $7,758 FB x 0.52 HUD cost = $41,358; 1.0 FTE Sr. Hsing Specialist @ $40,000 BS + $10,154 FB x 0.33 HUD cost = $16,808; 1.0 FTE family coordinator @ $50,000 BS + $13,000 FB x 0.50 HUD cost = $31,500; 1.0 FTE subsidy coordinator @ $40,860 BS + $10,624 FB x 0.13 HUD cost = $6,693; rent processing fees @ $556.95/family x 38 families = $21,164</td>
<td>$117,523</td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>15. Transportation</strong></td>
<td>staff mileage reimbursements for home visits, meeting with participants and housing inspections = $8,300; bus tickets for 38 families to seek housing. HUDs cost = $7,370</td>
<td></td>
</tr>
<tr>
<td><strong>16. Utility Deposits</strong></td>
<td>security deposits @ $1,643.86 per family x 38 families = $62,466; however only asking HUD for $36,165</td>
<td></td>
</tr>
<tr>
<td><strong>17. Operating Costs</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Total Annual Assistance Requested | $240,925 |
| Grant Term | 1 Year |
| Total Request for Grant Term | $240,925 |

Click the 'Save' button to automatically calculate totals.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Building Futures ...</td>
<td>08/12/2016</td>
<td>$77,000</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>East Oakland Comm...</td>
<td>08/12/2016</td>
<td>$43,302</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>East Oakland Comm...</td>
<td>08/12/2016</td>
<td>$32,840</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>City of Oakland</td>
<td>08/15/2016</td>
<td>$15,440</td>
</tr>
</tbody>
</table>
Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snapsguides/coc-program-competition-resources/

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: Building Futures for Women & Children
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/12/2016
6. Value of Written Commitment: $77,000
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

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: East Oakland Community Project (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/12/2016
6. Value of Written Commitment: $43,302

Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field
that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: East Oakland Community Project
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/12/2016
6. Value of Written Commitment: $32,840

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The
Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) City of Oakland
5. Date of Written Commitment: 08/15/2016
6. Value of Written Commitment: $15,440
6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$392,808</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Supportive Services</td>
<td>$240,925</td>
</tr>
<tr>
<td>4</td>
<td>Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5</td>
<td>HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6</td>
<td>Sub-total Costs Requested</td>
<td>$633,733</td>
</tr>
<tr>
<td>7</td>
<td>Admin (Up to 10%)</td>
<td>$40,594</td>
</tr>
<tr>
<td>8</td>
<td>Total Assistance plus Admin Requested</td>
<td>$674,327</td>
</tr>
<tr>
<td>9</td>
<td>Cash Match</td>
<td>$120,302</td>
</tr>
<tr>
<td>10</td>
<td>In-Kind Match</td>
<td>$48,280</td>
</tr>
<tr>
<td>11</td>
<td>Total Match</td>
<td>$168,582</td>
</tr>
<tr>
<td>12</td>
<td>Total Budget</td>
<td>$842,909</td>
</tr>
</tbody>
</table>

Applicant: City of Oakland  
Project: North County Family Rapid Rehousing Collaborative

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09/12/2016
7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snapsguides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>NC FRRC 501 c 3 ltrs</td>
<td>08/10/2016</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: NC FRRC 501 c 3 ltrs

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. Certification

A. For all projects:
Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations
pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on
the ground of race, color or national origin, be excluded from participation in, be denied the
benefits of, or be otherwise subjected to discrimination under any program or activity for which
the applicant receives Federal financial assistance, and will immediately take any measures
necessary to effectuate this agreement. With reference to the real property and structure(s)
thereon which are provided or improved with the aid of Federal financial assistance extended to
the applicant, this assurance shall obligate the applicant, or in the case of any transfer,
transferee, for the period during which the real property and structure(s) are used for a purpose
for which the Federal financial assistance is extended or for another purpose involving the
provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with
implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the
basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with
implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race,
color, creed, sex or national origin in housing and related facilities provided with Federal financial
assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter
60-1), which state that no person shall be discriminated against on the basis of race, color,
religion, sex or national origin in all phases of employment during the performance of Federal
contracts and shall take affirmative action to ensure equal employment opportunity. The
applicant will incorporate, or cause to be incorporated, into any contract for construction work as
defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section
130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended
(12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to
the greatest extent feasible opportunities for training and employment be given to lower-income
residents of the project and contracts for work in connection with the project be awarded in
substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended,
and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on
disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and
implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in
projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official**

Sara Bedford

**Date:** 08/25/2016

**Title:** Director - Department of Human Services

**Applicant Organization:** The City of Oakland

**PHA Number (For PHA Applicants Only):**

I certify that I have been duly authorized by the applicant to submit this Applicant 

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Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. Congressional District(s)</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>1E. Compliance</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>1F. Declaration</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>08/25/2016</td>
</tr>
<tr>
<td>2B. Recipient Performance</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>--------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/10/2016</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/25/2016</td>
</tr>
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<td>4A. Services</td>
<td>08/10/2016</td>
</tr>
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<td>4B. Housing Type</td>
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<tr>
<td>5B. Subpopulations</td>
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<td>5C. Outreach</td>
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<td>6A. Funding Request</td>
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<td>6D. Rental Assistance</td>
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<td>6H. Match</td>
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<tr>
<td>6I. Summary Budget</td>
<td>No Input Required</td>
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<td>7A. Attachment(s)</td>
<td>08/10/2016</td>
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<td>7B. Certification</td>
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</tbody>
</table>
EAST OAKLAND COMMUNITY PROJECT
7515 INTERNATIONAL BLVD
OAKLAND CA 94621

Employer Identification Number: 94-3078181
Person to Contact: Mrs. Schaper
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of July 23, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in March 1994, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I
Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

Richard R. Oroso
District Director

Letter 1050 (DO/CG)
501(c)(3) Documentation

Building Futures with Women and Children is the “doing business as” (dba) name for Cornerstone Community Development Corporation, which has been the legal name of the organization since 1999.

All properties and assets are owned and taxes are filed in Cornerstone’s name. For purposes of protecting confidentiality of battered women who stay at Cornerstone’s facilities, the name Building Futures is used for day-to-day business.

Building Futures was originally incorporated as a 501(c)(3) nonprofit agency in 1988 as St. Leander Women’s Refuge, and then in 1992 the name was changed to the San Leandro Shelter for Women and Children. In 1999 the Board of Directors adopted the new corporate name of Cornerstone Community Development Corporation and created the “doing business as” name of Building Futures.
Dear Sir or Madam:

This letter is in response to your organization’s Certified Amended Articles of Incorporation, showing a name change. We have updated your organization’s name in our records.

Our records indicate that a determination letter issued in October 1989 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization’s operations would continue as stated in the application. If your organization’s sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization’s annual accounting period. The law imposes a penalty of $20 a day, up to a maximum of $10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).
Cornerstone Community Development Corporation
94-3100741

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization’s present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Because this letter could help resolve any questions about your organization’s exempt status and foundation status, you should keep it with the organization’s permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization’s exempt status.

Sincerely,

C. Ashley Bullard
District Director
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission: Application
2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 08/25/2016
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number X
6. Date Received by State:
7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant
   a. Legal Name: The City of Oakland
   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000384

| c. Organizational DUNS: | 137137977 | PLUS 4 |

| d. Address |
| Street 1: 150 Frank H. Ogawa Plaza, Suite 4340 |
| Street 2: |
| City: Oakland |
| County: Alameda |
| State: California |
| Country: United States |
| Zip / Postal Code: 94612 |

e. Organizational Unit (optional)
   Department Name: Human Services Department
   Division Name: Community Housing Services Div

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Ms.
First Name: Susan
Middle Name: R.
Last Name: Shelton
Suffix:
Title: Manager, Community Housing Services Division
Organizational Affiliation: The City of Oakland
Telephone Number: (510) 986-2721
Extension:
Fax Number: (510) 238-3661
Email: srshelton@oaklandnet.com
1C. Application Details

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant:  C. City or Township Government
   If "Other" please specify:

10. Name of Federal Agency:  Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
    Title: CoC Program
    CFDA Number: 14.267

12. Funding Opportunity Number:  FR-6000-N-25
    Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
    Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) only): California
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: North County Homeless Youth RRH

16. Congressional District(s):
   a. Applicant: CA-013
   (for multiple selections hold CTRL key)
   b. Project: CA-013
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 12/01/2017
   b. End Date: 11/30/2018

18. Estimated Funding ($)
Applicant: City of Oakland
Project: North County Homeless Youth RRH

a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

   If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

   If "YES," provide an explanation:
1F. Declaration

Instructions:
The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative
Prefix: Mrs.
First Name: Sara
Middle Name: 
Last Name: Bedford
Suffix: 
Title: Director - Department of Human Services
Telephone Number: (510) 238-6112
(Format: 123-456-7890)
Fax Number: (510) 238-2157
(Format: 123-456-7890)
Email: SBedford@oaklandnet.com
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.

Date Signed:  08/25/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

**Total Expected Sub-Awards:** $1,010,594

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Oakland Community Project</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$246,595</td>
</tr>
<tr>
<td>Covenant House of California</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$246,595</td>
</tr>
<tr>
<td>First Place for Youth</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$270,828</td>
</tr>
<tr>
<td>Youth Engagement Advocacy Housing (YEAH!)</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$246,576</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: East Oakland Community Project

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

If "Other" specify:
**c. Employer or Tax Identification Number:** 94-3078181

**e. Physical Address**
- **Street 1:** 7515 International Blvd.
- **City:** Oakland
- **State:** California
- **Zip Code:** 94621

**f. Congressional District(s):** CA-013
(for multiple selections hold CTRL key)

**g. Is the subrecipient a Faith-Based Organization?** No

**h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?** Yes

**i. Expected Sub-Award Amount:** $246,595

**j. Contact Person**
- **Prefix:** Ms.
- **First Name:** Wendy
- **Middle Name:** U.
- **Last Name:** Jackson
- **Suffix:**
- **Title:** Executive Director
- **E-mail Address:** wendyujackson@gmail.com
- **Confirm E-mail Address:** wendyujackson@gmail.com
- **Phone Number:** 510-746-3602
- **Extension:**
- **Fax Number:** 510-532-2112
2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: Covenant House of California
b. Organization Type: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:

c. Employer or Tax Identification Number: 13-3391210

d. Organizational DUNS: 617537436

e. Physical Address

   Street 1: 200 Harrison Street
   Street 2: 
   City: Oakland
   State: California
   Zip Code: 94607

f. Congressional District(s): CA-013
   (for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

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

i. Expected Sub-Award Amount: $246,595

j. Contact Person

   Prefix: Ms.
   First Name: Krista
   Last Name: Girty
   Middle Name:
   Suffix: MSW
   Title: Associate Executive Director
   E-mail Address: Kgirty@covca.org
Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other
than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: First Place for Youth

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

If "Other" specify:

c. Employer or Tax Identification Number: 94-3341034

d. Organizational DUNS: 007276186

e. Physical Address
   Street 1: 426 - 17th Street
   Street 2: Suite 100
   City: Oakland
   State: California
   Zip Code: 94612

f. Congressional District(s): CA-013
   (for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

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

i. Expected Sub-Award Amount: $270,828

j. Contact Person
   Prefix: Mr.
   First Name: Sam
Middle Name: Cobbs
Suffix:  
Title: Chief Executive Officer
E-mail Address: scobbs@firstplaceforyouth.org
Confirm E-mail Address: scobbs@firstplaceforyouth.org
Phone Number: 510-272-0979
Extension:  
Fax Number: 510-272-1234

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

Instructions:
Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.
Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: Youth Engagement Advocacy Housing (YEAH!)

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

If "Other" specify:

c. Employer or Tax Identification Number: 20-8433097

d. Organizational DUNS: 832540947

f. Physical Address
   
   Street 1: 1744 University Avenue
   City: Berkeley
   State: California
   Zip Code: 94703

f. Congressional District(s): CA-013
   (for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

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

i. Expected Sub-Award Amount: $246,576
j. Contact Person
Prefix: Ms.
First Name: Jaclyn
Middle Name:
Last Name: Grant
Suffix: MSW
Title: Executive Director
E-mail Address: jaclyng@yeahberkeley.org
Confirm E-mail Address: jaclyng@yeahberkeley.org
Phone Number: 510-704-9867
Extension:
Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.
2B. Recipient Performance

Instructions:
The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

   Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

   Program is in Year 1 of operations and the APR will not be due to August 2017.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?  No
3A. Project Detail

Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select “Yes” or “No” to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: CA1465L9T021500
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: North County Homeless Youth RRH
4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select“ PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

1. Provide a description that addresses the entire scope of the proposed project.

The North County Homeless Youth RRH provides Rapid Rehousing services to 60 homeless Transition Aged Youth (TAY) in Northern Alameda County (Oakland, Berkeley, Emeryville, Albany). The project brings together four of the leading local agencies in the field of homeless youth, and provides youth culturally competent services and a Rapid Rehousing model that is specifically tailored to the needs of homeless youth. The project meets an existing gap in the continuum of homeless services currently available for TAY (including youth specific outreach, shelter, transitional housing and permanent housing) as no other TAY specific Rapid Rehousing program is currently in operation in the area. In addition, the project draws on the varied expertise of its partner providers to serve several specific populations of homeless youth including youth who have been trafficked, youth exiting the foster care system, street youth, and youth who identify as lesbian, gay, bi-sexual, transgender, or questioning (LGBTQ).

2. Does your project have a specific population focus? Yes

Applicant: City of Oakland
Project: North County Homeless Youth RRH
2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
<th>Veterans</th>
<th>Substance Abuse</th>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
<th>Families with Children</th>
<th>HIV/AIDS</th>
<th>Other (Click 'Save' to update)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing

Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

- Having too little or little income
  - X
- Active or history of substance abuse
  - X
- Having a criminal record with exceptions for state-mandated restrictions
  - X
- History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)
  - X
- None of the above
  - 

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

- Failure to participate in supportive services
  - X
- Failure to make progress on a service plan
  - X
- Loss of income or failure to improve income
  - X
- Domestic violence
  - X
- Any other activity not covered in a lease agreement typically found in the project's geographic area.
  - X
3d. Does the project follow a "Housing First" approach?

   Yes

4. Does the PH project provide PSH or RRH?  RRH

4a. Does the project request costs under the rental assistance budget line item?

   Yes

4b. Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance?

   Yes
4A. Supportive Services for Participants

Instructions:
ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:
- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:
- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.
   Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Service</th>
<th>Subrecipient</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 45
Total Beds: 60

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (…)</td>
<td>30</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shared housing</td>
<td>15</td>
<td>30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. **Housing Type:** Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   
a. **Units:** 30  
b. **Beds:** 30

3. **Address**
   - **Street 1:** 150 Frank H. Ogawa Plaza  
   - **Street 2:** Suite 4340  
   - **City:** Oakland  
   - **State:** California  
   - **ZIP Code:** 94612

4. Select the geographic area(s) associated with the address:  
   (for multiple selections hold CTRL Key)  
   - 062508 Oakland, 060324 Berkeley, 069001 Alameda County

4B. **Housing Type and Location Detail**

**Instructions:**

**ALL PROJECTS EXCEPT HMIS**

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

**PH-PSH PROJECTS ONLY**

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically
homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs? This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

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

1. Housing Type: Shared housing

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 15
   b. Beds: 30

3. Address
   Street 1: 150 Frank H. Ogawa Plaza
   Street 2: Suite 4340
   City: Oakland
   State: California
   ZIP Code: 94612
4. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)

   062508 Oakland, 069001 Alameda County
5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

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

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>9</td>
<td>51</td>
<td>0</td>
<td>60</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>City of Oakland</td>
<td>North County Homeless Youth RRH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>-----------------</td>
<td>----------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>9</td>
<td>51</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>14</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>23</td>
<td>51</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snapsguides/coc-program-competition-resources/

Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>15</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
## Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>7</td>
<td>10</td>
<td>3</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Total Persons</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>7</td>
<td>10</td>
<td>3</td>
<td>2</td>
<td>10</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

## Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Describe the unlisted subpopulations referred to above:

We anticipate that some of the parenting youth, children and single youth will not be in any of the sub-populations listed above.
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>15%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>80%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td>0%</td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td>0%</td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td>5%</td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:

- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the "Component Type" and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Yes

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

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

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance X
   - Supportive Services X
   - Operations
   - HMIS
6D. 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>CA - Oakland-Fremont, CA HUD Metro FM...</td>
<td>45</td>
<td>$708,600</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $708,600

Total Units: 45
### 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.

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents: In the FY 2016 CoC Program Competition, eligible renewal projects requesting rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select “Yes” from the dropdown for this question. The project applicant will then have the ability to enter an amount in the “HUD Paid Rent (applicant)” field that is less than the amount listed in the “FMR Area (applicant)” field. The following question is visible when PRA is selected:

Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA? This request is only available for PH PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2016 CoC Program Competition NOFA.

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. The number(s) listed should match the CoC’s HUD-approved FY 2015 GIW.

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

HUD Paid Rent: For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. (If the applicants select “No” above, this column will not be available for edit). In the GIW, HUD Paid Rent is known as “Actual”.

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 “HUD Paid Rent” and by 12 months. If the applicant selected “No” above, the automatic calculation will be based on the FMR and not the “HUD Paid Rent.”.

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 with the value “1 Year” and will be read only.

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

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

<table>
<thead>
<tr>
<th>Size of units</th>
<th># of units</th>
<th>FMR</th>
<th>HUD Paid Rent</th>
<th>12 Months</th>
<th>Total Request</th>
<th>Total Units and Annual Assistance Requested</th>
<th>Grant Term</th>
<th>Total Request for Grant Term</th>
</tr>
</thead>
</table>

Applicant: City of Oakland

Project: North County Homeless Youth RRH

Renewal Project Application FY2016

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09/12/2016
Additional Resources can be found at the HUD Resource 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:** CA - Oakland-Fremont, CA HUD Metro FMR Area (0600199999)

**Does the applicant request rental assistance funding for less than the area’s per unit size fair market rents?** No

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$778</td>
<td>$778</td>
<td>x 12</td>
<td>=</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>10 x</td>
<td>$1,037</td>
<td>$1,037</td>
<td>x 12</td>
<td>= $124,440</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>20 x</td>
<td>$1,249</td>
<td>$1,249</td>
<td>x 12</td>
<td>= $299,760</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>15 x</td>
<td>$1,580</td>
<td>$1,580</td>
<td>x 12</td>
<td>= $284,400</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,202</td>
<td>$2,202</td>
<td>x 12</td>
<td>=</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$2,455</td>
<td>$2,455</td>
<td>x 12</td>
<td>=</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$2,823</td>
<td>$2,823</td>
<td>x 12</td>
<td>=</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$3,192</td>
<td>$3,192</td>
<td>x 12</td>
<td>=</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$3,560</td>
<td>$3,560</td>
<td>x 12</td>
<td>=</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$3,928</td>
<td>$3,928</td>
<td>x 12</td>
<td>=</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$4,296</td>
<td>$4,296</td>
<td>x 12</td>
<td>=</td>
</tr>
<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td><strong>45</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$708,600</strong></td>
</tr>
<tr>
<td><strong>Grant Term</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>1 Year</strong></td>
</tr>
<tr>
<td><strong>Total Request for Grant Term</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>$708,600</strong></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6E. 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 “1 FTE” 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. 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. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td>0.15 FTE intake specialist @ $58,467 salary + benefits = $8,767</td>
<td>$8,767</td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>3. Case Management</td>
<td>0.15 FTE project coordinator @ $83,500 salary + benefits = $12,525; 1.98 FTE case managers @ $532,693 salary + benefits = $ 106,321 for case management to 60 youth</td>
<td>$118,848</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td>1.0 FTE employment specialist @ $51,526 salary + benefits = $51,526</td>
<td>$51,526</td>
</tr>
<tr>
<td>7. Food</td>
<td>emergency food vouchers for 60 youth x $125.26/voucher = $7,516</td>
<td>$7,516</td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td>1.62 FTE housing specialist @ $51,193 salary + benefits = $82,933 to provide housing location services to 60 youth</td>
<td>$82,933</td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant: City of Oakland

Project: North County Homeless Youth RRH

Renewal Project Application FY2016

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<table>
<thead>
<tr>
<th>10. Life Skills</th>
<th>0.25 FTE peer support counselor @ $36,556 salary + benefits = $9,139 to provide support groups and accompany youth on housing searches</th>
<th>$9,139</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>15. Transportation</td>
<td>staff mileage to look for housing units @ 0.57/mile x 166 miles/week x 52 weeks = $4,938; bus tickets for youth for housing search @ $2.10/ticket x 60 youth x 32 tickets per youth = $4,032</td>
<td>$9,485</td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td>utility deposits @ $83.34/youth x 60 youth = $5,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Annual Assistance Requested</strong></td>
<td></td>
<td><strong>$293,214</strong></td>
</tr>
<tr>
<td><strong>Grant Term</strong></td>
<td></td>
<td><strong>1 Year</strong></td>
</tr>
<tr>
<td><strong>Total Request for Grant Term</strong></td>
<td></td>
<td><strong>$293,214</strong></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>East Oakland Comm...</td>
<td>08/12/2016</td>
<td>$63,473</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Youth Engagement ...</td>
<td>08/12/2016</td>
<td>$35,000</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>First Place for Y...</td>
<td>08/12/2016</td>
<td>$69,751</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>City of Oakland, ...</td>
<td>08/12/2016</td>
<td>$8,766</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Covenant House of...</td>
<td>08/12/2016</td>
<td>$91,941</td>
</tr>
</tbody>
</table>

Total Value of Cash Commitments: $199,180
Total Value of In-Kind Commitments: $69,751
Total Value of All Commitments: $268,931
Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

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: East Oakland Community Project
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/12/2016
6. Value of Written Commitment: $63,473

Sources of Match Detail

Instructions:

Applicant: City of Oakland
Project: North County Homeless Youth RRH

Renewal Project Application FY2016
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09/12/2016
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

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: Youth Engagement Advocacy Housing

(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/12/2016

6. Value of Written Commitment: $35,000

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field
that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: First Place for Youth (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/12/2016
6. Value of Written Commitment: $69,751

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The
Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Government

4. Name the Source of the Commitment: City of Oakland, Human Services Department (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/12/2016

6. Value of Written Commitment: $8,766

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and
include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

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: Covenant House of California
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/12/2016

6. Value of Written Commitment: $91,941
6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC's HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$708,600</td>
</tr>
</tbody>
</table>

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### Applicant: City of Oakland

### Project: North County Homeless Youth RRH

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Supportive Services</td>
<td>$293,214</td>
<td></td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td><strong>6. Sub-total Costs Requested</strong></td>
<td><strong>$1,001,814</strong></td>
<td></td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$70,392</td>
<td></td>
</tr>
<tr>
<td><strong>8. Total Assistance plus Admin Requested</strong></td>
<td><strong>$1,072,206</strong></td>
<td></td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$199,180</td>
<td></td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$69,751</td>
<td></td>
</tr>
<tr>
<td><strong>11. Total Match</strong></td>
<td><strong>$268,931</strong></td>
<td></td>
</tr>
<tr>
<td><strong>12. Total Budget</strong></td>
<td><strong>$1,341,137</strong></td>
<td></td>
</tr>
</tbody>
</table>
7A. Attachment(s)

**Instructions:**

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>Homeless Youth RR...</td>
<td>08/25/2016</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

**Document Description:** Homeless Youth RRH IRS determination letters

Attachment Details

**Document Description:**

Attachment Details

**Document Description:**
7B. Certification

A. For all projects:
Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part 1), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section’s nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Sara Bedford
Date: 08/25/2016
Title: Director - Department of Human Services
Applicant Organization: The City of Oakland

I certify that I have been duly authorized by the applicant to submit this Applicant: X
Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
### 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/10/2016</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. Application Details</td>
<td>No Input Required</td>
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<td>1D. Congressional District(s)</td>
<td>08/25/2016</td>
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<tr>
<td>1E. Compliance</td>
<td>08/10/2016</td>
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<tr>
<td>1F. Declaration</td>
<td>08/10/2016</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>08/10/2016</td>
</tr>
<tr>
<td>2B. Recipient Performance</td>
<td>08/10/2016</td>
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</table>

Applicant: City of Oakland

Project: North County Homeless Youth RRH

Renewal Project Application FY2016

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09/12/2016
<table>
<thead>
<tr>
<th>Section</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td>08/10/2016</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/15/2016</td>
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<tr>
<td>4A. Services</td>
<td>08/10/2016</td>
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<tr>
<td>4B. Housing Type</td>
<td>08/11/2016</td>
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<td>5A. Households</td>
<td>08/11/2016</td>
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<tr>
<td>5B. Subpopulations</td>
<td>08/11/2016</td>
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<tr>
<td>5C. Outreach</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>6D. Rental Assistance</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>6H. Match</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>6I. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/25/2016</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/18/2016</td>
</tr>
</tbody>
</table>
Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.
Internal Revenue Service
P.O. Box 2508
Cincinnati, OH  45201

Department of the Treasury

Date:  
APR 03 2008

Person to Contact:
Gregory Ranier
ID #31-07231

Toll Free Telephone Number:
877-829-5500

Employer Identification Number:
20-8433097

Advance Ruling Period Ends:
June 30, 2010

YEAHI
C/O SARAH BIRDSALL ISAKSON
1774 UNIVERSITY AVE
BERKELEY CA 94703

Dear Sir or Madam:

This is in response to your amended articles of incorporation filed with the state on January 29, 2008. We have updated our records to reflect the name change from Tay Central to YEAHI.

Our records indicate that a determination letter was issued in December 2007 that recognized you as exempt from Federal income tax, and reflect that you are currently exempt under section 501(c)(3) of the Internal Revenue Code. Our records also indicate that you are classified as a public charity under section(s) 509(a)(1) and 170(b)(1)(A)(vi) of the Code until the advance ruling period ending date shown above.

Within 90 days from the end of the advance ruling period, you must submit Form 8734, Support Schedule for Advance Ruling Period, in order for us to determine whether you meet the applicable public charity support tests.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Grantors and contributors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within 90 days, grantors and contributors may continue to rely on the advance determination until the Service makes a final determination of your public charity status.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Cindy Westcott
Manager, Exempt Organizations Determinations
Dear Applicant:

This modifies our letter of the above date in which we stated that you
would be treated as an organization that is not a private foundation until the
expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an
organization described in section 501(c)(3) is still in effect. Based on the
information you submitted, we have determined that you are not a private
foundation within the meaning of section 509(a) of the Code because you are an
organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors' and contributors may rely on this determination unless the
Internal Revenue Service publishes notice to the contrary. However, if you
lose your section 509(a)(1) status, a grantor or contributor may not rely on
this determination if he or she was in part responsible for, or was aware of,
the act or failure to act, or the substantial or material change on the part of
the organization that resulted in your loss of such status, or if he or she
acquired knowledge that the Internal Revenue Service had given notice that you
would no longer be classified as a section 509(a)(1) organization:

If we have indicated in the heading of this letter that an addendum
applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private
foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and
telephone number are shown above.

Sincerely yours,

Richard R. Orozco
District Director
Dear Sir or Madam:

This is in response to your request of December 17, 2004, regarding your organization's tax-exempt status.

In November 1991 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

[Signature]

Jahna K. Skufca, Director, TE/GE
Customer Account Services
Dear Sir or Madam:

This is in response to your request of November 30, 2007, regarding your tax-exempt status. We have updated our records to reflect the name change from THE FIRST PLACE FUND FOR YOUTH to FIRST PLACE FOR YOUTH.

Our records indicate that a determination letter was issued in June 2006 that recognized you as exempt from Federal income tax, and reflect that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Cindy Westcott
Manager, Exempt Organizations
Determinations
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
**1A. Application Type**

**Instructions:**

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/25/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: CA0105L9T021508

(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number X

6. Date Received by State:

7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant
a. Legal Name: Berkeley Food and Housing Project
b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2979073
c. Organizational DUNS: 363816703
   PLUS 4

d. Address
   Street 1: 1901 Fairview St
   Street 2: 
   City: Berkeley
   County: Alameda
   State: California
   Country: United States
   Zip / Postal Code: 94703

e. Organizational Unit (optional)
   Department Name: Berkeley Food and Housing Project
   Division Name:

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Ms.
First Name: Kirsten
Middle Name:
Last Name: Anderson
Suffix:
Title: Accounting Manager
Organizational Affiliation: Berkeley Food and Housing Project
Telephone Number: (510) 318-6626
Extension:
Fax Number: (510) 649-4982
Email: kanderson@bfhp.org
1C. Application Details

**Instructions:**

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. **Type of Applicant:** M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" please specify:

10. **Name of Federal Agency:** Department of Housing and Urban Development

11. **Catalog of Federal Domestic Assistance**

   **Title:** CoC Program

   **CFDA Number:** 14.267

12. **Funding Opportunity Number:** FR-6000-N-25

   **Title:** Continuum of Care Homeless Assistance Competition

13. **Competition Identification Number:**

   **Title:**
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: North County Women's Center

16. Congressional District(s):

a. Applicant: CA-013
(for multiple selections hold CTRL key)

b. Project: CA-013
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 03/01/2017
b. End Date: 02/28/2018

18. Estimated Funding ($)
Applicant: Berkeley Food and Housing Project
Project: North County Women's Center

a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:
1F. Declaration

**Instructions:**

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix:  Ms.
First Name: Terrie
Middle Name:  
Last Name: Light
Suffix:  
Title: Executive Director
Telephone Number: (510) 318-6607
(Format: 123-456-7890)
Fax Number: (510) 649-4982
(Format: 123-456-7890)
Email: tlight@bfhp.org
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  08/25/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>This list contains no items</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2B. Recipient Performance

Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If “Yes” is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

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

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No
3A. Project Detail

Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select “Yes” or “No” to indicate if one or more properties being served by this project were acquired under Title V.

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

1. Expiring Grant Number: CA0105L9T021508
   (e.g., the “Federal Award Identifier” indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: North County Women’s Center
4. Project Status: Standard

5. Component Type: TH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

1. Provide a description that addresses the entire scope of the proposed project.

North County Women’s Center (NCWC) provides short-term transitional housing and supportive services to disabled and homeless women and their families. The program focuses on women who are dually diagnosed with serious mental illness and substance abuse, as well as being survivors of domestic violence.

The program provides 17 units of housing accommodating 23 individual women. Seven units are set aside for families and 7 units are set aside for chronically homeless women. The maximum length of stay in the program is 18 months, although the majority of women transition to permanent housing within 6 months.

NCWC provides an array of services designed to move a woman to independent, permanent housing as quickly as possible. The program is staffed 24 hours per day. Assessment focuses on information relevant to the client’s homelessness and its resolution. The goal is to understand Tenant Screening Issues (barriers that may prevent a landlord from wanting to rent to or retain this client; client’s strengths that are attractive to landlords) and Housing Retention Issues (barriers that impact the ability to remain housed; client’s strengths in maintaining housing).
After completing the assessment, the case manager and client create a Housing Case Plan together. The plans are updated every 90 days with the initial goal of moving women to permanent housing within 6 months. Due to the severity of many women’s disabilities, the program anticipates that a small number of women will need longer than 6 months to become permanently housed. The Housing Case Manager connects clients to a cultivated network of landlords and property management companies. Staff accompanies clients to rental viewings, inspects properties, and links clients to move-in assistance.

All clients work with the Life Skills Coordinator on acquiring specific skills that will enable them to obtain and maintain housing. The individualized Life Skills Plan is created with the direct input of the client, Life Skills Coordinator and Housing Case Manager so that there is consistency throughout the client’s work in the Program. Life Skills Plans include a focus on skills such as management of mental health symptoms; medication management; parenting; and relapse prevention.

Diversion from Permanent Supportive Housing (PSH) is a key objective. With the support and skills training offered by NCWC, women who would otherwise have been waiting for years for expensive PSH and long term services are now able to move into independent living without the need for ongoing wraparound services. The relationships that the women forge with staff and peers give them a new support network to use once they are on their own.

On site collaborations within NCWC include primary medical and mental health care from LifeLong Medical Care and parenting groups from Children’s Hospital Oakland.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
<th>Veterans</th>
<th>Substance Abuse</th>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
<th>Families with Children</th>
<th>HIV/AIDS</th>
<th>Other (Click ‘Save’ to update)</th>
</tr>
</thead>
<tbody>
<tr>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other:

3. Housing First
**3a. Does the project quickly move participants into permanent housing**

Yes

**3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance abuse</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

**3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found in the project's geographic area.</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

**3d. Does the project follow a "Housing First" approach?**

Yes

**4. Does the project request costs under the rental assistance budget line item?**

No
4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:
- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

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

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Case Management</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016  Page 19  09/12/2016
<table>
<thead>
<tr>
<th>Service</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Partner</td>
<td>Daily</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Partner</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? **Yes**

2b. Use of a single application form for four or more mainstream programs? **No**

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? **Yes**

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? **Yes**

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? **Yes**
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 17
Total Beds: 32
Total Youth Beds: 0

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dormitory, shared or privat...</td>
<td>17</td>
<td>32</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps(guides/coc-program-competition-resources/
1. Housing Type: Dormitory, shared or private rooms

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 17
   b. Beds: 32

3. Beds for Youth
   a. How many of the total beds entered in "2b. Beds" are dedicated to the youth? 0

4. Address:
   Street 1: 2140 Dwight Way
   Street 2:
   City: Berkeley
   State: California
   ZIP Code: 94703

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   060324 Berkeley
### 5A. Project Participants - Households

**Instructions:**

**ALL PROJECTS EXCEPT HMIS**

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

- Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

- Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

- Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Characteristics:** Enter the total number of homeless that fall under one of the characteristics listed.

- Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

- Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

- Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Totals:** All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

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

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>7</td>
<td>16</td>
<td>0</td>
<td>23</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016  Page 24  09/12/2016
<table>
<thead>
<tr>
<th>Category</th>
<th>Adults over age 24</th>
<th>Adults ages 18-24</th>
<th>Accompanied Children under age 18</th>
<th>Unaccompanied Children under age 18</th>
<th>Total Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>7</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>16</td>
<td>16</td>
<td>0</td>
<td>0</td>
<td>32</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>5</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>5</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>9</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
## Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>16</td>
<td>9</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>16</td>
<td>9</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

## Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Describe the unlisted subpopulations referred to above:

Minor children may not have any disabilities listed nor be part of these groupings
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>19%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>65%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td>16%</td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td></td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td></td>
<td>Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (TH and SSO projects only)</td>
</tr>
<tr>
<td></td>
<td>Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)</td>
</tr>
<tr>
<td>100%</td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td></td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>

Applicant: Berkeley Food and Housing Project
Project: North County Women's Center

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6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant? This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Do any of the properties in this project have an active restrictive covenant? Yes
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation?  No

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

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:

- Leased Units
- Leased Structures
- Supportive Services  X
- Operations  X
- HMIS
6E. 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. 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. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

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

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>.15FTE Program Mgr, .2FTE Sr. Case Manager, .02 FTE Director of Client Services, .2 FTE Program Asst., Program Supplies for service</td>
<td>$71,546</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td>.15 FTE Program Mgr, .20 FTE Prog Asst, .2 FTE Case Manager, 1.9 FTE living skills/res counselor, Program Supplies for service</td>
<td>$128,931</td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016        Page 31        09/12/2016
### 13. Outreach Services
0.15 FTE Program Mgr, 0.5 FTE Sr Case Manager, 0.1 FTE Program Asst and supplies required for services $21,500

### 14. Substance Abuse Treatment Services

### 15. Transportation
Program Vehicle Costs including parking, gas, maintenance and Vehicle License Fees $2,300

### 16. Utility Deposits

### 17. Operating Costs
$0

**Total Annual Assistance Requested** $224,277

**Grant Term** 1 Year

**Total Request for Grant Term** $224,277

Click the 'Save' button to automatically calculate totals.
**6F. Operating Budget**

**Instructions:**

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g., .75 FTE hours and benefits for staff, utility types, and monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating “1 FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW

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

Are you requesting a 15 year renewal per the FY2016 CoC Program NOFA? This request is only available for Operating Costs budget line items in projects in which the applicant owns the building and needs to provide maintenance. Only 1 year of funding is allowed according to the relevant section of the FY 2016 CoC Program Competition NOFA.

Grant term: This field is populated with the value “1 Year” 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

---

**A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.**

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintenance/Repair</td>
<td>0.25 FTE Janitorial@$37.9kSal+Ben=$17,750), 0.1 FTE Facilities Manager (@$52kSal+Ben=), .1 FTE Program Manager</td>
<td>$100,730</td>
</tr>
<tr>
<td></td>
<td>.63 FTE Residential Counselor, .04 FTE Director of Client Services, Cleaning and Maintenance Supplies, Maintenance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Service contracts and repairs, garbage</td>
<td></td>
</tr>
<tr>
<td>2. Property Taxes and Insurance</td>
<td>Property Tax, Insurance</td>
<td>$7,543</td>
</tr>
<tr>
<td>3. Replacement Reserve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Building Security</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Electricity, Gas, and Water</td>
<td>Electricity, Gas, and Water</td>
<td>$24,537</td>
</tr>
<tr>
<td>6. Furniture</td>
<td>Beds, dressers, mattresses, chairs, living rm furniture</td>
<td>$3,600</td>
</tr>
</tbody>
</table>

Applicant: Berkeley Food and Housing Project
Project: North County Women's Center

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| **Total Annual Assistance Requested** | $140,710 |
| **Grant Term** | 1 Year |
| **Total Request for Grant Term** | $140,710 |

Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for projects with operating costs and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.
6H. 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: | $101,000 |
| Total Value of In-Kind Commitments: | $0 |
| Total Value of All Commitments: | $101,000 |

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Berkeley Food and...</td>
<td>08/16/2016</td>
<td>$101,000</td>
</tr>
</tbody>
</table>
Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

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: Berkeley Food and Housing Project
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/16/2016
6. Value of Written Commitment: $101,000
6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Supportive Services</td>
<td>$224,277</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$140,710</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$364,987</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$25,548</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$390,535</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$101,000</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$101,000</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$491,535</td>
</tr>
</tbody>
</table>
7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official:** Terrie Light

**Date:** 08/25/2016

**Title:** Executive Director

**Applicant Organization:** Berkeley Food and Housing Project

**PHA Number (For PHA Applicants Only):**

I certify that I have been duly authorized by the applicant to submit this Applicant X

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Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. Congressional District(s)</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>1E. Compliance</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>1F. Declaration</td>
<td>08/10/2016</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>No Input Required</td>
</tr>
<tr>
<td>2B. Recipient Performance</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>--------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/10/2016</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/25/2016</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/25/2016</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>5C. Outreach</td>
<td>08/12/2016</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>6F. Operating</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>6H. Match</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>6I. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/10/2016</td>
</tr>
</tbody>
</table>
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.
Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.
Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 08/25/2016
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: CA0106L9T021508
   (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: X
6. Date Received by State:
7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant
   a. Legal Name: The City of Oakland
   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000384

| c. Organizational DUNS: | 137137977 | PLUS 4 |

| d. Address |
| Street 1: | 150 Frank H. Ogawa Plaza, Suite 4340 |
| Street 2: |  |
| City: | Oakland |
| County: | Alameda |
| State: | California |
| Country: | United States |
| Zip / Postal Code: | 94612 |

e. Organizational Unit (optional)
   Department Name: Human Services Department
   Division Name: Community Housing Services Div

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Ms.
First Name: Susan
Middle Name: R.
Last Name: Shelton
Suffix:
Title: Manager, Community Housing Services Division
Organizational Affiliation: The City of Oakland
Telephone Number: (510) 986-2721
Extension:
Fax Number: (510) 238-3661
Email: srshelton@oaklandnet.com
1C. Application Details

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

9. Type of Applicant:  C. City or Township Government
   If "Other" please specify:

10. Name of Federal Agency:  Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
    Title:  CoC Program
    CFDA Number:  14.267

12. Funding Opportunity Number:  FR-6000-N-25
    Title:  Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
    Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant’s Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

14. Area(s) affected by the project (State(s) only): California
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Oakland Homeless Youth Housing Collaborative

16. Congressional District(s):
   a. Applicant: CA-013
   (for multiple selections hold CTRL key)
   b. Project: CA-013
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 08/01/2017
   b. End Date: 07/31/2018

18. Estimated Funding ($)
Applicant: City of Oakland  
Project: Oakland Homeless Youth Housing Collaborative

a. Federal:  
b. Applicant:  
c. State:  
d. Local:  
e. Other:  
f. Program Income:  
g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process?

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?

No

If "YES," provide an explanation:
1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Mrs.
First Name: Sara
Middle Name: 
Last Name: Bedford
Suffix: 
Title: Director - Department of Human Services
Telephone Number: (510) 238-6112
(Format: 123-456-7890)
Fax Number: (510) 238-2157
(Format: 123-456-7890)
Email: SBedford@oaklandnet.com
Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/25/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $666,600

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covenant House of California</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$323,703</td>
</tr>
<tr>
<td>East Oakland Community Project</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$164,113</td>
</tr>
<tr>
<td>First Place for Youth</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$178,784</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

Instructions:
Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps-guides/coc-program-competition-resources/

a. Organization Name: Covenant House of California

b. Organization Type: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:
c. Employer or Tax Identification Number: 13-3391210

d. Organizational DUNS: 617537436

<table>
<thead>
<tr>
<th>e. Physical Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street 1: 200 Harrison Street</td>
</tr>
<tr>
<td>Street 2:</td>
</tr>
<tr>
<td>City: Oakland</td>
</tr>
<tr>
<td>State: California</td>
</tr>
<tr>
<td>Zip Code: 94607</td>
</tr>
</tbody>
</table>

f. Congressional District(s): CA-013

(g for multiple selections hold CTRL key)

| g. Is the subrecipient a Faith-Based Organization? | No |
|-----------------------------------------------|

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?

| i. Expected Sub-Award Amount: | $323,703 |

j. Contact Person

| Prefix: | Ms. |
|---------------------|
| First Name: | Krista |
| Middle Name: |
| Last Name: | Girty |
| Suffix: | MSW |
| Title: | Associate Executive Director |
| E-mail Address: | Kgirty@covca.org |
| Confirm E-mail Address: | Kgirty@covca.org |
| Phone Number: | 510-379-1010 |
| Extension: |
| Fax Number: | 510-379-1036 |
Documentation of the subrecipient's nonprofit status is required with the submission of this application.

**2A. Project Subrecipients Detail**

**Instructions:**

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at [http://www.dnb.com](http://www.dnb.com).

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Resource Exchange: [https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/](https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/)

**a. Organization Name:** East Oakland Community Project
b. Organization Type: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:

c. Employer or Tax Identification Number: 94-3078181

d. Organizational DUNS: 847036567

- e. Physical Address
  - Street 1: 7515 International Blvc.
  - Street 2:
  - City: Oakland
  - State: California
  - Zip Code: 94621

f. Congressional District(s): CA-013

  (for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $164,113

j. Contact Person
   - Prefix: Ms.
   - First Name: Wendy
   - Middle Name: U.
   - Last Name: Jackson
   - Suffix: 
   - Title: Executive Director
   - E-mail Address: wendyujackson@gmail.com
Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

Instructions:
Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other
than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

a. Organization Name: First Place for Youth

b. Organization Type: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:

c. Employer or Tax Identification Number: 94-3341034

d. Organizational DUNS: 007276186

  PLUS 4

e. Physical Address

  Street 1: 426 - 17th Street
  Street 2: Suite 100
  City: Oakland
  State: California
  Zip Code: 94612

  Congressional District(s): CA-013
  (for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $178,784

j. Contact Person

  Prefix: Mr.
  First Name: Sam
Middle Name: 
Last Name: Cobbs 
Suffix: 
Title: Chief Executive Officer 
E-mail Address: scobbs@firstplaceforyouth.org 
Confirm E-mail Address: scobbs@firstplaceforyouth.org 
Phone Number: 510-272-0979 
Extension: 
Fax Number: 510-272-9303

Documentation of the subrecipient's nonprofit status is required with the submission of this application.
2B. Recipient Performance

Instructions:
The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?
   Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?
   No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?
   Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?
   No
3A. Project Detail

Instructions:
The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Expiring Grant Number: CA0106L9T021508
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Oakland Homeless Youth Housing Collaborative
4. Project Status: Standard

5. Component Type: TH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Provide a description that addresses the entire scope of the proposed project.

The Oakland Homeless Youth Housing Collaborative (OHYHC) is comprised of three organizations: Covenant House of California, East Oakland Community Project and First Place for Youth. These three (3) non-profit youth and/or homeless serving agencies serve homeless transition-aged youth in this TH project. Youth are provided with case management, money management, financial literacy, life skills training, employment assistance, educational and vocational support, and housing placement assistance. In addition, according to their individual needs, youth receive mental health or substance abuse counseling.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016  Page 23  09/12/2016
Veterans  | Substance Abuse
--- | ---
Youth (under 25) | X | Mental Illness
Families with Children |  | HIV/AIDS

Other (Click 'Save' to update)

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing  Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

- Having too little or little income  X
- Active or history of substance abuse  X
- Having a criminal record with exceptions for state-mandated restrictions  X
- History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)  X
- None of the above

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

- Failure to participate in supportive services  X
- Failure to make progress on a service plan  X
- Loss of income or failure to improve income  X
- Domestic violence  X
- Any other activity not covered in a lease agreement typically found in the project's geographic area.  X
- None of the above

3d. Does the project follow a "Housing First" approach?  Yes
4. Does the project request costs under the rental assistance budget line item?  No
## 4A. Supportive Services for Participants

**Instructions:**

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- **Provider:** select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- **Frequency:** Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

### Table of Supportive Services

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Education Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided. 

Click ‘Save’ to update.
2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 19
Total Beds: 32
Total Youth Beds: 2

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dormitory, shared or privat...</td>
<td>6</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single family homes/townhou...</td>
<td>4</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scattered-site apartments (...</td>
<td>9</td>
<td>11</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Dormitory, shared or private rooms

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   
a. Units: 6
   b. Beds: 12

3. Beds for Youth
   
a. How many of the total beds entered in "2b. Beds" are dedicated to the youth? 0

4. Address:
   
   Street 1: 200 Harrison Street
   Street 2:
   City: Oakland
   State: California
   ZIP Code: 94607

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   062508 Oakland

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site. This is a required field. Indicate the number of units and beds that will be served by this project.
PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

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How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 4
   b. Beds: 9

3. Beds for Youth
   a. How many of the total beds entered in "2b. Beds" are dedicated to the youth? 0

4. Address:
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

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How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 9
   b. Beds: 11

3. Beds for Youth
   a. How many of the total beds entered in "2b. Beds" are dedicated to the youth? 2

4. Address:
   Street 1: 426 - 17th Street
   Street 2:
   City: Oakland
   State: California
   ZIP Code: 94612

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   062508 Oakland
### 5A. Project Participants - Households

**Instructions:**

**ALL PROJECTS EXCEPT HMIS**

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

**Households:** Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

**Households with at least One Adult and One Child:** Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

**Adult Households without Children:** Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

**Households with Only Children:** Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Characteristics:** Enter the total number of homeless that fall under one of the characteristics listed.

**Persons in Households with at least One Adult and One Child:** Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

**Adult Persons in Households without Children:** Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

**Persons in Households with Only Children:** Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Totals:** All fields in the “Total Number...” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>2</td>
<td>28</td>
<td>0</td>
<td>30</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovation Project Application FY2016</td>
<td>Page 34</td>
<td>09/12/2016</td>
<td></td>
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</tr>
<tr>
<td>Category</td>
<td>First Category</td>
<td>Second Category</td>
<td>Third Category</td>
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</tr>
<tr>
<td>---------------------------------------</td>
<td>----------------</td>
<td>-----------------</td>
<td>----------------</td>
<td>-------</td>
</tr>
<tr>
<td>Adults over age 24</td>
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<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>2</td>
<td>28</td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
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</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
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<td></td>
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<tr>
<td>Total Persons</td>
<td>4</td>
<td>28</td>
<td>0</td>
<td>32</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

Instructions:
ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
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<td>Adults ages 18-24</td>
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</tr>
<tr>
<td>Children under age 18</td>
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<td>2</td>
</tr>
<tr>
<td>Total Persons</td>
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<td>0</td>
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</tbody>
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Click Save to automatically calculate totals
### Persons in Households without Children

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<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
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<td>0</td>
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</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

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<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Describe the unlisted subpopulations referred to above:

Based on past data, we anticipate that our parenting youth, children and some of the single youth will not fall into any of the sub-populations listed above.
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>17%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>80%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td>0%</td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td>0%</td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td>3%</td>
<td>Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (TH and SSO projects only)</td>
</tr>
<tr>
<td>0%</td>
<td>Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)</td>
</tr>
<tr>
<td>0%</td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Do any of the properties in this project have an active restrictive covenant?  No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation?  No

4. Does this project propose to allocate funds according to an indirect cost rate?  No

5. Renewal Grant Term:  1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures  X
   - Supportive Services  X
   - Operations  X
   - HMIS  X
6C. Leased Structures Budget

The following list summarizes the funds being requested for one or more structures leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

<table>
<thead>
<tr>
<th>Total Annual Assistance Request:</th>
<th>$102,484</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Term:</td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term:</td>
<td>$102,484</td>
</tr>
<tr>
<td>Total Structures:</td>
<td>1</td>
</tr>
</tbody>
</table>

**Structure Name**

FPFY - OHYHC scat...
Leased Structure(s) Budget Detail

Instructions:

Complete the following fields related to the funds being requested to lease one or more structures for operating the project.

Structure Name: This is a required field. Indicate the name of the structure for which funds are requested.

Address: Only 1 “Street Address…” field is required. Enter the actual street number and name in the first field. Do not list a PO Box or other mailing address. Use the second field for apartment or subsection numbers. Complete fields for City, State and Zip Code.

HUD Paid Rent (Annual): This is a required field. Enter the annual leasing amount. The amount entered cannot exceed the annual rent for comparable structures.

Grant Term: This field is populated with the value “1 Year” and will be read only.

Total Request for Grant Term: This field will equal the total leasing amount entered above.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Structure Name: FPFY - OHYHC scattered sites
Street Address 1: 426 - 17th Street
Street Address 2: Suite 100
City: Oakland
State: California
Zip Code: 94612

| HUD Paid Rent (Annual): | $102,484 |
| Grant Term: | 1 Year |
| Total Request for Grant Term: | $102,484 |

Click the 'Save' button to automatically calculate the Total Assistance Requested.
6E. 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 “1 FTE” 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. 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. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>3. Case Management</td>
<td>5.0 FTE case managers @ $30,000 base salary + $9,000 FB x 5 = $195,000; however, HUD request only $124,876</td>
<td>$124,876</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>5. Education Services</td>
<td>0.35 FTE vocational/educational specialist @ $37,000 base salary + $7,400 FB = $15,540</td>
<td>$15,540</td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td>0.55 employment specialist @ $45,000 base salary + $9,000 FB = $29,700</td>
<td>$29,700</td>
</tr>
<tr>
<td>7. Food</td>
<td>food costs for three programs for 12 months</td>
<td>$27,326</td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td>0.5 FTE housing specialist @ $40,000 base salary + $8,000 FB = $24,000</td>
<td>$24,000</td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>10. Life Skills</td>
<td>0.95 FTE director @ $25,000 base salary + $5,500 FB = $28,500; 3.0 FTE youth advocates @ $20,000 base salary + $4,000 FB x 3 = $72,000</td>
<td>$100,500</td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
<td>Cost</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td>0.17 FTE mental health specialist @ $40,000 base salary + $8,000 FB = $8,160</td>
<td>$8,160</td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>15. Transportation</td>
<td>AC Transit &amp; BART tickets to assist OHYHC participants get to/from work or school</td>
<td>$7,806</td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Annual Assistance Requested</strong></td>
<td></td>
<td>$337,908</td>
</tr>
<tr>
<td><strong>Grant Term</strong></td>
<td></td>
<td>1 Year</td>
</tr>
<tr>
<td><strong>Total Request for Grant Term</strong></td>
<td></td>
<td>$337,908</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6F. Operating Budget

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g., .75 FTE hours and benefits for staff, utility types, and monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating “1 FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Are you requesting a 15 year renewal per the FY2016 CoC Program NOFA? This request is only available for Operating Costs budget line items in projects in which the applicant owns the building and needs to provide maintenance. Only 1 year of funding is allowed according to the relevant section of the FY 2016 CoC Program Competition NOFA.

Grant term: This field is populated with the value “1 Year” 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintenance/Repair</td>
<td>maintenance and repairs for the OHYHC program</td>
<td>$16,747</td>
</tr>
<tr>
<td>2. Property Taxes and Insurance</td>
<td>insurance for two OHYHC sites i.e. West Street &amp; Covenant House</td>
<td>$2,877</td>
</tr>
<tr>
<td>3. Replacement Reserve</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>4. Building Security</td>
<td>7.0 FTE security staff @ $22,000 base salary + $4.400 FB = $184,800; however, HUD request only $180,597</td>
<td>$180,597</td>
</tr>
<tr>
<td>5. Electricity, Gas, and Water</td>
<td>utilities (PG&amp;E, EBMUD, &amp; Waste Management)</td>
<td>$9,757</td>
</tr>
<tr>
<td>6. Furniture</td>
<td>move-in assistance for youth entering OHYHC TH program</td>
<td>$3,287</td>
</tr>
<tr>
<td>7. Equipment (lease, buy)</td>
<td>copier rentals @ two sites</td>
<td>$500</td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td></td>
<td>$213,765</td>
</tr>
</tbody>
</table>
Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for projects with operating costs and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.
**6G. HMIS Budget**

**Instructions:**

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

**Quantity Detail:** This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g., .75 FTE hours and benefits for staff) for each HMIS cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

**Annual Assistance Requested:** This is a required field. Enter the amount funds requested for each activity. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

**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 the “Funding Request” screen 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 Resource Exchange: [https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/](https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/)

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Software</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Personnel</td>
<td>0.15 FTE HMIS staff @ $23,000 base salary + $4,650 FB = $27,650 x 3 sites = $12,443</td>
<td>$12,443</td>
</tr>
<tr>
<td>5. Space &amp; Operations</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Annual Assistance Requested</strong></td>
<td></td>
<td>$12,443</td>
</tr>
<tr>
<td><strong>Grant Term</strong></td>
<td></td>
<td>1 Year</td>
</tr>
<tr>
<td><strong>Total Request for Grant Term</strong></td>
<td></td>
<td>$12,443</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Covenant House of...</td>
<td>08/12/2016</td>
<td>$151,000</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>East Oakland Comm...</td>
<td>08/12/2016</td>
<td>$36,518</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>First Place for Y...</td>
<td>08/12/2016</td>
<td>$24,446</td>
</tr>
</tbody>
</table>
Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

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: Covenant House of California
      (Be as specific as possible and include the office or grant program as applicable)
   5. Date of Written Commitment: 08/12/2016
   6. Value of Written Commitment: $151,000
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/co-c-program-competition-resources/

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: East Oakland Community Project
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/12/2016
6. Value of Written Commitment: $36,518

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field...
that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

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: First Place for Youth
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/12/2016
6. Value of Written Commitment: $24,446
6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the “Save” button.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$102,484</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016
| **3. Supportive Services** | $337,908 |
| **4. Operating** | $213,765 |
| **5. HMIS** | $12,443 |
| **6. Sub-total Costs Requested** | $666,600 |
| **7. Admin (Up to 10%)** | $46,495 |
| **8. Total Assistance plus Admin Requested** | $713,095 |
| **9. Cash Match** | $211,964 |
| **10. In-Kind Match** | $0 |
| **11. Total Match** | $211,964 |
| **12. Total Budget** | $925,059 |
### Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant’s application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>OHYHC IRS determin...</td>
<td>08/10/2016</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: OHYHC IRS determination letters

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official:** Sara Bedford

**Date:** 08/25/2016

**Title:** Director - Department of Human Services

**Applicant Organization:** The City of Oakland

**PHA Number (For PHA Applicants Only):**

I certify that I have been duly authorized by the applicant to submit this Applicant [X]

Renewal Project Application FY2016  Page 57  09/12/2016
Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
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</thead>
<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
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</tr>
<tr>
<td>1C. Application Details</td>
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</tr>
<tr>
<td>1D. Congressional District(s)</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>1E. Compliance</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>1F. Declaration</td>
<td>08/09/2016</td>
</tr>
</tbody>
</table>
2A. Subrecipients 08/10/2016
2B. Recipient Performance 08/09/2016
3A. Project Detail 08/10/2016
3B. Description 08/10/2016
4A. Services 08/18/2016
4B. Housing Type 08/12/2016
5A. Households 08/18/2016
5B. Subpopulations 08/09/2016
5C. Outreach 08/09/2016
6A. Funding Request 08/09/2016
6C. Leased Structures 08/24/2016
6F. Operating 08/24/2016
6G. HMIS Budget 08/24/2016
6H. Match 08/09/2016
6I. Summary Budget No Input Required
7A. Attachment(s) 08/10/2016
7B. Certification 08/18/2016
Dear Sir or Madam:

This is in response to your request of December 17, 2004, regarding your organization's tax-exempt status.

In November 1991 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Janna K. Skufca, Director, TE/GE
Customer Account Services
Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantees and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization:

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

[Signature]

Richard R. Orosco
District Director
Dear Sir or Madam:

This is in response to your request of November 30, 2007, regarding your tax-exempt status. We have updated our records to reflect the name change from THE FIRST PLACE FUND FOR YOUTH to FIRST PLACE FOR YOUTH.

Our records indicate that a determination letter was issued in June 2006 that recognized you as exempt from Federal income tax, and reflect that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

[Signature]

Cindy Westcott
Manager, Exempt Organizations Determinations
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snapsguides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission: Application
2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/18/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: CA0953L9T021504
(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number X

6. Date Received by State:

7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

8. Applicant
   a. Legal Name: Abode Services
   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3087060
   c. Organizational DUNS: 012042880
   d. Address
      Street 1: 40849 Fremont Blvd
      Street 2: 
      City: Fremont
      County: Alameda
      State: California
      Country: United States
      Zip / Postal Code: 94538
   e. Organizational Unit (optional)
      Department Name:
      Division Name:
   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Ms.
First Name: Vivian
Middle Name:
Last Name: Wan
Suffix:
Title: Chief Operating Officer
Organizational Affiliation: Abode Services
Telephone Number: (510) 657-7409
Extension: 212
Fax Number: (510) 657-7293
Email: vwan@abodeservices.org
1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

9. Type of Applicant: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance

   Title: CoC Program

   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25

   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

   Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

14. Area(s) affected by the project (State(s) only): California
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Oakland PATH Re-Housing Initiative

16. Congressional District(s):
   a. Applicant: CA-013, CA-017, CA-014, CA-015, CA-019, CA-018, CA-020
   (for multiple selections hold CTRL key)
   b. Project: CA-013
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 01/01/2017
   b. End Date: 12/31/2017

18. Estimated Funding ($)
a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:

f. Program Income:
g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

19. Is the Application Subject to Review By State Executive Order 12372 Process?

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?

No

If "YES," provide an explanation:
1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Mr.
First Name: Louis
Middle Name:
Last Name: Chicoine
Suffix:

Title: Executive Director

Telephone Number: (510) 657-7409
(Format: 123-456-7890)

Fax Number: (510) 657-7293
(Format: 123-456-7890)

Email: lchicoine@abodeservices.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/18/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>This list contains no items</td>
</tr>
</tbody>
</table>
2B. Recipient Performance

Instructions:
The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
3A. Project Detail

Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Expiring Grant Number: CA0953L9T021504
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Oakland PATH Re-Housing Initiative
4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type pf SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Provide a description that addresses the entire scope of the proposed project.

The OPRI-SHP program is a Housing First program that provides permanent housing combined with comprehensive social services for people with the greatest needs: disabled households living in shelters in Oakland and chronically homeless individuals living in Oakland encampments. OPRI-SHP serves 25 households through a scattered-site leasing model. Success is measured by permanent housing stability, as well as increased self-sufficiency (increased/maintained income and access to essential services and mainstream resources). In the most recent operating year, 92% of participants remained permanently housed and 82% of adults maintained or increased their income.

For housing stability, our Housing Specialist works closely with each family to identify appropriate housing that they can maintain permanently. In addition to locating housing and developing housing plans, the Housing Specialist conducts HQS inspections, educates participants about their tenant rights and responsibilities, and assists participants to secure in-kind donations of furniture and other household items for their new homes. Once participants are housed, the Housing Specialist provides regular coaching to help them stay on track with their household budget, with an emphasis on paying rent and utilities on time, and maintaining a safe and healthy home. They also maintains positive landlord relations, intervening as needed if problems arise with an OPRI-SHP tenant.
Our Service Coordinator is responsible for connecting participants to available community services to help them maintain their housing and achieve greater self-sufficiency. These services include, but are not limited to:
- Primary and mental healthcare services including drug and alcohol recovery groups, psychological counseling, and free prescription medications
- Job-seeking assistance, such as resume development, job search tools, interview skills training, and work appearance
- Job training and employment services
- Financial literacy training and credit counseling
- Childcare and children’s services
- Other mainstream benefits, including income, food stamps, and other resources for which participants are eligible.

This program is part of a Citywide collaborative, which includes shelter providers in Oakland (EOCP, St. Mary's, and Building Futures), outreach providers (Operation Dignity), and clinical service providers (County Behavioral Health Care and LifeLong Medical), the City of Oakland, and the Oakland Housing Authority.

2. Does your project have a specific population focus?  Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Veterans</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td>Mental Illness</td>
</tr>
<tr>
<td>Families with Children</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td></td>
<td>Other (Click 'Save' to update)</td>
</tr>
</tbody>
</table>

Other: Seniors

3. Housing First

3a. Does the project quickly move participants into permanent housing  Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income  X
3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found in the project's geographic area.</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? PSH

4a. Does the project request costs under the rental assistance budget line item? No
4A. Supportive Services for Participants

Instructions:
ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:
- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner As needed</td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td>Non-Partner As needed</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Service</th>
<th>Role</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Partner</td>
<td>Daily</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...</td>
<td>25</td>
<td>32</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>

Total Units: 25
Total Beds: 32
Total Dedicated CH Beds: 5
Total Prioritized CH Beds: 3
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 25
   b. Beds: 32

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 5
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? Auto calculated 27
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 3
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 3

4. Address:
   Street 1: 1700 Broadway
   Street 2: Suite 200
   City: Oakland
   State: California
   ZIP Code: 94612

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   062508 Oakland
### Instructions:

**ALL PROJECTS EXCEPT HMIS**

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number...” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>5</td>
<td>20</td>
<td>0</td>
<td>25</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Group 1</td>
<td>Group 2</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>---------</td>
<td>---------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>5</td>
<td>20</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>6</td>
<td>0</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>12</td>
<td>20</td>
<td>32</td>
<td></td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Total Persons</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
**Persons in Households without Children**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>13</td>
<td>3</td>
<td>6</td>
<td>0</td>
<td>20</td>
<td>6</td>
<td>19</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>13</td>
<td>3</td>
<td>6</td>
<td>0</td>
<td>20</td>
<td>6</td>
<td>19</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Persons in Households with Only Children**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Describe the unlisted subpopulations referred to above:**

Some of the children in the households with dependent children will not fall into any of the subpopulations listed.
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>90%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td></td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td></td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td></td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant? This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Yes

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

4. Does this project propose to allocate funds according to an indirect cost rate? Yes

   Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

   Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

   a. Please complete the indirect cost rate schedule below:

<table>
<thead>
<tr>
<th>Administering Department/Agency</th>
<th>Indirect Cost Rate</th>
<th>Direct Cost Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUD CPD</td>
<td>10%</td>
<td>$447,232</td>
</tr>
</tbody>
</table>

   b. Has this rate been approved by your cognizant agency? No

   c. Do you plan to use the 10% de minimis rate? Yes

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:

   - Leased Units X
   - Leased Structures
   - Supportive Services X
   - Operations
   - HMIS
The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

<table>
<thead>
<tr>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Annual Budget Requested</th>
<th>Total Budget Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA - Oakland-Frem</td>
<td>25</td>
<td>$384,192</td>
<td>$384,192</td>
</tr>
</tbody>
</table>

Total Annual Assistance Requested: $384,192
Grant Term: 1 Year
Total Request for Grant Term: $384,192
Total Units: 25
Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY2016 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 rent for each unit in the FMR Area column in the chart below. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

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. The number(s) entered must match the HUD approved FY 2016 GIW.

Total Units and Annual Assistance Requested: This is a required field. Enter in the total leased units amount according to the CoC’s HUD approved FY 2016 GIW.

Grant Term: This field is populated with “1 Year” and will be read only.

Total Request for Grant Term: This field will equal the total leasing amount entered above.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: CA - Oakland-Fremont, CA HUD Metro FMR Area (0600199999)

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Bedroom</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant: Abode Services

Project: Oakland PATH Re-Housing Initiative

Renewal Project Application FY2016

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09/12/2016
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Units and Annual</strong></td>
<td>25</td>
<td>$384,192</td>
</tr>
<tr>
<td><strong>Assistance Requested</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grant Term</strong></td>
<td></td>
<td>1 Year</td>
</tr>
<tr>
<td><strong>Total Request for Grant Term</strong></td>
<td></td>
<td>$384,192</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6E. 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. 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. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based on 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 Resource Exchange: https://www.hudexchange.info/e-snaps.guides/coc-program-competition-resources/

### Eligible Costs

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>This line includes: 1) $44,000, for a part-time (0.25 FTE) Housing Specialist and a part-time (0.75 FTE) Services Coordinator each at $44,000/yr; 2) $4,960, for a part-time (0.08 FTE) Program Manager at a salary of $62,000; and 3) $12,240, for fringe benefits, calculated as 25% of salary costs. TOTAL LINE = $44,000 + $4,960 + $12,240 = $61,200</td>
<td>$61,200</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Type</td>
<td>Description</td>
<td>Cost</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Transportation</td>
<td>This line includes $1,840 in mileage costs associated with case management, or approx. $153.33/month.</td>
<td>$1,840</td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Annual Assistance Requested</strong></td>
<td></td>
<td>$63,040</td>
</tr>
<tr>
<td><strong>Grant Term</strong></td>
<td></td>
<td>1 Year</td>
</tr>
<tr>
<td><strong>Total Request for Grant Term</strong></td>
<td></td>
<td>$63,040</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>City of Oakland -...</td>
<td>07/25/2016</td>
<td>$17,103</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Abode Services</td>
<td>08/16/2016</td>
<td>$41,604</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Abode Services -...</td>
<td>08/16/2016</td>
<td>$60,000</td>
</tr>
</tbody>
</table>

Total Value of Cash Commitments: $77,103
Total Value of In-Kind Commitments: $41,604
Total Value of All Commitments: $118,707
Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g., HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: City of Oakland - Community Housing Services (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 07/25/2016
6. Value of Written Commitment: $17,103
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/co-c-program-competition-resources/

1. Will this commitment be used towards Match? Yes
   2. Type of Commitment: In-Kind
   3. Type of Source: Private
   4. Name the Source of the Commitment: Abode Services
      (Be as specific as possible and include the office or grant program as applicable)
   5. Date of Written Commitment: 08/16/2016
   6. Value of Written Commitment: $41,604

Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field.
that cannot be edited.

**Type of Commitment:** Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

**Type of source:** Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

**Name the Source of the Commitment:** Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

**Date of written commitment:** Enter the date of the written contribution.

**Value of written commitment:** Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

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:**  Abode Services - program income
   
   (Be as specific as possible and include the office or grant program as applicable)

5. **Date of Written Commitment:**  08/16/2016

6. **Value of Written Commitment:**  $60,000
6I. Summary Budget

**Instructions:**

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$384,192</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
</tbody>
</table>

Applicant: Abode Services  
Project: Oakland PATH Re-Housing Initiative  

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Page 40  
09/12/2016
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Supportive Services</td>
<td></td>
<td>$63,040</td>
</tr>
<tr>
<td>4. Operating</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td></td>
<td>$27,597</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td></td>
<td>$474,829</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td></td>
<td>$77,103</td>
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<tr>
<td>10. In-Kind Match</td>
<td></td>
<td>$41,604</td>
</tr>
<tr>
<td>11. Total Match</td>
<td></td>
<td>$118,707</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td></td>
<td>$593,536</td>
</tr>
</tbody>
</table>
7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant’s application for funding is consistent with the jurisdiction’s HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section’s nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official  Louis Chicoine
Date: 08/18/2016
Title: Executive Director
Applicant Organization: Abode Services

I certify that I have been duly authorized by the applicant to submit this Applicant [X]

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Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
## 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. Congressional District(s)</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>1E. Compliance</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>1F. Declaration</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>No Input Required</td>
</tr>
<tr>
<td>2B. Recipient Performance</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>4B. Housing Type</td>
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<td>5A. Households</td>
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<tr>
<td>5B. Subpopulations</td>
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</tr>
<tr>
<td>5C. Outreach</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>6B. Leased Units</td>
<td>08/16/2016</td>
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<tr>
<td>6H. Match</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>6l. Summary Budget</td>
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<tr>
<td>7A. Attachment(s)</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/18/2016</td>
</tr>
</tbody>
</table>
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
   If "Revision", select appropriate letter(s):
      If "Other", specify:
3. Date Received: 08/25/2016
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: CA0108L9T021508 (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: X

6. Date Received by State:
7. State Application Identifier:
1B. Legal Applicant

**Instructions:**

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

**8. Applicant**

- **a. Legal Name:** City of Berkeley
- **b. Employer/Taxpayer Identification Number (EIN/TIN):** 94-6000299

| c. Organizational DUNS: | 076529924 | PLUS 4 |

- **d. Address**
  - Street 1: 2180 Milvia Street
  - Street 2:
    - City: Berkeley
    - County: Alameda
    - State: California
    - Country: United States
  - Zip / Postal Code: 94704

- **e. Organizational Unit (optional)**
  - Department Name: Health, Housing & Community Services
  - Division Name: Housing & Community Services

- **f. Name and contact information of person to be contacted on matters involving this application**
  - Prefix: Mr.
First Name: Andrew
Middle Name: 
Last Name: Wicker
Suffix: 
Title: Community Services Specialist
Organizational Affiliation: City of Berkeley
Telephone Number: (510) 981-5418
Extension: 
Fax Number: (510) 981-5450
Email: awicker@ci.berkeley.ca.us
1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

9. Type of Applicant: C. City or Township Government
   If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
    Title: CoC Program
    CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25
    Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
    Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

14. Area(s) affected by the project (State(s) only): California
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Pathways Project

16. Congressional District(s):
   a. Applicant: CA-013
      (for multiple selections hold CTRL key)
   b. Project: CA-013
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 06/01/2017
   b. End Date: 05/31/2018

18. Estimated Funding ($)
Applicant: City of Berkeley  
Project: Pathways Project

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Federal</td>
<td></td>
</tr>
<tr>
<td>b. Applicant</td>
<td></td>
</tr>
<tr>
<td>c. State</td>
<td></td>
</tr>
<tr>
<td>d. Local</td>
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</tr>
<tr>
<td>e. Other</td>
<td></td>
</tr>
<tr>
<td>f. Program Income</td>
<td></td>
</tr>
<tr>
<td>g. Total</td>
<td></td>
</tr>
</tbody>
</table>
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

19. Is the Application Subject to Review By State Executive Order 12372 Process?
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

   If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?
   No

   If "YES," provide an explanation:
1F. Declaration

Instructions:
The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: [x]

21. Authorized Representative

Prefix: Ms.
First Name: Dee
Middle Name:
Last Name: Williams-Ridley
Suffix:
Title: City Manager
Telephone Number: (510) 981-7000
(Format: 123-456-7890)
Fax Number: (510) 981-7099
(Format: 123-456-7890)
Email: DWilliams-Ridley@ci.berkeley.ca.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/25/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $90,000

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bonita House, Inc.</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$90,000</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

| a. Organization Name: | Bonita House, Inc. |
| b. Organization Type: | M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education) |
| If "Other" specify: | |

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c. Employer or Tax Identification Number: 94-1735133

e. Organizational DUNS: 119740322

<table>
<thead>
<tr>
<th>Street 1</th>
<th>Street 2</th>
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<tbody>
<tr>
<td>6333 Telegraph Ave., Suite 102</td>
<td>City: Oakland</td>
</tr>
<tr>
<td></td>
<td>State: California</td>
</tr>
<tr>
<td></td>
<td>Zip Code: 94609</td>
</tr>
</tbody>
</table>

f. Congressional District(s): CA-013

(For multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $90,000

j. Contact Person

Prefix: Ms.
First Name: Lori
Middle Name: 
Last Name: Magistrado
Suffix: 
Title: Director of Administrative Services

E-mail Address: lori@bonitahouse.org
Confirm E-mail Address: lori@bonitahouse.org
Phone Number: 510-923-1099
Extension: 313
Fax Number: 510-923-0894
Documentation of the subrecipient's nonprofit status is required with the submission of this application.
2B. Recipient Performance

Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If “Yes” is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes
Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

Due to the method that HUD uses to calculate the award amount for rental assistance projects, programs are awarded an amount that exceeds the amount needed to subsidize the contracted number of units. Consequently, rental assistance projects are funded at a level that results in unspent funds even though the project has been fully leased. In order to minimize unspent funds and maximize the number of households served, the City of Berkeley does over-lease (generally this project is 130% over-leased). Being a sponsor-based grant, however, the number of additional units available for over-leasing is limited. In addition, rental assistance projects must maintain a prudent reserve of funds in the grant to adjust for annual fluctuations in the award amounts based on changing FMR's.
3A. Project Detail

**Instructions:**

The selections made on this screen will determine which additional forms will need to be completed for this project application.

**Expiring Grant Number:** This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

**CoC Number and Name:** Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

**CoC Collaborative Applicant Name:** Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

**Project Name:** This is pre-populated from the “Project” Form and cannot be edited.

**Project Status:** The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

**Component Type:** This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

**Title V:** This field is required. Select “Yes” or “No” to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Expiring Grant Number: CA0108L9T021508
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Pathways Project
4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on...
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps.guides/coc-program-competition-resources/

1. Provide a description that addresses the entire scope of the proposed project.

The City of Berkeley’s Pathways Program is a collaboration between the City of Berkeley Health, Housing and Community Services Department (HHCSD) and Bonita House. The program targets adults who are dually diagnosed with a serious mental illness and history of alcohol and/or drug dependency. While some participants had entered the program through transitional housing for homeless and dually diagnosed adults operated by Bonita House, new enrollments are being prioritized for chronically homeless individuals that are referred by the Alameda County’s Home Stretch registry. Services are provided by Bonita House and HHCSD’s Mental Health Division.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Veterans

<table>
<thead>
<tr>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑️</td>
</tr>
</tbody>
</table>

### Youth (under 25)

<table>
<thead>
<tr>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑️</td>
</tr>
</tbody>
</table>

### Families with Children

<table>
<thead>
<tr>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Other (Click 'Save' to update)

#### Other:

3. **Housing First**

3a. Does the project quickly move participants into permanent housing?

Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th>☑️</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active or history of substance abuse</td>
<td>☑️</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>☑️</td>
</tr>
<tr>
<td>History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)</td>
<td>☑️</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

| Failure to participate in supportive services | ☑️ |
| Failure to make progress on a service plan   | ☑️ |
| Loss of income or failure to improve income  | ☑️ |
| Domestic violence                            | ☑️ |
| Any other activity not covered in a lease agreement typically found in the project's geographic area. | ☑️ |
| None of the above                            |    |

3d. Does the project follow a "Housing First" approach?

Yes
4. Does the PH project provide PSH or RRH? PSH

4a. Does the project request costs under the rental assistance budget line item? Yes

4b. Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? No
4A. Supportive Services for Participants

Instructions:
ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.
- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:
- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.
Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Case Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Service Type</th>
<th>Relationship</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Assistance and Job Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?  
   Yes

2b. Use of a single application form for four or more mainstream programs?  
   No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?  
   Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?  
   Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months?  
   No
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

- Total Units: 11
- Total Beds: 11
- Total Dedicated CH Beds: 2
- Total Prioritized CH Beds: 1

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clustered apartments</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Single Room Occupancy (SRO)...</td>
<td>6</td>
<td>6</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 5
   b. Beds: 5

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 1
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 4
      Auto calculated
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 0
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 0

4. Address:
   Street 1: 5406-5408 Telegraph Avenue
   Street 2:  
   City: Oakland
   State: California
   ZIP Code: 94609

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   062508 Oakland

4B. Housing Type and Location Detail
Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered
apartments, a single complex with multiple addresses may be entered on one detail screen. In
the case of scattered-site apartments, all scattered-site units within a single FMR area may be
entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown
menu. Refer to the Project Application Detailed Instructions for a definition of each Housing
Type.

Indicate the maximum number of units and beds available for project participants at the
selected housing site: This is a required field. Indicate the number of units and beds that will be
served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless:
This is a required field. Enter that total number of beds that are dedicated to the chronically
homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only
be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3,
unless there are no persons within the CoC that meet that criteria. These PSH beds are also
reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated
beds to serve CH families, all beds serving the household should be included in this number. If
none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically
homeless? This is a required field, but it is Auto calculated. The number that is calculated is the
difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically
homeless but will be used to assist the chronically homeless when turnover occurs: This is a
required field. Enter the number of beds that are not dedicated to the chronically homeless but
that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be
incorporated into the projects grant agreement for FY 2016 and represents the minimum number
of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized
for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically
homeless? This is a required field. Use the number of turnover beds that are not dedicated to
the chronically homeless and that you estimated in field c to estimate and enter the number of
those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For
Scattered-site housing, programs should enter the address where the majority of beds are
located or where most beds are located as of the application submission. For scattered-site
apartments or clustered apartments with different addresses, applicants may also choose to
enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the
geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Single Room Occupancy (SRO) units

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 6
   b. Beds: 6

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 1
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 5
      Auto calculated
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 1
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 1

4. Address:
   Street 1: 2937 MLK, Jr. Way
   Street 2:
   City: Berkeley
   State: California
   ZIP Code: 94703

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   060324 Berkeley
### 5A. Project Participants - Households

**Instructions:**

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

**Households:** Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

- **Households with at least One Adult and One Child:** Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

- **Adult Households without Children:** Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

- **Households with Only Children:** Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Characteristics:** Enter the total number of homeless that fall under one of the characteristics listed.

- **Persons in Households with at least One Adult and One Child:** Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

- **Adult Persons in Households without Children:** Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

- **Persons in Households with Only Children:** Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Totals:** All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

Additional Resources can be found at the HUD Resource Exchange: [https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/](https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/)

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>0</td>
<td>11</td>
<td>0</td>
<td>11</td>
</tr>
</tbody>
</table>

### Characteristics

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016  Page 30  09/12/2016
<table>
<thead>
<tr>
<th>Category</th>
<th>Number of People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>11</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals.
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

09/12/2016
### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>11</td>
<td>0</td>
<td>11</td>
<td>0</td>
<td>11</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>11</td>
<td>0</td>
<td>11</td>
<td>0</td>
<td>11</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>25%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>60%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td></td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td>15%</td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td></td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Yes

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

4. Does this project propose to allocate funds according to an indirect cost rate? No

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance X
   - Supportive Services
   - Operations
   - HMIS
6D. 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRA</td>
<td>CA - Oakland-Fremont, CA HUD Metro FM...</td>
<td>11</td>
<td>$130,956</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $130,956
Total Units: 11
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.

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents: In the FY 2016 CoC Program Competition, eligible renewal projects requesting rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select “Yes” from the dropdown for this question. The project applicant will then have the ability to enter an amount in the “HUD Paid Rent (applicant)” field that is less than the amount listed in the “FMR Area (applicant)” field. The following question is visible when PRA is selected:

Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA? This request is only available for PH PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2016 CoC Program Competition NOFA.

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. The number(s) listed should match the CoC’s HUD-approved FY 2015 GIW.

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the project applicant. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

HUD Paid Rent: For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. (If the applicants select “No” above, this column will not be available for edit). In the GIW, HUD Paid Rent is known as “Actual”.

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 “HUD Paid Rent” and by 12 months. If the applicant selected “No” above, the automatic calculation will be based on the FMR and not the “HUD Paid Rent”.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based on total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.
Type of Rental Assistance:  SRA

Metropolitan or non-metropolitan  CA - Oakland-Fremont, CA HUD Metro FMR
fair market rent area: Area (060019999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?  No

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>6</td>
<td>$778</td>
<td>$778</td>
<td>x</td>
<td>$56,016</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,037</td>
<td>$1,037</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>5</td>
<td>$1,249</td>
<td>$1,249</td>
<td>x</td>
<td>$74,940</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$1,580</td>
<td>$1,580</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,202</td>
<td>$2,202</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$2,455</td>
<td>$2,455</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$2,823</td>
<td>$2,823</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$3,192</td>
<td>$3,192</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$3,560</td>
<td>$3,560</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$3,928</td>
<td>$3,928</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$4,296</td>
<td>$4,296</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>Total Units and Annual Assistance Requested</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td>$130,956</td>
</tr>
<tr>
<td>Grant Term</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$130,956</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Bonita House, Inc.</td>
<td>07/21/2016</td>
<td>$71,715</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Berkeley Mental H...</td>
<td>07/15/2016</td>
<td>$8,165</td>
</tr>
</tbody>
</table>

Total Value of Cash Commitments: $0
Total Value of In-Kind Commitments: $79,880
Total Value of All Commitments: $79,880
Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Bonita House, Inc.
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 07/21/2016
6. Value of Written Commitment: $71,715
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment: Berkeley Mental Health

(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 07/15/2016

6. Value of Written Commitment: $8,165
6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

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Applicant: City of Berkeley

Project: Pathways Project
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Applicant: City of Berkeley
Project: Pathways Project

076529924 144961

Renewal Project Application FY2016  Page 44  09/12/2016
**Instructions:**

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction’s HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Resource Exchange: [https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/](https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/)

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<td>3) Other Attachment</td>
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</table>
Attachment Details

Document Description: 501(C)(3) determination

Attachment Details

Document Description: COB_Pathways_Service_Match

Attachment Details

Document Description: Bonita House IRS Good Standing Verification
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part 1), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Dee Williams-Ridley
Date: 08/25/2016
Title: City Manager
Applicant Organization: City of Berkeley

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant X

Renewal Project Application FY2016
Page 48
Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.
(U.S. Code, Title 218, Section 1001).
### 8B Submission Summary

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<td>2B. Recipient Performance</td>
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<td>7B. Certification</td>
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Internal Revenue Service

Date: January 29, 2003

Bonita House, Inc.
6333 Telegraph Ave 102
Oakland, CA 94609-1359

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Mrs. Swana Smith - 31-07418
Customer Service Specialist

Toll Free Telephone Number:
8:00 a.m. to 8:30 p.m. EST
877-829-5500

Fax Number:
513-263-3756

Federal Identification Number:
94-1735133

Dear Sir or Madam:

This is in response to your telephone request of January 29, 2003, regarding your organization’s tax-exempt status.

Our records indicate that a determination letter issued in December 1971 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(2).

This classification was based on the assumption that your organization’s operations would continue as stated in the application. If your organization’s sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization’s annual accounting period. The law imposes a penalty of $20 a day, up to a maximum of $10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.
Bonita House, Inc.
94-1735133

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization’s present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

The law requires you to make your organization’s annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of $20 a day for each day you do not make these documents available for public inspection (up to a maximum of $10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization’s exempt status and foundation status, you should keep it with the organization’s permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization’s exempt status.

Sincerely,

John E. Ricketts, Director, TE/GE
Customer Account Services
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COB SHELTER PLUS CARE PROGRAM  
Project-Based Grant  
SERVICE MATCH REPORT  
June 1, 2015 - May 31, 2016  

AGENCY: City of Berkeley - Mental Health Division

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Abeni Bender - Accounting Office Specialist III

Name and Title of Authorized Agency Representative

Signature and Date: 7/15/16
COB SHELTER PLUS CARE PROGRAM  
Project-Based Grant  
SERVICE MATCH REPORT  
June 1, 2015 - May 31, 2016

AGENCY:

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ALULA BEKELE, HOUSING SERVICES COORDINATOR  
Name and Title of Authorized Agency Representative

Signature and Date
## Exempt Organizations Select Check

### Organizations Eligible to Receive Tax-Deductible Charitable Contributions (Pub. 78 data) - Search Results

The following list includes tax-exempt organizations that are eligible to receive tax-deductible charitable contributions. Click on the "Deductibility Status" column for an explanation of limitations on the deductibility of contributions made to different types of tax-exempt organizations.

Results are sorted by EIN. To sort results by another category, click on the icon next to the column heading for that category. Clicking on that icon a second time will reverse the sort order. Click on a column heading for an explanation of information in that column.

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<tr>
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<th>State</th>
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<td>CA</td>
<td>United States</td>
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- Return to Search
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snapsguides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps-guides/coc-program-competition-resources/

1. Type of Submission: Application
2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/24/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: CA0109L9T021508
(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2016 Renewal Costs Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant
   a. Legal Name: Satellite Affordable Housing Associates
   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3186770
   c. Organizational DUNS: 840984629
   d. Address
      Street 1: 1835 Alcatraz Ave
      Street 2: 
      City: Berkeley
      County: Alameda
      State: California
      Country: United States
      Zip / Postal Code: 94703
   e. Organizational Unit (optional)
      Department Name: Satellite Affordable Housing Associates
      Division Name:
   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mrs.
First Name: Susan
Middle Name:
Last Name: Friedland
Suffix:
Title: Executive Director
Organizational Affiliation: Satellite Affordable Housing Associates
Telephone Number: (510) 809-2762
Extension:
Fax Number: (510) 647-0820
Email: sfriedland@sahahomes.org
1C. Application Details

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

9. Type of Applicant:  M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" please specify:

10. Name of Federal Agency:  Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title:  CoC Program
   CFDA Number:  14.267

12. Funding Opportunity Number:  FR-6000-N-25
   Title:  Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant’s Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

14. Area(s) affected by the project (State(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Peter Babcock House

16. Congressional District(s):

a. Applicant: CA-013, CA-009
(for multiple selections hold CTRL key)

b. Project: CA-013
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2017
b. End Date: 06/30/2018

18. Estimated Funding ($)
a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

19. Is the Application Subject to Review By State Executive Order 12372 Process?
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

   If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?
   No

   If "YES," provide an explanation:
Instructions:
The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative
Prefix: Mr.
First Name: Chris
Middle Name: Alan
Last Name: Hess
Suffix:
Title: Director of Resident Services
Telephone Number: (510) 809-2737
(Format: 123-456-7890)
Fax Number: (510) 647-0820
(Format: 123-456-7890)
Email: chess@sahahomes.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/24/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
2B. Recipient Performance

Instructions:
The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

| 1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? | Yes |
| 2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? | No |
| 3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? | No |

Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.
For FY14, HUD did not load this grant into eLOCCS due to error. SAHA has worked closely with the local HUD program office to identify the error and find a solution. We just received the notice from HUD on Tuesday August 2, 2016 that a crucial step was missed when processing our grant award. We have since completed and submitted the required forms to HUD and will draw down the entire grant amount as soon as it is posted in eLOCCS.

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No
3A. Project Detail

Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Expiring Grant Number: CA0109L9T021508
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Peter Babcock House
4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type pf SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps.Guides/coc-program-competition-resources/

1. Provide a description that addresses the entire scope of the proposed project.

Satellite Affordable Housing Associates’ project, Peter Babcock House, is a 5 unit permanent supportive housing development in South Berkeley that provides housing for chronically homeless persons with any physical disability who has been diagnosed with HIV/AIDS, asymptomatic HIV or symptomatic HIV.

By providing a supportive environment for people with HIV/AIDS, including a case manager and property management services, Peter Babcock House will enable resident clients to feel comfortable dealing with the complex problems associated with their illness. The philosophy of the House structure is and will be a combination of independence (private rooms, individualized goals) and community (peer support, group activities).

Satellite Affordable Housing Associates resolves to make available an array of support services along with a safe and high quality living conditions at Peter Babcock House to meet the needs of each client with the HIV/AIDS virus.

As owner and manager of Peter Babcock House, we will be responsible for the repair, maintenance, management and operation of Peter Babcock House. A service coordinator from our own agency and under direction of the Director of Resident Services, who is trained in providing services to HOPWA clients, will
be working closely with the 5 clients at PBH to provide relevant case
management services including: rehab, vocational and employment assistance;
referral and coordination of general health services; income support and
benefits; substance abuse treatment plans and referrals; consumer and family
involvement.

Upon move-in, the Case Manager will conduct an initial needs-assessment and
develop a service plan which will be regularly monitored and updated as the
needs of the clients change.

SAHA will also provide transportation services through its own passenger
vehicle service and by referrals to community resources.

As a service agency for HOPWA clients, SAHA also commits to facilitating
access to treatment services for HIV/AIDS health services, social services, and
physical health needs. This might include referral and advocacy to specific
HIV/AIDS serving agencies such as AID Minority Health initiative etc.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Other (Click 'Save' to update)

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income X
### 3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td></td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td></td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td></td>
</tr>
<tr>
<td>Domestic violence</td>
<td></td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found in the project's geographic area.</td>
<td></td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

### 3d. Does the project follow a "Housing First" approach? Yes

### 4. Does the PH project provide PSH or RRH? PSH

### 4a. Does the project request costs under the rental assistance budget line item? No
4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:
- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Non-Partner</td>
<td>Daily</td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016

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09/12/2016
Employment Assistance and Job Training
Applicant  Weekly
Food
Non-Partner  Daily
Housing Search and Counseling Services
Applicant  Weekly
Legal Services
Non-Partner  Weekly
Life Skills Training
Applicant  Weekly
Mental Health Services
Applicant  Weekly
Outpatient Health Services
Non-Partner  Weekly
Outreach Services
Non-Partner  Weekly
Substance Abuse Treatment Services
Non-Partner  Weekly
Transportation
Applicant  Weekly
Utility Deposits
Applicant  As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? No
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

- **Total Units:** 1
- **Total Beds:** 5
- **Total Dedicated CH Beds:** 5
- **Total Prioritized CH Beds:** 0

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Room Occupancy (SRO)...</td>
<td>1</td>
<td>5</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Single Room Occupancy (SRO) units

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 1
   b. Beds: 5

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 5
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? Auto calculated
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 0
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 0

4. Address:
   Street 1: 2350 Woolsey St.
   Street 2:
   City: Berkeley
   State: California
   ZIP Code: 94705

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   060324 Berkeley
5A. Project Participants - Households

**Instructions:**

**ALL PROJECTS EXCEPT HMIS**

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number...” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Adults over age 24</td>
<td>Adults ages 18-24</td>
<td>Accompanied Children under age 18</td>
<td>Unaccompanied Children under age 18</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------</td>
<td>-------------------</td>
<td>----------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>4</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps-guides/coc-program-competition-resources/

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>100%</th>
<th>Directly from the street or other locations not meant for human habitation.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td></td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td></td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td></td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant?: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Do any of the properties in this project have an active restrictive covenant?  Yes
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

4. Does this project propose to allocate funds according to an indirect cost rate? No

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Supportive Services X
   - Operations X
   - HMIS
6E. 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. 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. The request should match the budget amounts identified on the CoC’S HUD-approved FY 2016 GIW.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td>0.15 FTE Initial intake and continual weekly meetings with clients to assess service needs</td>
<td>$3,000</td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>0.5 FTE case management services with staff person on-site, at least once/week</td>
<td>$10,800</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td>.10 FTE job referrals, resume workshops, employment preparedness</td>
<td>$2,000</td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td>.05 FTE Case manager skilled in housing resources assessing and counseling around these particular issue</td>
<td>$1,000</td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td>.05 FTE Case manager provides life skills training and workshops on site</td>
<td>$1,000</td>
</tr>
<tr>
<td>Service Type</td>
<td>Description</td>
<td>Amount</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td>.10 FTE Case manager provides mental health services on a weekly basis and as-needed</td>
<td>$2,000</td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td>.10 FTE Case manager works with client to complete HEAP applications (Heat, Energy, Assistance Program) for PGE</td>
<td>$2,000</td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Annual Assistance Requested</strong></td>
<td></td>
<td>$21,800</td>
</tr>
<tr>
<td><strong>Grant Term</strong></td>
<td></td>
<td>1 Year</td>
</tr>
<tr>
<td><strong>Total Request for Grant Term</strong></td>
<td></td>
<td>$21,800</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6F. Operating Budget

**Instructions:**

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g., .75 FTE hours and benefits for staff, utility types, and monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Are you requesting a 15 year renewal per the FY2016 CoC Program NOFA? This request is only available for Operating Costs budget line items in projects in which the applicant owns the building and needs to provide maintenance. Only 1 year of funding is allowed according to the relevant section of the FY 2016 CoC Program Competition NOFA.

Grant term: This field is populated with the value “1 Year” 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintenance/Repair</td>
<td>Staff time for property management, maintenance and repair</td>
<td>$10,000</td>
</tr>
<tr>
<td>2. Property Taxes and Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Replacement Reserve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Building Security</td>
<td>alarm, security for building</td>
<td>$500</td>
</tr>
<tr>
<td>5. Electricity, Gas, and Water</td>
<td>Utilities for building</td>
<td>$2,120</td>
</tr>
<tr>
<td>6. Furniture</td>
<td>furniture, supplies for common area</td>
<td>$2,599</td>
</tr>
<tr>
<td>7. Equipment (lease, buy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Annual Assistance Requested</strong></td>
<td></td>
<td><strong>$15,219</strong></td>
</tr>
</tbody>
</table>

**Grant Term**

1 Year

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.
Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for projects with operating costs and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>SAHA Property Man...</td>
<td>08/05/2016</td>
<td>$9,866</td>
</tr>
</tbody>
</table>

Total Value of Cash Commitments: $9,866
Total Value of In-Kind Commitments: $0
Total Value of All Commitments: $9,866
Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match screen will populate the Screen “6l. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps.guides/coc-program-competition-resources/

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: SAHA Property Management
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/05/2016
6. Value of Written Commitment: $9,866
6l. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016  Page 38  09/12/2016
<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Supportive Services</td>
<td>$21,800</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$15,219</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$37,019</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$2,443</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$39,462</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$9,866</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$9,866</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$49,328</td>
</tr>
</tbody>
</table>
Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Chris Hess

Date: 08/24/2016

Title: Director of Resident Services

Applicant Organization: Satellite Affordable Housing Associates

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant: X
Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
### 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/05/2016</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. Congressional District(s)</td>
<td>08/05/2016</td>
</tr>
<tr>
<td>1E. Compliance</td>
<td>08/05/2016</td>
</tr>
<tr>
<td>1F. Declaration</td>
<td>08/05/2016</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>No Input Required</td>
</tr>
<tr>
<td>2B. Recipient Performance</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>--------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/09/2016</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/24/2016</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/05/2016</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>5C. Outreach</td>
<td>08/05/2016</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/05/2016</td>
</tr>
<tr>
<td>6E. Supp. Srvcs. Budget</td>
<td>08/05/2016</td>
</tr>
<tr>
<td>6F. Operating</td>
<td>08/05/2016</td>
</tr>
<tr>
<td>6H. Match</td>
<td>08/05/2016</td>
</tr>
<tr>
<td>6I. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/05/2016</td>
</tr>
</tbody>
</table>
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.
Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.
Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
If "Revision", select appropriate letter(s):
If "Other", specify:
3. Date Received: 09/08/2016
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: CA0110L9T021508
(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).
Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number X
6. Date Received by State:
7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

8. Applicant
   a. Legal Name: Alameda County
   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000501

   c. Organizational DUNS: 02116418

   d. Address
      Street 1: 224 W. Winton Ave, Room 108
      City: Hayward
      County:
      State: California
      Country: United States
      Zip / Postal Code: 94544

   e. Organizational Unit (optional)
      Department Name: Housing and Community Development
      Division Name:

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mr.

   Applicant: Alameda County Housing and Community Development Department
   Project: Reciprocal Integrated Services for Empowerment (RISE) Project
First Name: Riley
Middle Name:
Last Name: Wilkerson
Suffix:
Title: HCD Manager
Organizational Affiliation: Alameda County
Telephone Number: (510) 670-9797
Extension:
Fax Number: (510) 670-6378
Email: riley.wilkerson@acgov.org
1C. Application Details

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant:  B. County Government
   If "Other" please specify:

10. Name of Federal Agency:  Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
    Title: CoC Program
    CFDA Number: 14.267

12. Funding Opportunity Number:  FR-6000-N-25
    Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
    Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

14. Area(s) affected by the project (State(s) only):
   California
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Reciprocal Integrated Services for Empowerment (RISE) Project

16. Congressional District(s):

   a. Applicant: CA-013, CA-017, CA-015
   (for multiple selections hold CTRL key)

   b. Project: CA-013, CA-017, CA-015
   (for multiple selections hold CTRL key)

17. Proposed Project

   a. Start Date: 11/01/2016
   b. End Date: 10/31/2017

18. Estimated Funding ($)
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Federal:</td>
<td></td>
</tr>
<tr>
<td>b. Applicant:</td>
<td></td>
</tr>
<tr>
<td>c. State:</td>
<td></td>
</tr>
<tr>
<td>d. Local:</td>
<td></td>
</tr>
<tr>
<td>e. Other:</td>
<td></td>
</tr>
<tr>
<td>f. Program Income:</td>
<td></td>
</tr>
<tr>
<td>g. Total:</td>
<td></td>
</tr>
</tbody>
</table>
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:
1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Linda
Middle Name: M
Last Name: Gardner
Suffix:
Title: Housing Director
Telephone Number: (510) 670-5404
(Format: 123-456-7890)
Fax Number: (510) 670-6378
(Format: 123-456-7890)
Email: linda.gardner@acgov.org
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.

Date Signed:  09/08/2016
# 2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

**Total Expected Sub-Awards:** $187,819

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abode Services</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$70,500</td>
</tr>
<tr>
<td>Building Opportunities for Self Sufficiency</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$59,331</td>
</tr>
<tr>
<td>Second Chance, Inc.</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$57,988</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

a. Organization Name: Abode Services

b. Organization Type: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:
c. Employer or Tax Identification Number: 94-3087060

<table>
<thead>
<tr>
<th>* d. Organizational DUNS:</th>
<th>149528593</th>
<th>PLUS 4</th>
</tr>
</thead>
</table>

e. Physical Address

Street 1: 40849 Fremont Blvd
Street 2:
  City: Fremont
  State: California
  Zip Code: 94538

f. Congressional District(s): CA-017
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $70,500

j. Contact Person
Prefix: Mr.
First Name: Louis
Middle Name:
Last Name: Chicione
Suffix:
Title: Executive Director
E-mail Address: lchicoine@abodeservices.org
Confirm E-mail Address: lchicoine@abodeservices.org
Phone Number: 510-657-7409
  Extension:
  Fax Number:
Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

Instructions:
Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

a. Organization Name: Building Opportunities for Self Sufficiency
b. Organization Type: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:

c. Employer or Tax Identification Number: 51-0173390

d. Organizational DUNS: 363812850

* d. Organizational DUNS: 363812850 PLUS 4

e. Physical Address
   Street 1: 2065 Kittredge Street
   Street 2:
   City: Berkeley
   State: California
   Zip Code: 94704

f. Congressional District(s): CA-013
   (for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $59,331

j. Contact Person
   Prefix: Mr.
   First Name: Donald
   Middle Name:
   Last Name: Frazier
   Suffix: 
   Title: Executive Director
   E-mail Address: dfrazier@self-sufficiency.org
Confirm E-mail Address: dfrazier@self-sufficiency.org
Phone Number: 510-649-1930
Extension:
Fax Number:

Documentation of the subrecipient’s nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

Instructions:
Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other
than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

a. Organization Name: Second Chance, Inc.

b. Organization Type: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:

c. Employer or Tax Identification Number: 94-2152575

```
e. Physical Address
   Street 1: 6330-B Thornton Avenue
   Street 2: 
   City: Newark
   State: California
   Zip Code: 94560

f. Congressional District(s): CA-013
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $57,988

j. Contact Person
   Prefix: Mr.
   First Name: Jimmy
```
Documentation of the subrecipient's nonprofit status is required with the submission of this application.
2B. Recipient Performance

Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If “Yes” is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Applicant: Alameda County Housing and Community Development Department
Project: Reciprocal Integrated Services for Empowerment (RISE) Project

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Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

During the operating period one of the project sub recipients had a staffing change which contributed to the agency not fully utilizing funds in their contract. All project sub recipient will make efforts to fully utilize the funding their contracts for the renewed contracts.
3A. Project Detail

Instructions:
The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select “Yes” or “No” to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snapsguides/coc-program-competition-resources/

1. Expiring Grant Number: CA0110L9T021508
   (e.g., the “Federal Award Identifier” indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Reciprocal Integrated Services for Empowerment (RISE) Project
4. Project Status:  Standard

5. Component Type:  PH

6. Does this project use one or more properties that have been conveyed through the Title V process?  No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.

- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.

- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.

- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.

- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snapsguides/coc-program-competition-resources/

1. Provide a description that addresses the entire scope of the proposed project.

The RISE Project is a multi-agency collaborative providing integrated service coordination to assist Shelter Plus Care participants with obtaining and maintaining permanent supportive housing.

2. Does your project have a specific population focus? No

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income X

Applicant: Alameda County Housing and Community Development Department 021116418
Project: Reciprocal Integrated Services for Empowerment (RISE Project) 146165

Renewal Project Application FY2016 09/12/2016
Active or history of substance abuse

Having a criminal record with exceptions for state-mandated restrictions

History of domestic violence (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement)

None of the above

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found in the project's geographic area.</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? PSH

4a. Does the project request costs under the rental assistance budget line item? No
4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snapsguides/coc-program-competition-resources/

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided. Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 263
Total Beds: 519
Total Dedicated CH Beds: 150
Total Prioritized CH Beds: 50

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>263</td>
<td>519</td>
<td>150</td>
<td>50</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 263
   b. Beds: 519

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 150
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 369
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 50
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 50

4. Address:
   Street 1: 224 W Winton Avenue Room 108
   Street 2:
   City: Hayward
   State: California
   ZIP Code: 94544

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   060012 Alameda
5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>71</td>
<td>192</td>
<td>0</td>
<td>263</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>2016</td>
<td>2017</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td>------</td>
<td>------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>92</td>
<td>234</td>
<td>326</td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>92</td>
<td>234</td>
<td>326</td>
<td></td>
</tr>
<tr>
<td>Accompanied Children under 18</td>
<td>115</td>
<td>0</td>
<td>115</td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>246</td>
<td>273</td>
<td>519</td>
<td></td>
</tr>
</tbody>
</table>
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>40</td>
<td>0</td>
<td>2</td>
<td>51</td>
<td>2</td>
<td>51</td>
<td>28</td>
<td>18</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>13</td>
<td>0</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>18</td>
<td>14</td>
<td>10</td>
<td>86</td>
</tr>
<tr>
<td>Total Persons</td>
<td>48</td>
<td>0</td>
<td>2</td>
<td>52</td>
<td>2</td>
<td>59</td>
<td>59</td>
<td>32</td>
<td>15</td>
<td>112</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>122</td>
<td>13</td>
<td>7</td>
<td>163</td>
<td>49</td>
<td>153</td>
<td>39</td>
<td>50</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>26</td>
</tr>
<tr>
<td>Total Persons</td>
<td>124</td>
<td>13</td>
<td>8</td>
<td>165</td>
<td>50</td>
<td>154</td>
<td>43</td>
<td>51</td>
<td>15</td>
<td>39</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Describe the unlisted subpopulations referred to above:**

The persons on the unlisted subpopulations above are comprised of persons in a S+C household who are not chronically homeless, who are not veterans, and/or do not have a disability.
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>15%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>77%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td></td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td>8%</td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td></td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>

Applicant: Alameda County Housing and Community Development Department
Project: Reciprocal Integrated Services for Empowerment (RISE) Project

Renewal Project Application FY2016  Page 35  09/12/2016
Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant? This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation?  No

4. Does this project propose to allocate funds according to an indirect cost rate?  No

5. Renewal Grant Term:  1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Supportive Services  X
   - Operations
   - HMIS  X
6E. 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. 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. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td>Six households @150-200 each</td>
<td>$1,145</td>
</tr>
<tr>
<td>3. Case Management</td>
<td>3 FTE salary and benefits</td>
<td>$130,353</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td>15 households @100 each - beds, blankets</td>
<td>$1,500</td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant: Alameda County Housing and Community Development Department 02116418

Project: Reciprocal Integrated Services for Empowerment (RISE) Project 146165

Renewal Project Application FY2016 09/12/2016
<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Substance Abuse Treatment</td>
<td>Services</td>
<td></td>
</tr>
<tr>
<td>15. Transportation</td>
<td>279 transportation vouchers (bus, BART)</td>
<td>$3,906</td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td>10 households @ $200 each</td>
<td>$2,000</td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td></td>
<td>$138,904</td>
</tr>
<tr>
<td>Grant Term</td>
<td></td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td></td>
<td>$138,904</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6G. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g., .75 FTE hours and benefits for staff) for each HMIS cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount funds requested for each activity. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 the “Funding Request” screen 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Software</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Personnel</td>
<td>.08 FTE salary and benefits</td>
<td>$10,800</td>
</tr>
<tr>
<td>5. Space &amp; Operations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td></td>
<td>$10,800</td>
</tr>
<tr>
<td>Grant Term</td>
<td></td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td></td>
<td>$10,800</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
### 6H. 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**

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>Behavioral Health...</td>
<td>01/15/2015</td>
<td>$38,115</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Building Opportunities...</td>
<td>01/15/2015</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

Total Value of Cash Commitments: $38,115

Total Value of In-Kind Commitments: $10,000

Total Value of All Commitments: $48,115
Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: Behavioral Health Care Services (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 01/15/2015
6. Value of Written Commitment: $38,115
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of Source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Building Opportunities for Self Sufficiency (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 01/15/2015
6. Value of Written Commitment: $10,000
Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the “Save” button.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
</tbody>
</table>

Applicant: Alameda County Housing and Community Development Department
Project: Reciprocal Integrated Services for Empowerment (RISE) Project

09/12/2016
<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Supportive Services</td>
<td>$138,904</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$10,800</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$149,704</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$10,479</td>
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<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$160,183</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$38,115</td>
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<tr>
<td>10. In-Kind Match</td>
<td>$10,000</td>
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<tr>
<td>11. Total Match</td>
<td>$48,115</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$208,298</td>
</tr>
</tbody>
</table>
7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant’s application for funding is consistent with the jurisdiction’s HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
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</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>Nonprofit 501 IRS...</td>
<td>11/12/2015</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: Nonprofit 501 IRS Status RISE

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official**

Linda Gardner

**Date:**

09/08/2016

**Title:**

Housing Director

**Applicant Organization:**

Alameda County

**PHA Number (For PHA Applicants Only):**

I certify that I have been duly authorized by the applicant to submit this Applicant

X

Renewal Project Application FY2016  Page 49  09/12/2016
Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
## 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
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</tr>
<tr>
<td>1C. Application Details</td>
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<tr>
<td>1D. Congressional District(s)</td>
<td>08/18/2016</td>
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<tr>
<td>1E. Compliance</td>
<td>08/18/2016</td>
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<tr>
<td>1F. Declaration</td>
<td>08/18/2016</td>
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<tr>
<td>2A. Subrecipients</td>
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<tr>
<td>2B. Recipient Performance</td>
<td>08/18/2016</td>
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<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/18/2016</td>
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<td>4B. Housing Type</td>
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<tr>
<td>5A. Households</td>
<td>08/25/2016</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>08/18/2016</td>
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<tr>
<td>5C. Outreach</td>
<td>08/18/2016</td>
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<tr>
<td>6A. Funding Request</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>6G. HMIS Budget</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>6H. Match</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>6I. Summary Budget</td>
<td>No Input Required</td>
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<tr>
<td>7A. Attachment(s)</td>
<td>08/18/2016</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/18/2016</td>
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</tbody>
</table>
In reply refer to: 4077550282
July 06, 2009 LTR 4168C 0
94-3087060 000000 00 000
00030056
BODC: TE

ABODE SERVICES
40849 FREMONT BLVD
FREMONT CA 94538-4306

Employer Identification Number: 94-3087060
Person to Contact: Barb Herald
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of June 11, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in November 1989, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(03) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

[Signature]

Cindy Westcott
Manager, EO Determinations
Gentlemen:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 170(b)(1)(A)(vi).

You are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. You are not liable for the taxes imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes under sections 2055, 2106, and 2522 of the Code.

If your purposes, character, or method of operation is changed, you must let us know so we can consider the effect of the change on your exempt status. Also, you must inform us of all changes in your name or address.

If your gross receipts each year are normally more than $5,000, you are required to file Form 990, Return of Organization Exempt From Income Tax, by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of $10 a day, up to a maximum of $5,000, for failure to file a return on time.
You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Please keep this determination letter in your permanent records.

Sincerely yours,

[Signature]
District Director
Dear Sir or Madam:

Thank you for submitting the information shown below or on the enclosure. We have made it a part of your file.

The changes indicated do not adversely affect your exempt status and the exemption letter issued to you continues in effect.

Please let us know about any future change in the character, purpose, method of operation, name or address of your organization. This is a requirement for retaining your exempt status.

Thank you for your cooperation.

Sincerely yours,

Steven A. Jensen
District Director

Item Changed From To
NAME BERKELEY OAKLAND SUPPORT SERVICES BUILDING OPPORTUNITIES FOR SELF-SUFFICIENCY
Building Opportunities for Self-Sufficiency
2065 Kittredge St E
Berkeley CA 94704-1400650

We changed your name and/or address.

Thank you for your correspondence. As you requested, we've made the following changes to your name and/or address:

Name and address previously shown on your account

Berkeley Oakland Support Services
2065 Kittredge St E
Berkeley CA 94704-1400650

Name and address now shown on your account

Building Opportunities for Self-Sufficiency
2065 Kittredge St E
Berkeley CA 94704-1400650

If you don't agree with this change, please let us know.
Dear Sir or Madam:

This is in response to your request of May 29, 2007, regarding your organization's tax-exempt status.

In November 1975 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Michele M. Sullivan
Oper. Mgr.
Accounts Management Operations
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.
Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.
Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.
Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 08/30/2016
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: CA0111L9T021507
   (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number
   X
6. Date Received by State:
7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are
any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the
Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in
“complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from
the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant
Profile" training document on the HUD Exchange.

8. Applicant
a. Legal Name: Resources for Community Development
b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2952466

c. Organizational DUNS: 363812082

PLUS 4

d. Street
Street 1: 2220 Oxford St
Street 2: Berkeley
County: Alameda
State: California
Country: United States
Zip / Postal Code: 94704

e. Organizational Unit (optional)
Department Name: Services
Division Name: N/A

f. Name and contact information of person to be contacted on matters involving this application
Prefix: Ms.
First Name: Olivia
Middle Name: 
Last Name: King
Suffix: 
Title: Director of Resident Services
Organizational Affiliation: Resources for Community Development
Telephone Number: (510) 841-4410
Extension: 332
Fax Number: (510) 548-3502
Email: oking@rcdhousing.org
1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. Congressional District(s)

Instructions:
Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

14. Area(s) affected by the project (State(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Regent Street

16. Congressional District(s):

   a. Applicant: CA-011, CA-015
   (for multiple selections hold CTRL key)

   b. Project: CA-013
   (for multiple selections hold CTRL key)

17. Proposed Project

   a. Start Date: 09/01/2017
   b. End Date: 08/13/2018

18. Estimated Funding ($)
a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

19. Is the Application Subject to Review By State Executive Order 12372 Process?
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

   If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?
   No

   If "YES," provide an explanation:
1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Mr.
First Name: Daniel
Middle Name: 
Last Name: Sawislak
Suffix: 
Title: Executive Director
Telephone Number: (510) 841-4410
(Format: 123-456-7890)
Fax Number: (510) 548-3502
(Format: 123-456-7890)
Email: dsawislak@rcdhousing.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/30/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $47,559

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abode</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$47,559</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

a. Organization Name: Abode

b. Organization Type: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:
c. Employer or Tax Identification Number: 94-3087060

e. Physical Address
   Street 1: 40849 Fremont Blvd
   Street 2:
   City: Fremont
   State: California
   Zip Code: 94538

f. Congressional District(s): CA-013, CA-017, CA-015, CA-019, CA-018, CA-020

(f for multiple selections hold CTRL key)

* d. Organizational DUNS: 012042882 PLUS 4

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $47,559

j. Contact Person
   Prefix: Ms.
   First Name: Vivian
   Middle Name: 
   Last Name: Wan
   Suffix:
   Title: Chief Operating Officer
   E-mail Address: vwan@abodeservices.org
   Confirm E-mail Address: vwan@abodeservices.org
   Phone Number: 510-657-7409
   Extension: 212
   Fax Number:

Applicant: Resources for Community Development
Project: Regent Street

09/12/2016
Documentation of the subrecipient's nonprofit status is required with the submission of this application.
2B. Recipient Performance

**Instructions:**

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

**APR Submission:** Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

**HUD Monitoring Findings:** Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If “Yes” is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

**Quarterly Drawdowns:** Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

**Recaptured Funds:** Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?</td>
<td>No</td>
</tr>
<tr>
<td>3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?</td>
<td>No</td>
</tr>
</tbody>
</table>
3A. Project Detail

Instructions:
The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Expiring Grant Number: CA0111L9T021507
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Regent Street
4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.

- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.)

- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.

- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.

- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Provide a description that addresses the entire scope of the proposed project.

Regent Street is permanent supportive housing project servicing six formerly homeless people living with HIV/AIDS in Berkeley, CA. The property is managed by the John Stewart Company, owned by RCD who collaborates with Abode Services to provide service coordination and other supportive services focused on keeping participants stable housed, generating positive health outcomes and helping residents to attain greater self-sufficiency.

2. Does your project have a specific population focus?  Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Applicant: Resources for Community Development
Project: Regent Street

Renewal Project Application FY2016  Page 19  09/12/2016
### 3. Housing First

**3a. Does the project quickly move participants into permanent housing?** Yes

**3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.**

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance abuse</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

**3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found in the project’s geographic area.</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

**3d. Does the project follow a "Housing First" approach?** Yes
4. Does the PH project provide PSH or RRH?  PSH

4a. Does the project request costs under the rental assistance budget line item?  No
4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- **Provider:** select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- **Frequency:** Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016  Page 22  09/12/2016
2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? 
   Yes

2b. Use of a single application form for four or more mainstream programs? 
   No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? 
   Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? 
   Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. 
   Yes
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared housing</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>0</td>
</tr>
</tbody>
</table>

Total Units: 6
Total Beds: 6
Total Dedicated CH Beds: 6
Total Prioritized CH Beds: 0
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type:  Shared housing

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units:  6
   b. Beds:  6

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless?  6
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?  0
      Auto calculated
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?  0
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?  0

4. Address:
   Street 1:  2511 Regent St
   Street 2:
      City:  Berkeley
      State:  California
      ZIP Code:  94704

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)
   060324 Berkeley
### 5A. Project Participants - Households

**Instructions:**

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number...” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016  Page 27  09/12/2016
<table>
<thead>
<tr>
<th>Category</th>
<th>Applicants Over Age 24</th>
<th>Applicants Ages 18-24</th>
<th>Applicants Accompanied Children Under Age 18</th>
<th>Applicants Total Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>6</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
### 5B. Project Participants - Subpopulations

**Instructions:**

**ALL PROJECTS EXCEPT HMIS**

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

- **Persons in Households with at least one Adult and One Child** chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

- **Persons in Households without Children** chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

- **Persons in Households with Only Children** chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

**Total Persons:** All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the HUD Resource Exchange:

https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

#### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Applicant:** Resources for Community Development  363812082

**Project:** Regent Street  140288
### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

| Applicant: Resources for Community Development |
| Project: Regent Street |
| Renewal Project Application FY2016 | Page 30 | 09/12/2016 |
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>85%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>15%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td>0%</td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td>0%</td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td>0%</td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant? This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:

- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Do any of the properties in this project have an active restrictive covenant? Yes

Applicant: Resources for Community Development
Project: Regent Street

Renewal Project Application FY2016 Page 32 09/12/2016
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation?  No

4. Does this project propose to allocate funds according to an indirect cost rate?  No

5. Renewal Grant Term:  1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Supportive Services  X
   - Operations  X
   - HMIS
6E. 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. 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. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

A quantity AND description must be entered for each requested cost.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>this line includes the cost of approximately 0.79 FTE. Service Coordination at a salary level of $46,161, plus 25% benefits</td>
<td>$47,559</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Total Annual Assistance Requested

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse Treatment Services</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Utility Deposits</td>
<td></td>
</tr>
<tr>
<td>Operating Costs</td>
<td></td>
</tr>
<tr>
<td><strong>Total Annual Assistance Requested</strong></td>
<td><strong>$47,559</strong></td>
</tr>
</tbody>
</table>

### Grant Term

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Term</td>
<td>1 Year</td>
</tr>
</tbody>
</table>

### Total Request for Grant Term

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Request for Grant Term</strong></td>
<td><strong>$47,559</strong></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
**Instructions:**

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g., .75 FTE hours and benefits for staff, utility types, and monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating “1 FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Are you requesting a 15 year renewal per the FY2016 CoC Program NOFA? This request is only available for Operating Costs budget line items in projects in which the applicant owns the building and needs to provide maintenance. Only 1 year of funding is allowed according to the relevant section of the FY 2016 CoC Program Competition NOFA.

Grant term: This field is populated with the value “1 Year” 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintenance/Repair</td>
<td>Manager 2hrs/week, Maintenence 4hrs/wk + benefits; garbage, landscape, electrical, Appl &amp; general Maint. &amp; supplies</td>
<td>$16,251</td>
</tr>
<tr>
<td>2. Property Taxes and Insurance</td>
<td>Property taxes and insurance</td>
<td>$2,072</td>
</tr>
<tr>
<td>3. Replacement Reserve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Building Security</td>
<td>Management Fee</td>
<td>$3,960</td>
</tr>
<tr>
<td>5. Electricity, Gas, and Water</td>
<td>Utilities, electricy, gas, water and sewer</td>
<td>$5,796</td>
</tr>
<tr>
<td>6. Furniture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Equipment (lease, buy)</td>
<td>Computer</td>
<td>$194</td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td></td>
<td>$28,273</td>
</tr>
</tbody>
</table>

**Grant Term:** 1 Year

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.
| Total Request for Grant Term | $28,273 |

Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for projects with operating costs and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Abode Services</td>
<td>08/02/2016</td>
<td>$15,912</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Resources for Com...</td>
<td>08/02/2016</td>
<td>$2,250</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Lifelong Medical</td>
<td>08/02/2016</td>
<td>$7,500</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Resource for Comm...</td>
<td>08/02/2016</td>
<td>$20,285</td>
</tr>
</tbody>
</table>
Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Abode Services

5. Date of Written Commitment: 08/02/2016

6. Value of Written Commitment: $15,912
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Resources for Community Development

5. Date of Written Commitment: 08/02/2016

6. Value of Written Commitment: $2,250

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field
that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match?  
   Yes

2. Type of Commitment:  
   In-Kind

3. Type of Source:  
   Private

4. Name the Source of the Commitment:  
   Lifelong Medical
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment:  
   08/02/2016

6. Value of Written Commitment:  
   $7,500

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The
Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

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: Resource for Community Development
    (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/02/2016
6. Value of Written Commitment: $20,285
6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps.guides/cooc-program-competition-resources/

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
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</tbody>
</table>

Renewal Project Application FY2016 Page 43 09/12/2016
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>3. Supportive Services</td>
<td>$47,559</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$28,273</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
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<tr>
<td>6. Sub-total Costs Requested</td>
<td>$75,832</td>
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<td>7. Admin (Up to 10%)</td>
<td>$5,035</td>
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<td>8. Total Assistance plus Admin Requested</td>
<td>$80,867</td>
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<tr>
<td>9. Cash Match</td>
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<td>10. In-Kind Match</td>
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<td>11. Total Match</td>
<td>$45,947</td>
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<tr>
<td>12. Total Budget</td>
<td>$126,814</td>
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</table>
7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
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<th>Document Type</th>
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<th>Document Description</th>
<th>Date Attached</th>
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<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>501c3</td>
<td>08/24/2016</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: 501c3

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official**

Daniel Sawislak

**Date:** 08/30/2016

**Title:** Executive Director

**Applicant Organization:** Resources for Community Development

**PHA Number (For PHA Applicants Only):**

I certify that I have been duly authorized by the applicant to submit this Applicant X

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Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
# 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/30/2016</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
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<td>1C. Application Details</td>
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<td>1D. Congressional District(s)</td>
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<tr>
<td>1E. Compliance</td>
<td>08/05/2016</td>
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<td>1F. Declaration</td>
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<td>2A. Subrecipients</td>
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<tr>
<td>2B. Recipient Performance</td>
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<td>Section</td>
<td>Date</td>
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<td>------------</td>
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<tr>
<td>3A. Project Detail</td>
<td>08/09/2016</td>
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<tr>
<td>3B. Description</td>
<td>08/05/2016</td>
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<td>4A. Services</td>
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<td>4B. Housing Type</td>
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<td>5C. Outreach</td>
<td>08/05/2016</td>
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<tr>
<td>6A. Funding Request</td>
<td>08/05/2016</td>
</tr>
<tr>
<td>6E. Supp. Srvcs. Budget</td>
<td>08/05/2016</td>
</tr>
<tr>
<td>6F. Operating</td>
<td>08/05/2016</td>
</tr>
<tr>
<td>6H. Match</td>
<td>08/05/2016</td>
</tr>
<tr>
<td>6I. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/24/2016</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/05/2016</td>
</tr>
</tbody>
</table>
ABODE SERVICES
40849 FREMONT BLVD
FREMONT CA 94538-4306

Employer Identification Number: 94-3087060
Person to Contact: Barb Herald
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of June 11, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in November 1989, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(03) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Cindy Westcott
Manager, EO Determinations
To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission: Application
2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/24/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: CA0114L9T021508
(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

X

6. Date Received by State:

7. State Application Identifier:
1B. Legal Applicant

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant
   a. Legal Name: Berkeley Food and Housing Project
   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2979073
   c. Organizational DUNS: 363816703
      PLUS 4
   d. Address
      Street 1: 1901 Fairview St
      City: Berkeley
      County: Alameda
      State: California
      Country: United States
      Zip / Postal Code: 94703
   e. Organizational Unit (optional)
      Department Name: Berkeley Food and Housing Project
      Division Name:
   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Ms.
First Name: Kirsten
Middle Name: 
Last Name: Anderson
Suffix: 
Title: Accounting Manager
Organizational Affiliation: Berkeley Food and Housing Project
Telephone Number: (510) 318-6626
Extension: 
Fax Number: (510) 649-4982
Email: kanderson@bfhp.org
1C. Application Details

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps.guides/coc-program-competition-resources/

14. Area(s) affected by the project (State(s) only): California
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Russell Street Residence

16. Congressional District(s):
   a. Applicant: CA-013
   (for multiple selections hold CTRL key)
   b. Project: CA-013
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 07/01/2017
   b. End Date: 06/30/2018

18. Estimated Funding ($)
a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:
Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

19. Is the Application Subject to Review By State Executive Order 12372 Process?  
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

   If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?  
   No

   If "YES," provide an explanation:
1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Terrie
Middle Name: 
Last Name: Light
Suffix: 
Title: Executive Director
Telephone Number: (510) 318-6607
(Format: 123-456-7890)
Fax Number: (510) 649-4982
(Format: 123-456-7890)
Email: tlight@bfhp.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/24/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
2B. Recipient Performance

Instructions:
The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If “Yes” is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No
3A. Project Detail

**Instructions:**

The selections made on this screen will determine which additional forms will need to be completed for this project application.

**Expiring Grant Number:** This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

**CoC Number and Name:** Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

**CoC Collaborative Applicant Name:** Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

**Project Name:** This is pre-populated from the “Project” Form and cannot be edited.

**Project Status:** The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

**Component Type:** This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

**Title V:** This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

**Additional Resources can be found at the HUD Resource Exchange:**
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. **Expiring Grant Number:** CA0114L9T021508
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. **CoC Number and Name:** CA-502 - Oakland, Berkeley/Alameda County CoC

2b. **CoC Collaborative Applicant Name:** Alameda County

3. **Project Name:** Russell Street Residence
4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.

- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.

- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.

- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.

- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Provide a description that addresses the entire scope of the proposed project.

The Russell Street Residence (RSR) is composed of two related programs on one site that serve a total of 21 clients. Both program components provide permanent supported housing to mentally ill adults. The first program is a state licensed Adult Residential Facility (ARF) for 17 adults living with serious mental illness. The second program, the Annex, is semi independent living for 4 single adults with serious mental illness. Of the 21 total beds, 13 beds are funded by the HUD program.

The target population of RSR is formerly homeless adults who are diagnosed with a serious mental illness. Many residents are dual diagnosed with substance use as well as mental illness and many residents have been chronically homeless. The program operates in close collaboration with Berkeley Mental Health (BMH) who provides clinicians and with the newly created Homestretch registry in Alameda County. Homestretch is the component of the Coordinated Entry System that creates a registry of clients who are best matched for Permanent supportive housing. RSR will be working closely with Homestretch to receive referrals for the program from the Homestretch registry.

The ARF program provides 24 hour awake staff; three meals a day plus snacks; therapeutic activities and outings; transportation to appointments; and assistance with activities of daily living. Staff work with residents to develop
independent living skills and assess those who might be ready to move into a
more independent setting.
Basic program expectations include meeting lease expectations and working on
community living guidelines. Clients are encouraged to participate in the daily
activities that are offered in the program as well as encouraged to participate in
outside community activities. Annex residence live semi independently but are
able to still participate in the development of a housing retention plan with their
Case Manager and RSR Manager, participate in program activities and outings,
and work with staff on developing and maintaining independent living skills as
needed.
The goal of RSR is to assist clients in maintaining their permanent housing
through the development of housing retention skills. Each resident has a
Housing Case Plan, which is created with the resident, their case Manager and
RSR Program Manager. Case plans may include skills development related to
communal living, personal hygiene, and medication management as well as
tenancy and housing retention skills. Tenants may choose not to work on the
case plan and may choose not to meet with their case manager.
Primary medical is offered on site with LifeLong Medical Care. BMH provides
clinicians to hold therapeutic groups on site, and several long term volunteers
provide therapeutic writing and art activities.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th></th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans</td>
<td></td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td></td>
<td>Mental Illness</td>
</tr>
<tr>
<td>Families with Children</td>
<td></td>
<td>HIV/AIDS</td>
</tr>
</tbody>
</table>

Other:

Other: (Click 'Save' to update)

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income

Renewal Project Application FY2016 Page 17 09/12/2016
### 3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found in the project's geographic area.</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

### 3d. Does the project follow a "Housing First" approach?  
Yes

### 4. Does the PH project provide PSH or RRH?  
PSH

### 4a. Does the project request costs under the rental assistance budget line item?  
No
4A. Supportive Services for Participants

Instructions:
ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:
- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided. 
   Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Partner</td>
<td>Annually</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Weekly</td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016
2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 13
Total Beds: 13
Total Dedicated CH Beds: 6
Total Prioritized CH Beds: 1

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared housing</td>
<td>13</td>
<td>13</td>
<td>6</td>
<td>1</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type:  Shared housing

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 13
   b. Beds: 13

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 6
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 7
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 1
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 1

4. Address:
   Street 1: 1741 Russell Street
   Street 2: 1743 Russell Street
   City: Berkeley
   State: California
   ZIP Code: 94703

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   060324 Berkeley
5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>0</td>
<td>13</td>
<td>0</td>
<td>13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
</table>

Renewal Project Application FY2016 | Page 24 | 09/12/2016
<table>
<thead>
<tr>
<th>Category</th>
<th>Adults over age 24</th>
<th>Adults ages 18-24</th>
<th>Accompanied Children under age 18</th>
<th>Unaccompanied Children under age 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>13</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>13</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Applicant: Berkeley Food and Housing Project
Project: Russell Street Residence

Renewal Project Application FY2016
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### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>13</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>13</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>30%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>41%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td></td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td>29%</td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td></td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Do any of the properties in this project have an active restrictive covenant? Yes
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?
   No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation?
   No

4. Does this project propose to allocate funds according to an indirect cost rate?
   No

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures X
   - Supportive Services X
   - Operations X
   - HMIS
6C. Leased Structures Budget

The following list summarizes the funds being requested for one or more structures leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Annual Assistance Request:</td>
<td>$109,425</td>
</tr>
<tr>
<td>Grant Term:</td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term:</td>
<td>$109,425</td>
</tr>
<tr>
<td>Total Structures:</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Structure Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Russell Street Re...</td>
</tr>
</tbody>
</table>
Instructions:

Complete the following fields related to the funds being requested to lease one or more structures for operating the project.

Structure Name: This is a required field. Indicate the name of the structure for which funds are requested.

Address: Only 1 “Street Address…” field is required. Enter the actual street number and name in the first field. Do not list a PO Box or other mailing address. Use the second field for apartment or subsection numbers. Complete fields for City, State and Zip Code.

HUD Paid Rent (Annual): This is a required field. Enter the annual leasing amount. The amount entered cannot exceed the annual rent for comparable structures.

Grant Term: This field is populated with the value “1 Year” and will be read only.

Total Request for Grant Term: This field will equal the total leasing amount entered above.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Structure Name:</th>
<th>Russell Street Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address 1:</td>
<td>1741/1743 Russell Street</td>
</tr>
<tr>
<td>Street Address 2:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Berkeley</td>
</tr>
<tr>
<td>State:</td>
<td>California</td>
</tr>
<tr>
<td>Zip Code:</td>
<td>94704</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>* HUD Paid Rent (Annual):</th>
<th>$109,425</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Term:</td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term:</td>
<td>$109,425</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate the Total Assistance Requested.
6E. 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. 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. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based 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 Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>0.35FTE Program Administrator @$70kSal+Ben/program supplies</td>
<td>$3,736</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td>0.5 FTE Program Administrator @$70kSal+Ben; 0.5 Asst Administrator @$51kSal+Ben=$25,500; 1.6 FTE Residential Counselor @$43kSal+Ben</td>
<td>$69,806</td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Transportation</td>
<td>Vehicle Costs including parking, gas, maintenance and Vehicle License Fees</td>
<td></td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td><strong>Total Annual Assistance Requested</strong></td>
<td><strong>$75,297</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Grant Term</strong></td>
<td><strong>1 Year</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total Request for Grant Term</strong></td>
<td><strong>$75,297</strong></td>
<td></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
### 6F. Operating Budget

**Instructions:**

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g., .75 FTE hours and benefits for staff, utility types, and monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

**Total Annual Assistance Requested:** This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Are you requesting a 15 year renewal per the FY2016 CoC Program NOFA? This request is only available for Operating Costs budget line items in projects in which the applicant owns the building and needs to provide maintenance. Only 1 year of funding is allowed according to the relevant section of the FY 2016 CoC Program Competition NOFA.

Grant term: This field is populated with the value “1 Year” 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

---

### Eligible Costs

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintenance/Repair</td>
<td>Maintenance/Repair (including staff time): .2FTE Janitorial @$44kSal+Ben = $4400; .1 FTE Facility Manager @ $67kSal+Ben = $670; 0.35 FTE Program Administrator @ $70kSal+Ben = $17,500; 0.25 Asst Administrator @ $51kSal+Ben = $12,750; 1.95 FTE Residential Counselor @ $43kSal+Ben, Cleaning Supplies, garbage, IT</td>
<td>$79,479</td>
</tr>
<tr>
<td>2. Property Taxes and Insurance</td>
<td>Property Tax &amp; Insurance: Insurance</td>
<td>$1,884</td>
</tr>
<tr>
<td>3. Replacement Reserve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Building Security</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Electricity, Gas, and Water</td>
<td>Electric Water and Gas</td>
<td>$11,821</td>
</tr>
<tr>
<td>6. Furniture</td>
<td>Beds, chairs, dressers etc</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

---

Applicant: Berkeley Food and Housing Project

Project: Russell Street Residence

Renewal Project Application FY2016

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09/12/2016
<table>
<thead>
<tr>
<th>Equipment (lease, buy)</th>
<th>Washer/Dryer, Kitchen Equip</th>
<th>$500</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Annual Assistance Requested</td>
<td></td>
<td>$95,684</td>
</tr>
<tr>
<td>Grant Term</td>
<td></td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td></td>
<td>$95,684</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for projects with operating costs and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Berkeley Food and...</td>
<td>08/16/2016</td>
<td>$124,000</td>
</tr>
</tbody>
</table>
Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

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: Berkeley Food and Housing Project (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/16/2016
6. Value of Written Commitment: $124,000
6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the “Save” button.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$109,425</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
</tbody>
</table>

Applicant: Berkeley Food and Housing Project
Project: Russell Street Residence

Renewal Project Application FY2016
Page 39
09/12/2016
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Supportive Services</td>
<td>$75,297</td>
</tr>
<tr>
<td>4</td>
<td>Operating</td>
<td>$95,684</td>
</tr>
<tr>
<td>5</td>
<td>HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6</td>
<td>Sub-total Costs Requested</td>
<td>$280,406</td>
</tr>
<tr>
<td>7</td>
<td>Admin (Up to 10%)</td>
<td>$16,732</td>
</tr>
<tr>
<td>8</td>
<td>Total Assistance plus Admin Requested</td>
<td>$297,138</td>
</tr>
<tr>
<td>9</td>
<td>Cash Match</td>
<td>$124,000</td>
</tr>
<tr>
<td>10</td>
<td>In-Kind Match</td>
<td>$0</td>
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<tr>
<td>11</td>
<td>Total Match</td>
<td>$124,000</td>
</tr>
<tr>
<td>12</td>
<td>Total Budget</td>
<td>$421,138</td>
</tr>
</tbody>
</table>

**Applicant:** Berkeley Food and Housing Project  
**Project:** Russell Street Residence
7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient’s nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant’s application for funding is consistent with the jurisdiction’s HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section’s nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official**

<table>
<thead>
<tr>
<th>Terrie Light</th>
</tr>
</thead>
</table>

| Date: 08/24/2016 |

| Title: Executive Director |

**Applicant Organization:** Berkeley Food and Housing Project

**PHA Number (For PHA Applicants Only):**

I certify that I have been duly authorized by the applicant to submit this Applicant

X

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Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
### 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. Application Details</td>
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</tr>
<tr>
<td>1D. Congressional District(s)</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>1E. Compliance</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>1F. Declaration</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
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<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>2B. Recipient Performance</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/12/2016</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/16/2016</td>
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<tr>
<td>4B. Housing Type</td>
<td>08/24/2016</td>
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<td>5A. Households</td>
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<tr>
<td>5B. Subpopulations</td>
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<td>5C. Outreach</td>
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<tr>
<td>6A. Funding Request</td>
<td>08/11/2016</td>
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<tr>
<td>6C. Leased Structures</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>6F. Operating</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>6H. Match</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>6I. Summary Budget</td>
<td>No Input Required</td>
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<tr>
<td>7A. Attachment(s)</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/11/2016</td>
</tr>
</tbody>
</table>
To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps.guides/coc-program-competition-resources/     - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
  - Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
  - To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
  - Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
  - Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
  - Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
  - Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
  - Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
  - HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.
Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.
Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.
Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
3. Date Received: 09/08/2016
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: CA0118L9T021508 (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).
Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number
6. Date Received by State:
7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant
   a. Legal Name: Alameda County
   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000501

   | c. Organizational DUNS: | 02116418 | PLUS 4 |

   d. Address
      Street 1: 224 W. Winton Ave, Room 108
      Street 2:
        City: Hayward
        County:
        State: California
        Country: United States
        Zip / Postal Code: 94544

   e. Organizational Unit (optional)
      Department Name: Housing and Community Development
      Division Name:

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mr.
First Name: Riley
Middle Name:
Last Name: Wilkerson
Suffix:
Title: HCD Manager
Organizational Affiliation: Alameda County
Telephone Number: (510) 670-9797
Extension:
Fax Number: (510) 670-6378
Email: riley.wilkerson@acgov.org
1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant: B. County Government

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance

   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25

   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

   Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

14. Area(s) affected by the project (State(s) only):
   (for multiple selections hold CTRL key)
   California

15. Descriptive Title of Applicant's Project:
   Southern Alameda County Housing/Jobs Linkages Program

16. Congressional District(s):
   a. Applicant: CA-013, CA-017, CA-015
      (for multiple selections hold CTRL key)
   b. Project: CA-013, CA-017, CA-015
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 03/01/2017
   b. End Date: 02/28/2018

18. Estimated Funding ($)
a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:
1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Linda
Middle Name: M
Last Name: Gardner
Suffix:
Title: Housing Director
Telephone Number: (510) 670-5404
(Format: 123-456-7890)
Fax Number: (510) 670-6378
(Format: 123-456-7890)
Email: linda.gardner@acgov.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/08/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $1,178,732

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
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</thead>
<tbody>
<tr>
<td>Abode Services</td>
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<tr>
<td>Safe Alternatives to Violent Environments</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$40,577</td>
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<tr>
<td>Tri-Valley Haven for Women</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$81,154</td>
</tr>
<tr>
<td>Ruby's Place</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$40,577</td>
</tr>
<tr>
<td>Cornerstone Community Development DBA Building ...</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$40,577</td>
</tr>
<tr>
<td>Family Emergency Shelter Coalition</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$40,577</td>
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</table>
2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

a. Organization Name: Abode Services

b. Organization Type: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:
c. Employer or Tax Identification Number: 94-3087060

e. Physical Address
   Street 1: 40849 Fremont Boulevard
   Street 2: 
   City: Fremont
   State: California
   Zip Code: 94538

f. Congressional District(s): CA-013, CA-017, CA-015
   (for multiple selections hold CTRL key)

   g. Is the subrecipient a Faith-Based Organization? No

   h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

   i. Expected Sub-Award Amount: $935,270

   j. Contact Person
      Prefix: Ms.
      First Name: Vivian
      Middle Name: 
      Last Name: Wan
      Suffix: 
      Title: Chief Operating Officer
      E-mail Address: vwan@abodeservices.org
      Confirm E-mail Address: vwan@abodeservices.org
      Phone Number: 510-657-7409
      Extension: 212
      Fax Number: 
Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

Instructions:
Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

a. Organization Name: Safe Alternatives to Violent Environments
b. Organization Type: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:

c. Employer or Tax Identification Number: 94-2520559

d. Organizational DUNS: 762482236

<table>
<thead>
<tr>
<th>e. Physical Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street 1: 1900 Mowry Avene</td>
</tr>
<tr>
<td>Street 2: Suite 2014</td>
</tr>
<tr>
<td>City: Fremont</td>
</tr>
<tr>
<td>State: California</td>
</tr>
<tr>
<td>Zip Code: 94538</td>
</tr>
</tbody>
</table>

f. Congressional District(s): CA-017

(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $40,577

j. Contact Person
   Prefix: Ms.
   First Name: Nina
   Middle Name: 
   Last Name: Clymer
   Suffix: 
   Title: Executive Director
   E-mail Address: executivedirector@save-dv.org
Confirm E-mail Address: executivedirector@save-dv.org  
Phone Number: 510-574-2250  
Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other
than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

a. Organization Name:  Tri-Valley Haven for Women

b. Organization Type:  M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:

c. Employer or Tax Identification Number:  94-2462357

d. Organizational DUNS:  834704538

  e. Physical Address
  Street 1:  3663 Pacific Avenue
  City:  Livermore
  State:  California
  Zip Code:  94550

  f. Congressional District(s):  CA-015
  (for multiple selections hold CTRL key)

  g. Is the subrecipient a Faith-Based Organization?  No

  h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?  Yes

  i. Expected Sub-Award Amount:  $81,154

  j. Contact Person
  Prefix:  Ms.
  First Name:  Ann
Middle Name: 
Last Name: King 
Suffix: 
Title: Executive Director 
E-mail Address: ann@trivalleyhaven.org 
Confirm E-mail Address: ann@trivalleyhaven.org 
Phone Number: 925-449-5842 
Extension: 
Fax Number: 

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

Instructions:
Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.
Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

a. Organization Name: Ruby’s Place

b. Organization Type: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:

c. Employer or Tax Identification Number: 94-2212241

d. Organizational DUNS: 114432776

*PLUS 4

e. Physical Address
Street 1: 1180 B Street
Street 2: 
City: Hayward
State: California
Zip Code: 94541

f. Congressional District(s): CA-015
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $40,577
j. Contact Person

Prefix:  Ms.
First Name:  Vera
Middle Name: 
Last Name:  Ciammetti
Suffix: 
Title:  Executive Director
E-mail Address:  vera@rubysplace.org
Confirm E-mail Address:  vera@rubysplace.org
Phone Number:  510-581-5626
Extension: 
Fax Number: 

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name:  This field is required.  Enter the legal name of the organization that will serve as the subrecipient.

Organization Type:  This field is required.  Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify:  Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number:  This field is required.  Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS:  This field is required.  Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

a. Organization Name: Cornerstone Community Development DBA Building Futures with Women and Children

b. Organization Type: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:

c. Employer or Tax Identification Number: 94-3100741

d. Organizational DUNS: 788170355

* e. Physical Address

Street 1: 1395 Bancroft Avenue
Street 2:
City: San Leandro
State: California
Zip Code: 94577

f. Congressional District(s): CA-013
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No
h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?  Yes

i. Expected Sub-Award Amount: $40,577

j. Contact Person
Prefix: Ms.
First Name: Liz
Middle Name:
Last Name: Varela
Suffix:
Title: Executive Director
E-mail Address: lvarela@bfwc.org
Confirm E-mail Address: lvarela@bfwc.org
Phone Number: 510-357-0205
Extension:
Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

Instructions:
Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit
organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

a. Organization Name: Family Emergency Shelter Coalition

b. Organization Type: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:

c. Employer or Tax Identification Number: 94-3029991

d. Organizational DUNS: 800768269

   e. Physical Address

       Street 1: 21455 Birch Street
       Street 2: Suite 5

       City: Hayward
       State: California
       Zip Code: 94541
f. Congressional District(s): CA-015
   (for multiple selections hold CTRL key)

   g. Is the subrecipient a Faith-Based Organization? No

   h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

   i. Expected Sub-Award Amount: $40,577

   j. Contact Person
      Prefix: Ms.
      First Name: Gay
      Middle Name:
      Last Name: McDaniel
      Suffix:
      Title: Executive Director
      E-mail Address: gmcdaniel@fescofamilyshelter.org
      Confirm E-mail Address: gmcdaniel@fescofamilyshelter.org
      Phone Number: 510-866-5473
      Extension:
      Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.
2B. Recipient Performance

Instructions:
The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select “Yes” or “No” from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If “No” is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select “Yes” or “No” from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If “Yes” is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select “Yes” or “No” from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If “No,” is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select “Yes” or “No” from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If “Yes,” is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes
Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

In 15/16, we anticipated being able to serve nearly three times as many households as we are currently in contract to serve (47) and continuing to reduce the amount of unspent funds in the grant. However, the increasingly high rental market in Alameda County made it extremely difficult for families approved for the program to find landlords that would rent to them. The amount of time families were in housing search rose dramatically, which severely limited our ability to spend the rental assistance line item. Because of this, the amount of unspent funds in our grant actually increased from the previous year. We are working on a number of strategies to mitigate this issue, but we will probably continue to face this issue until the rental market surge subsides.
Instructions:
The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Expiring Grant Number: CA0118L9T021508
(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Southern Alameda County Housing/Jobs Linkages Program
4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.

- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.

- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.

- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.

- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps(guides/coc-program-competition-resources/)

1. Provide a description that addresses the entire scope of the proposed project.

The Housing/Jobs Linkages Program is a 7-agency collaborative effort designed to provide rapid re-housing rental subsidies, job preparation and placement, and support services to homeless families throughout Mid, South, and Eastern Alameda County. Families who are homeless and linked with a participating shelter are eligible to receive 3-24 months of rental subsidy while attending vocational training or working, and working on life skills and individual and family issues. The objective of Linkages is to assist homeless families to transition to self-sufficiency in a relatively short period of time, and to ensure that they have developed the skills and the income to remain self-sufficient.

The Linkages Collaborative consists of six shelters: Ruby’s Place, Safe Alternatives to Violent Environments (SAVE), Building Futures for Women and Children, Family Emergency Shelter Coalition (FESCO), Abode Services, and Tri-Valley Haven; and the Alameda County Housing and Community Development (HCD) Department, which serves as the Lead Agency for the collaborative.

Each year this project screens 300 families through outreach and assessment by the participating shelters and partners. The Linkages operating capacity includes rental assistance and supportive services to participants during the
application process, housing search, housing, and a six-month follow-up period.

The collaborative has been working together since 1995 on this program, which used to be a transition-in-place program but converted to rapid re-housing three years ago to better align with HUD priorities and increase the capacity and impact of the grant. All of the collaborative partners participated in an intensive redesign process, in which the service model and subsidy structures were modified to shorten the length of stay for families that could transition more readily; to incrementally increase the household contribution to rent to allow for a less abrupt termination of subsidy; and to seek to move as many families quickly into permanent housing as possible. This modified subsidy structure and the increased rental assistance funding allow the program to house more families, thereby moving more people from the County’s shelter system into permanent housing.

The success of the program is measured in terms of housing stability and increased self-sufficiency. It is our goal that 83% of households remain stably housed or exit to permanent housing, and that 74% of participants either maintain or increase their income while enrolled.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
<th>Domestic Violence</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans</td>
<td>Substance Abuse</td>
<td>Substance Abuse</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td>Mental Illness</td>
<td>Mental Illness</td>
<td>Mental Illness</td>
</tr>
<tr>
<td>Families with Children</td>
<td>HIV/AIDS</td>
<td>Families with Children</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
<td>Other</td>
<td>Other</td>
</tr>
</tbody>
</table>

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th>Having too little or little income</th>
</tr>
</thead>
</table>

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### 3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found in the project’s geographic area.</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

### 3d. Does the project follow a "Housing First" approach?  
Yes

### 4. Does the PH project provide PSH or RRH?  
RRH

#### 4a. Does the project request costs under the rental assistance budget line item?  
Yes

#### 4b. Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance?  
Yes
Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- **Provider**: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- **Frequency**: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:

- **Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** Select “Yes” or “No” from the dropdown menu.
- **Use of a single application form for four or more mainstream programs?** Select “Yes” or “No” from the dropdown menu.
- **At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?** Select “Yes” or “No” from the dropdown menu.
- **Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?** Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- **Has the staff person providing the technical assistance completed SOAR training in the past 24 months.** Select “Yes” or “No” from the dropdown menu.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

### 1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

**Click 'Save' to update.**

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016               Page 33                  09/12/2016
<table>
<thead>
<tr>
<th>Service</th>
<th>Type</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? **Yes**

2b. Use of a single application form for four or more mainstream programs? **No**

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? **Yes**

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? **Yes**

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? **Yes**
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 47
Total Beds: 148

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (....)</td>
<td>47</td>
<td>148</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 47
   b. Beds: 148

3. Address
   Street 1: Alameda County Housing and Community Development Department
   Street 2: 224 West Winton Avenue, Suite 108
   City: Hayward
   State: California
   ZIP Code: 94544

4. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   061404 Fremont, 063276 San Leandro, 062034 Livermore, 061602 Hayward, 062826 Pleasanton City, 063846 Union City, 069001 Alameda County
5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number...” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>80</td>
<td>1</td>
<td></td>
<td>81</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category</td>
<td>Under Age 18</td>
<td>18-24</td>
<td>Adult 24+</td>
<td>Total Persons</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>--------------</td>
<td>-------</td>
<td>-----------</td>
<td>---------------</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>160</td>
<td></td>
<td></td>
<td>160</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>240</td>
<td>30</td>
<td>50</td>
<td>240</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

Applicant: Alameda County Housing and Community Development Department 02116418
Project: Southern Alameda County Housing/Jobs Linkages Program 145451

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronically Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>8</td>
<td>9</td>
<td>24</td>
<td>40</td>
<td>10</td>
<td>0</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>131</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>24</td>
<td>181</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>49</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Describe the unlisted subpopulations referred to above:
The non-disabled adults and children do not fall into any of the subpopulations above.
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td></td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td>10%</td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td>100%</td>
<td>Persons fleeing domestic violence.</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:

- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps-guides/coc-program-competition-resources/

1. Do any of the properties in this project have an active restrictive covenant? **No**
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation?  No

4. Does this project propose to allocate funds according to an indirect cost rate?  No

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:

   - Leased Units
   - Leased Structures
   - Rental Assistance  X
   - Supportive Services  X
   - Operations
   - HMIS
6D. 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>CA - Oakland-Fremont, CA HUD Metro FM...</td>
<td>47</td>
<td>$789,420</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $789,420
Total Units: 47
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.

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents: In the FY 2016 CoC Program Competition, eligible renewal projects requesting rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select “Yes” from the dropdown for this question. The project applicant will then have the ability to enter an amount in the “HUD Paid Rent (applicant)” field that is less than the amount listed in the “FMR Area (applicant)” field. The following question is visible when PRA is selected:

Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA? This request is only available for PH PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2016 CoC Program Competition NOFA.

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. The number(s) listed should match the CoC’s HUD-approved FY 2015 GIW.

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the project applicant. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

HUD Paid Rent: For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. (If the applicants select “No” above, this column will not be available for edit). In the GIW, HUD Paid Rent is known as “Actual”.

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 “HUD Paid Rent” and by 12 months. If the applicant selected “No” above, the automatic calculation will be based on the FMR and not the “HUD Paid Rent”.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based on total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.
Type of Rental Assistance:  TRA

Metropolitan or non-metropolitan fair market rent area:  CA - Oakland-Fremont, CA HUD Metro FMR Area (0600199999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?  No

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$778</td>
<td>$778</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,037</td>
<td>$1,037</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>35</td>
<td>$1,249</td>
<td>$1,249</td>
<td>x</td>
<td>$524,580</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>7</td>
<td>$1,580</td>
<td>$1,580</td>
<td>x</td>
<td>$132,720</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>5</td>
<td>$2,202</td>
<td>$2,202</td>
<td>x</td>
<td>$132,120</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$2,455</td>
<td>$2,455</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$2,823</td>
<td>$2,823</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$3,192</td>
<td>$3,192</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$3,560</td>
<td>$3,560</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$3,928</td>
<td>$3,928</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$4,296</td>
<td>$4,296</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>Total Units and Annual Assistance Requested</td>
<td>47</td>
<td></td>
<td></td>
<td></td>
<td>$789,420</td>
</tr>
</tbody>
</table>

Grant Term:  1 Year

Total Request for Grant Term:  $789,420

Click the 'Save' button to automatically calculate totals.
**6E. 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 “1 FTE” 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. 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. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

---

A quantity AND description must be entered for each requested cost.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>This line includes the cost of Service Coordinators (6.0 FTEs) at a salary of $42,000, plus 25% fringe benefits</td>
<td>$315,000</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td>This line includes the cost of a Leasing Coordinator (0.5 FTE) at a salary of $42,000, plus 25% fringe benefits</td>
<td>$26,250</td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Applicant: Alameda County Housing and Community Development Department

Project: Southern Alameda County Housing/Jobs Linkages Program

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### Outreach Services

This line includes the cost of outreach activities and supplies, which amount to $115 per engagement for approximately 225 engagements. Total cost is $25,875 but, due to budget restrictions, only $25,674 is included here.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach Services</td>
<td>$25,674</td>
</tr>
</tbody>
</table>

### Substance Abuse Treatment Services

### Transportation

### Utility Deposits

### Operating Costs

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Annual Assistance Requested</td>
<td>$366,924</td>
</tr>
<tr>
<td>Grant Term</td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td>$366,924</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Government</td>
<td>County of Alameda</td>
<td>11/09/2015</td>
<td>$166,007</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Tri-Valley Haven</td>
<td>11/09/2015</td>
<td>$24,833</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Family Emergency...</td>
<td>11/09/2015</td>
<td>$14,689</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Abode Services</td>
<td>08/11/2016</td>
<td>$55,885</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Building Futures...</td>
<td>11/09/2015</td>
<td>$14,689</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Ruby's Place, Inc.</td>
<td>11/09/2015</td>
<td>$14,689</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Safe Alternatives...</td>
<td>11/09/2015</td>
<td>$14,689</td>
</tr>
</tbody>
</table>

Total Value of Cash Commitments: $305,481
Total Value of In-Kind Commitments: $0
Total Value of All Commitments: $305,481
Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: County of Alameda (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 11/09/2015
6. Value of Written Commitment: $166,007

Sources of Match Detail
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps.guides/co-c-program-competition-resources/

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: Tri-Valley Haven
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 11/09/2015
6. Value of Written Commitment: $24,833

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field.
that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

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: Family Emergency Shelter Coalition
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 11/09/2015
6. Value of Written Commitment: $14,689

Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The
Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

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: Abode Services (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/11/2016
6. Value of Written Commitment: $55,885

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and
include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

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: Building Futures with Women and Children

(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 11/09/2015

6. Value of Written Commitment: $14,689

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.
Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

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: Ruby’s Place, Inc.
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 11/09/2015

6. Value of Written Commitment: $14,689

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.
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:  Safe Alternatives to Violent Environments
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment:  11/09/2015

6. Value of Written Commitment:  $14,689
6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$789,420</td>
</tr>
</tbody>
</table>

Applicant: Alameda County Housing and Community Development Department
Project: Southern Alameda County Housing/Jobs Linkages Program

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### Applicant: Alameda County Housing and Community Development Department 021116418
### Project: Southern Alameda County Housing/Jobs Linkages Program 145451

<table>
<thead>
<tr>
<th></th>
<th>Supportive Services</th>
<th>$366,924</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Operating</td>
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</tr>
<tr>
<td>5</td>
<td>HMIS</td>
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<td>6</td>
<td>Sub-total Costs Requested</td>
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<tr>
<td>7</td>
<td>Admin (Up to 10%)</td>
<td>$45,330</td>
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<tr>
<td>8</td>
<td>Total Assistance plus Admin Requested</td>
<td>$1,201,674</td>
</tr>
<tr>
<td>9</td>
<td>Cash Match</td>
<td>$305,481</td>
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<tr>
<td>10</td>
<td>In-Kind Match</td>
<td>$0</td>
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<td>11</td>
<td>Total Match</td>
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<tr>
<td>12</td>
<td>Total Budget</td>
<td>$1,507,155</td>
</tr>
</tbody>
</table>
7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant’s application for funding is consistent with the jurisdiction’s HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>Nonprofit 501c Ce...</td>
<td>11/05/2015</td>
</tr>
<tr>
<td>2) Other Attachment</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: Nonprofit 501c Cert for Linkages

Attachment Details

Document Description:

Attachment Details

Document Description:
A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section’s nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official** Linda Gardner  
**Date:** 09/08/2016  
**Title:** Housing Director  
**Applicant Organization:** Alameda County

**PHA Number (For PHA Applicants Only):**

I certify that I have been duly authorized by the applicant to submit this Applicant  

X

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Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
## 8B Submission Summary

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<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
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<td>1C. Application Details</td>
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<td>1D. Congressional District(s)</td>
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<td>1E. Compliance</td>
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<td>1F. Declaration</td>
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<td>2A. Subrecipients</td>
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<tr>
<td>2B. Recipient Performance</td>
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<td>Section</td>
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<tr>
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<td>3A. Project Detail</td>
<td>08/11/2016</td>
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<td>3B. Description</td>
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<td>4A. Services</td>
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<td>4B. Housing Type</td>
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<td>5A. Households</td>
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<td>5B. Subpopulations</td>
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<tr>
<td>5C. Outreach</td>
<td>08/11/2016</td>
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<td>6A. Funding Request</td>
<td>08/11/2016</td>
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<tr>
<td>6D. Rental Assistance</td>
<td>08/11/2016</td>
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<tr>
<td>6H. Match</td>
<td>08/11/2016</td>
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<tr>
<td>6I. Summary Budget</td>
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<td>7A. Attachment(s)</td>
<td>08/11/2016</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>09/08/2016</td>
</tr>
</tbody>
</table>
ABODE SERVICES
40849 FREMONT BLVD
FREMONT CA 94538-4306

Employer Identification Number: 94-3087060
Person to Contact: Sophia Brown
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of July 07, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in November 1989, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Cindy Westcott
Manager, EO Determinations
CORNER STONE COMMUNITY DEVELOPMENT CORPORATION  
1395 BANCROFT AVE  
SAN LEANDRO CA 94577-5103

Employer Identification Number: 94-3100741  
Person to Contact: S. Ingraham  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Jan. 05, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in October 1989, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(03) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Deborah Bingham  
Accounts Management I
Internal Revenue Service

Date: July 2, 2007

FAMILY EMERGENCY SHELTER COALITION
21455 BIRCH ST STE 5
HAYWARD CA 94541-2166

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Stephanie Swartzbaugh 31-07594
Customer Service Specialist
Toll Free Telephone Number:
877-829-5500
Federal Identification Number:
94-3029991

Dear Sir or Madam:

This is in response to your request of July 2, 2007, regarding your organization's tax-exempt status:

In June 1987 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Michele M. Sullivan
Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations
Dear Sir or Madam:

This is in response to your request for information regarding your tax-exempt status.

Our records indicate you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in March 1974.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/charities for information regarding filing requirements. Specifically, note that section 6033(j) of the Code automatically revokes the tax-exemption of any organization that fails to satisfy its filing requirement for three consecutive years. The automatic revocation of exemption is effective as of the due date of the third required annual filing or notice. The IRS maintains a list of organizations whose tax-exempt status was automatically revoked at IRS.gov.

If you have any questions, please call the phone number in the heading of this letter:

Sincerely,

Kenneth Corbin
Acting Director,
Exempt Organizations

RECEIVED DEC 17 2013
SAFE ALTERNATIVES TO VIOLENT ENVIRONMENTS INC
PO BOX 8283
FREMONT CA 94537-8283830

Taxpayer Identification Number: 94-2520559

Dear Taxpayer:

Thank you for the inquiry dated Feb. 03, 2006.

We have changed the name on your account as requested. The number shown above is valid for use on all tax documents.

If you have any questions, please call us toll free at 1-877-829-5500 between the hours of 8:30 a.m. and 5:30 p.m., Eastern Time.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( )_________________________ Hours________________

Sincerely yours,

Marilyn Jordan

Marilyn Jordan
Dept. Manager, Code & Edit/Entity 3

Enclosure(s):
Copy of this letter
Dear Sir or Madam:

This is in response to your request of March 14, 2006, regarding your organization’s tax-exempt status.

In February 1978 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

[Signature]
Janna K. Skufca, Director, TE/GE
Customer Account Services
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.
Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 09/08/2016
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier:
   (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number
   X
6. Date Received by State:
7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant
   a. Legal Name: Alameda County
   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000501
   c. Organizational DUNS: 02116418
   PLUS 4
   d. Address
      Street 1: 224 W. Winton Ave, Room 108
      Street 2:  
      City: Hayward
      County:  
      State: California
      Country: United States
      Zip / Postal Code: 94544
   e. Organizational Unit (optional)
      Department Name: Housing and Community Development
      Division Name:  
   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mr.
First Name: Riley
Middle Name:
Last Name: Wilkerson
Suffix:
Title: HCD Manager
Organizational Affiliation: Alameda County
Telephone Number: (510) 670-9797
Extension:
Fax Number: (510) 670-6378
Email: riley.wilkerson@acgov.org
1C. Application Details

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

9. Type of Applicant: B. County Government
   If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
    Title: CoC Program
    CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25
    Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
    Title:
1D. Congressional District(s)

Instructions:
Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

14. Area(s) affected by the project (State(s) only):
   (for multiple selections hold CTRL key)
   California

15. Descriptive Title of Applicant's Project: Spirit of Hope I

16. Congressional District(s):
   a. Applicant: CA-013, CA-017, CA-015
   (for multiple selections hold CTRL key)
   b. Project: CA-013
   (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 02/01/2017
   b. End Date: 01/31/2018

18. Estimated Funding ($)
Applicant: Alameda County Housing and Community Development Department
Project: Spirit of Hope I

a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:
Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Linda
Middle Name: M
Last Name: Gardner

Suffix:

Title: Housing Director
Telephone Number: (510) 670-5404
(Format: 123-456-7890)
Fax Number: (510) 670-6378
(Format: 123-456-7890)
Email: linda.gardner@acgov.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/08/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $43,491

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda Point Collaborative</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$43,491</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

Instructions:
Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

a. Organization Name: Alameda Point Collaborative

b. Organization Type: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:
c. Employer or Tax Identification Number: 94-3361464

| d. Organizational DUNS | 003685489 | PLUS 4 |

e. Physical Address
   Street 1: 677 W. Ranger Ave
   Street 2:
   City: Alameda
   State: California
   Zip Code: 94501

f. Congressional District(s): CA-013
   (for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? Yes

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $43,491

j. Contact Person
   Prefix: Mr.
   First Name: Doug
   Middle Name:
   Last Name: Biggs
   Suffix:
   Title: Executive Director
   E-mail Address: dbiggs@apcollaborative.org
   Confirm E-mail Address: dbiggs@apcollaborative.org
   Phone Number: 510-898-7849
   Extension:
   Fax Number:
Documentation of the subrecipient's nonprofit status is required with the submission of this application.
2B. Recipient Performance

Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If “Yes” is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes
Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

The amount underspend in the last grant year was extremely small ($974). We should be able to fully spend the grant in the next grant period.
3A. Project Detail

Instructions:
The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Expiring Grant Number: CA0119L9T021508  
(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Spirit of Hope I
4. Project Status:  Standard

5. Component Type:  PH

6. Does this project use one or more properties that have been conveyed through the Title V process?  Yes
3B. Project Description

Instructions:

**ALL PROJECTS**

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

**PH, SH, TH and SSO PROJECTS ONLY**

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

**PH PROJECTS ONLY**

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

**PH AND TH PROJECTS ONLY:**

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

**RENTAL ASSISTANCE PROJECTS ONLY**

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Provide a description that addresses the entire scope of the proposed project.

This project provides operational support to 8 units of permanent housing. Residents enrolled in the project must have met HUD supportive Housing eligibility criteria. As this is a housing operations project, all support services are provided through the APC multi-service Center PSH grant.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Applicant: Alameda County Housing and Community Development Department
Project: Spirit of Hope I

Renewal Project Application FY2016 Page 20 09/12/2016
3. Housing First

3a. Does the project quickly move participants into permanent housing
   Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Condition</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance abuse</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of domestic violence (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found in the project’s geographic area.</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? PSH
4a. Does the project request costs under the rental assistance budget line item?  No
4A. Supportive Services for Participants

Instructions:
ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:
- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps-guides/coc-program-competition-resources/

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Annually</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016 | Page 23 | 09/12/2016
<table>
<thead>
<tr>
<th>Service</th>
<th>Role</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>Daily</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 8
Total Beds: 29
Total Dedicated CH Beds: 0
Total Prioritized CH Beds: 2

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single family homes/townhou...</td>
<td>3</td>
<td>8</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Clustered apartments</td>
<td>5</td>
<td>21</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps.guides/coc-program-competition-resources/
1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 3
   b. Beds: 8

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 0
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 8
   Auto calculated
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 1
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 1

4. Address:
   Street 1: 270,350,450 Corpus Christi
   Street 2:
   City: Alameda
   State: California
   ZIP Code: 94501

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   060012 Alameda

4B. Housing Type and Location Detail
Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 5
   b. Beds: 21

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless?
      0
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?
      21
      Auto calculated
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?
      1
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?
      1

4. Address:
   Street 1: 2751 Orion B-E, 2601 B Orion
   Street 2:
   City: Alameda
   State: California
   ZIP Code: 94501

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   060012 Alameda
5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>3</td>
<td>5</td>
<td>0</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016  Page 30  09/12/2016
### Applicant: Alameda County Housing and Community Development Department
### Project: Spirit of Hope I

<table>
<thead>
<tr>
<th>Category</th>
<th>Row 1</th>
<th>Row 2</th>
<th>Row 3</th>
<th>Row 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>7</td>
<td>8</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>6</td>
<td>0</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>13</td>
<td>12</td>
<td>0</td>
<td>25</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPTION HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Veteran</th>
<th>Chronically Homeless Non-Veteran</th>
<th>Non-Chronically Homeless Veteran</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>7</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
## Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>6</td>
<td>6</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>6</td>
<td>6</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

## Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Describe the unlisted subpopulations referred to above:
non-chronically homeless not disabled
5C. Outreach for Participants

Instructions:
ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>50%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td></td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td></td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td></td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant? This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Do any of the properties in this project have an active restrictive covenant? Yes
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation?  No

4. Does this project propose to allocate funds according to an indirect cost rate?  No

5. Renewal Grant Term:  1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Supportive Services
   - Operations  X
   - HMIS
6F. Operating Budget

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity and detail (e.g., .75 FTE hours and benefits for staff, utility types, and monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating “1 FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. Enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Are you requesting a 15 year renewal per the FY2016 CoC Program NOFA? This request is only available for Operating Costs budget line items in projects in which the applicant owns the building and needs to provide maintenance. Only 1 year of funding is allowed according to the relevant section of the FY 2016 CoC Program Competition NOFA.

Grant term: This field is populated with the value “1 Year” 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 Resource Exchange:
https://www.hudexchange.info/e-snaps(guides/coc-program-competition-resources/)

A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintenance/Repair</td>
<td>prorated amount for staff and materials supplies based on square footage, and number of units $2,972.25/mo</td>
<td>$35,667</td>
</tr>
<tr>
<td>2. Property Taxes and Insurance</td>
<td>City charged common area maint fee in lieu of taxes 869, Insurance 4504</td>
<td>$5,373</td>
</tr>
<tr>
<td>3. Replacement Reserve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Building Security</td>
<td>$125 per month</td>
<td>$1,500</td>
</tr>
<tr>
<td>5. Electricity, Gas, and Water</td>
<td>$517/month</td>
<td>$6,204</td>
</tr>
<tr>
<td>6. Furniture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Equipment (lease, buy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td></td>
<td>$48,744</td>
</tr>
</tbody>
</table>

Applicant: Alameda County Housing and Community Development Department  
Project: Spirit of Hope I  
021116418  
146157  

Renewal Project Application FY2016  
Page 37  
09/12/2016
Grant Term | 1 Year
Total Request for Grant Term | $48,744

Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for projects with operating costs and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Residential and ...</td>
<td>08/15/2016</td>
<td>$12,921</td>
</tr>
</tbody>
</table>

Total Value of Cash Commitments: $12,921
Total Value of In-Kind Commitments: $0
Total Value of All Commitments: $12,921
Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

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: Residential and commercial rent (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/15/2016

6. Value of Written Commitment: $12,921
6l. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016   Page 41   09/12/2016
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Supportive Services</td>
<td>$0</td>
</tr>
<tr>
<td>4</td>
<td>Operating</td>
<td>$48,744</td>
</tr>
<tr>
<td>5</td>
<td>HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6</td>
<td>Sub-total Costs Requested</td>
<td>$48,744</td>
</tr>
<tr>
<td>7</td>
<td>Admin (Up to 10%)</td>
<td>$2,941</td>
</tr>
<tr>
<td>8</td>
<td>Total Assistance plus Admin Requested</td>
<td>$51,685</td>
</tr>
<tr>
<td>9</td>
<td>Cash Match</td>
<td>$12,921</td>
</tr>
<tr>
<td>10</td>
<td>In-Kind Match</td>
<td>$0</td>
</tr>
<tr>
<td>11</td>
<td>Total Match</td>
<td>$12,921</td>
</tr>
<tr>
<td>12</td>
<td>Total Budget</td>
<td>$64,606</td>
</tr>
</tbody>
</table>

Applicant: Alameda County Housing and Community Development Department

Project: Spirit of Hope I

<table>
<thead>
<tr>
<th></th>
<th>Applicant ID</th>
<th>Project ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>021116418</td>
<td>146157</td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016 Page 42 09/12/2016
7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>501(c)3</td>
<td>10/21/2015</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: 501(c)3

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section’s nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official**

Linda Gardner

**Date:** 09/08/2016

**Title:** Housing Director

**Applicant Organization:** Alameda County

**PHA Number (For PHA Applicants Only):**

I certify that I have been duly authorized by the applicant to submit this Application

X
Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
## 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. Application Details</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1D. Congressional District(s)</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>1E. Compliance</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>1F. Declaration</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>2B. Recipient Performance</td>
<td>08/25/2016</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/25/2016</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>5A. Households</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>5C. Outreach</td>
<td>08/25/2016</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>6F. Operating</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>6H. Match</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>6l. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>08/15/2016</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>09/08/2016</td>
</tr>
</tbody>
</table>
Employer Identification Number:
94-3361464

DIN:
17033185747024

Contact Person:
DENNIS E HANES

Contact Telephone Number:
(877) 629-5500

Public Charity Status:
170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated November, 2000, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 629-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:00 a.m. - 6:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snapsguides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
   If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 08/18/2016
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: CA0120L9T021508
   (e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:
7. State Application Identifier:
1B. Legal Applicant

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

8. Applicant
   a. Legal Name: Abode Services
   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-3087060

| c. Organizational DUNS: | 012042880 | PLUS 4 |

   d. Address
      Street 1: 40849 Fremont Blvd
      Street 2:
      City: Fremont
      County: Alameda
      State: California
      Country: United States
      Zip / Postal Code: 94538

   e. Organizational Unit (optional)
      Department Name:
      Division Name:

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Ms.
First Name: Vivian
Middle Name: 
Last Name: Wan
Suffix: 
Title: Chief Operating Officer
Organizational Affiliation: Abode Services
Telephone Number: (510) 657-7409
Extension: 212
Fax Number: (510) 657-7293
Email: vwan@abodeservices.org
1C. Application Details

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

9. Type of Applicant: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25
    Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
    Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant’s Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps_guides/coc-program-competition-resources/

14. Area(s) affected by the project (State(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: STAY Well Housing

16. Congressional District(s):

   a. Applicant: CA-013, CA-017, CA-014, CA-015, CA-019, CA-018, CA-020
   (for multiple selections hold CTRL key)

   b. Project: CA-013, CA-017, CA-015
   (for multiple selections hold CTRL key)

17. Proposed Project

   a. Start Date: 12/01/2017
   b. End Date: 11/30/2018

18. Estimated Funding ($)
a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

19. Is the Application Subject to Review By State Executive Order 12372 Process?
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

   If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?
   No

   If "YES," provide an explanation:
1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Mr.
First Name: Louis
Middle Name:
Last Name: Chicoine
Suffix:
Title: Executive Director
Telephone Number: (510) 657-7409
(Format: 123-456-7890)
Fax Number: (510) 657-7293
(Format: 123-456-7890)
Email: lchicoine@abodeservices.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/18/2016
This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
2B. Recipient Performance

Instructions:
The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes
Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

In the last year, the STAY Well program expended 96% of the program budget. STAY Well is a master-leased program, and participants pay a portion of their rent, which is treated as program income. This income has to be applied as revenue before the HUD dollars can be tapped into, which impacts overall spending. To mitigate this, we have over-leased this program by five units (from a capacity of 31 to a capacity of 36). At the halfway point of the current contract year (May 2016), we had drawn 49.86% of the current grant, and do not anticipate any issues in fully expending this or future grants.
3A. Project Detail

Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select “Yes” or “No” to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Expiring Grant Number: CA0120L9T021508
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: STAY Well Housing
4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type pf SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Provide a description that addresses the entire scope of the proposed project.

STAY Well Housing is a permanent supportive housing program that offers housing and various supportive services to 31 homeless young adults who are living with disabilities. The young people served by STAY Well have multiple barriers to housing, including severe mental illness, substance use issues, and in some cases, long histories of homelessness and housing instability. Unlike many transition-age youth, STAY Well participants require longer-term supportive housing than that which is afforded by more traditional transitional housing programs. While some of the participants enter the program directly from the streets or emergency shelter, others are currently receiving comprehensive services from the STAY program (a partnership between Abode Services, Fred Finch, and Alameda County Behavioral Health Care Services) but have demonstrated the need for longer-term housing support.

Structured in this way, STAY Well is able to complement the housing location and stabilization services provided by Abode Services with the rich service resources leveraged through the STAY partnership, including outreach, service coordination, case management, medical and mental health treatment, substance abuse services, and numerous other services designed to increase life skills, financial skills, education, and self-sufficiency.
The program focuses intently upon housing stability, increased self-sufficiency, and meaningful improvements to quality of life and health/wellness. In the last contract year, 95% of participants maintained stable housing or exited to another type of permanent housing, and 83% of adults either maintained or increased their income.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth (under 25)</th>
<th>Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Families with Children</th>
<th>HIV/AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other (Click 'Save' to update)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Having too little or little income</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

| Active or history of substance abuse |         |
|                                     | X       |

<table>
<thead>
<tr>
<th>Having a criminal record with exceptions for state-mandated restrictions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>None of the above</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.
### Applicant: Abode Services
### Project: STAY Well Housing

<table>
<thead>
<tr>
<th>Failure to participate in supportive services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to make progress on a service plan</td>
<td></td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td></td>
</tr>
<tr>
<td>Domestic violence</td>
<td></td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found in the project's geographic area.</td>
<td></td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach?  Yes

4. Does the PH project provide PSH or RRH?  PSH

4a. Does the project request costs under the rental assistance budget line item?  No
4A. Supportive Services for Participants

Instructions:
ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, "Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as "—select—" when services are not applicable.

Please identify whether the project includes the following activities:
- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.
   Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
</tbody>
</table>

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2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 31
Total Beds: 31
Total Dedicated CH Beds: 0
Total Prioritized CH Beds: 0

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (…)</td>
<td>31</td>
<td>31</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

 Applicant: Abode Services
 Project: STAY Well Housing

149528593
137668

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4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 31
   b. Beds: 31

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 0
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 31
      Auto calculated
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 3
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 0

4. Address:
   Street 1: 40849 Fremont Boulevard
   Street 2: 
   City: Fremont
   State: California
   ZIP Code: 94538

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)
   061404 Fremont, 060012 Alameda, 063276 San Leandro, 062034 Livermore, 061602 Hayward, 062826 Pleasanton City, 062508 Oakland, 060324 Berkeley, 063846 Union City, 069001 Alameda County
### Instructions:

**ALL PROJECTS EXCEPT HMIS**

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

**Households:** Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

**Households with at least One Adult and One Child:** Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

**Adult Households without Children:** Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

**Households with Only Children:** Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Characteristics:** Enter the total number of homeless that fall under one of the characteristics listed.

**Persons in Households with at least One Adult and One Child:** Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

**Adult Persons in Households without Children:** Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

**Persons in Households with Only Children:** Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Totals:** All fields in the “Total Number...” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

Additional Resources can be found at the HUD Resource Exchange: [https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/](https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/)

---

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>9</td>
<td>22</td>
<td>0</td>
<td>31</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
</table>

---

**Applicant:** Abode Services  
**Project:** STAY Well Housing  

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09/12/2016
<table>
<thead>
<tr>
<th>Category</th>
<th>4</th>
<th>10</th>
<th>14</th>
<th>17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>5</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>9</td>
<td></td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>18</td>
<td>22</td>
<td>0</td>
<td>40</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>2</td>
<td>1</td>
<td></td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>2</td>
<td>1</td>
<td></td>
<td>5</td>
<td>3</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Total Persons</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>9</td>
<td>6</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>10</td>
<td>4</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>12</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Total Persons</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>7</td>
<td>22</td>
<td>7</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Describe the unlisted subpopulations referred to above:**

We anticipate that children in a household will not fall into any of the listed subpopulations.
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>15%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td>15%</td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td>35%</td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td>100%</td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant? This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:

- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Do any of the properties in this project have an active restrictive covenant? No

Applicant: Abode Services
Project: STAY Well Housing

Applicant ID: 149528593
Project ID: 137668

Renewal Project Application FY2016 Page 30 09/12/2016
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

4. Does this project propose to allocate funds according to an indirect cost rate? Yes
   
   Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.
   
   Applicants with an approved indirect cost rate must submit a copy of the approval with this application.
   
   a. Please complete the indirect cost rate schedule below:

<table>
<thead>
<tr>
<th>Administering Department/Agency</th>
<th>Indirect Cost Rate</th>
<th>Direct Cost Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUD CPD</td>
<td>10%</td>
<td>$570,080</td>
</tr>
</tbody>
</table>

   b. Has this rate been approved by your cognizant agency? No
   c. Do you plan to use the 10% de minimis rate? Yes

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:
   - Leased Units: X
   - Leased Structures
   - Supportive Services: X
   - Operations
   - HMIS
6B. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

<table>
<thead>
<tr>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Annual Budget Requested</th>
<th>Total Budget Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA - Oakland-Frem...</td>
<td>31</td>
<td>$470,844</td>
<td>$470,844</td>
</tr>
</tbody>
</table>

Total Annual Assistance Requested: $470,844
Grant Term: 1 Year
Total Request for Grant Term: $470,844
Total Units: 31
**Leased Units Budget Detail**

**Instructions:**

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY2016 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 rent for each unit in the FMR Area column in the chart below. The FMRs are available online at [http://www.huduser.org/portal/datasets/fmr.html](http://www.huduser.org/portal/datasets/fmr.html).

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. The number(s) entered must match the HUD approved FY 2016 GIW.

Total Units and Annual Assistance Requested: This is a required field. Enter in the total leased units amount according to the CoC’s HUD approved FY 2016 GIW.

Grant Term: This field is populated with “1 Year” and will be read only.

Total Request for Grant Term: This field will equal the total leasing amount entered above.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Resource Exchange: [https://www.hudexchange.info/e-snaps.guides/coc-program-competition-resources/](https://www.hudexchange.info/e-snaps.guides/coc-program-competition-resources/)

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

**Metropolitan or non-metropolitan fair market rent area:** CA - Oakland-Fremont, CA HUD Metro FMR Area (0600199999)

### Leased Units Annual Budget

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>2 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Bedroom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Bedroom</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Applicant:** Abode Services  
**Project:** STAY Well Housing  

<table>
<thead>
<tr>
<th>Total Units and Annual Assistance Requested</th>
<th>31</th>
<th>$470,844</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Term</td>
<td>1 Year</td>
<td></td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td></td>
<td>$470,844</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
## 6E. 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. 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. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based on 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 Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

### A quantity AND description must be entered for each requested cost.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>This line includes: 1) $70,400, the cost of 1.6 FTEs of Housing Services Coordinator at a salary of $44,000; 2) $6,200, the cost of a part-time (0.10 FTE) Housing Programs Manager at a salary of $62,000; and 3) $19,150, the cost of fringe benefits, calculated as 25% of salary costs [.25 x ($70,400 + $6,200)] = $19,150. TOTAL LINE = $70,400 + $6,200 + $19,150 = $95,750.</td>
<td>$95,750</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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| 12. Outpatient Health Services |  |
| 13. Outreach Services |  |
| 14. Substance Abuse Treatment Services |  |
| **15. Transportation** | This line includes the cost of mileage associated with Housing Service Coordinator travel for case management, calculated as $182 per FTE per month, or $182 x 1.6 x 12 or $3,494. Due to budget limitations, only $3,486 has been included in the budget. | $3,486 |
| 16. Utility Deposits |  |
| 17. Operating Costs | $0 |
| **Total Annual Assistance Requested** | **$99,236** |
| **Grant Term** | 1 Year |
| **Total Request for Grant Term** | **$99,236** |

Click the 'Save' button to automatically calculate totals.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Abode Services</td>
<td>08/16/2016</td>
<td>$108,665</td>
</tr>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>Abode Services -</td>
<td>08/16/2016</td>
<td>$42,500</td>
</tr>
</tbody>
</table>
Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Abode Services
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/16/2016
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

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: Abode Services - program income
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/16/2016
6. Value of Written Commitment: $42,500
Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$470,844</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
</tbody>
</table>

Applicant: Abode Services  
Project: STAY Well Housing

Renewal Project Application FY2016  
Page 40  
09/12/2016
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Supportive Services</td>
<td></td>
<td>$99,236</td>
</tr>
<tr>
<td>4. Operating</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td></td>
<td>$570,080</td>
</tr>
<tr>
<td>7. Admin</td>
<td></td>
<td>$34,578</td>
</tr>
<tr>
<td>(Up to 10%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Total Assistance</td>
<td></td>
<td>$604,658</td>
</tr>
<tr>
<td>plus Admin Requested</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Cash Match</td>
<td></td>
<td>$42,500</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td></td>
<td>$108,665</td>
</tr>
<tr>
<td>11. Total Match</td>
<td></td>
<td>$151,165</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td></td>
<td>$755,823</td>
</tr>
</tbody>
</table>
7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant’s application for funding is consistent with the jurisdiction’s HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Louis Chicoine
Date: 08/18/2016
Title: Executive Director
Applicant Organization: Abode Services

I certify that I have been duly authorized by the applicant to submit this Applicant X

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Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
## 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. Application Details</td>
<td>No Input Required</td>
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<tr>
<td>1D. Congressional District(s)</td>
<td>08/16/2016</td>
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<tr>
<td>1E. Compliance</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>1F. Declaration</td>
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<tr>
<td>2A. Subrecipients</td>
<td>No Input Required</td>
</tr>
<tr>
<td>2B. Recipient Performance</td>
<td>08/18/2016</td>
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<tr>
<td>Section</td>
<td>Date</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>3B. Description</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>4A. Services</td>
<td>08/16/2016</td>
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<tr>
<td>4B. Housing Type</td>
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<tr>
<td>5A. Households</td>
<td>08/16/2016</td>
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<tr>
<td>5B. Subpopulations</td>
<td>08/16/2016</td>
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<tr>
<td>5C. Outreach</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>6B. Leased Units</td>
<td>08/16/2016</td>
</tr>
<tr>
<td>6H. Match</td>
<td>08/16/2016</td>
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<tr>
<td>6I. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>08/18/2016</td>
</tr>
</tbody>
</table>
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.
Type of Application: This field is pre-populated and cannot be changed.
Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.
Applicant Identifier: Field intentionally left blank, cannot edit.
Federal Entity Identifier: Field intentionally left blank, cannot edit.
Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.
Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.
Date Received by State: Field intentionally left blank, cannot edit.
State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission: Application
2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 08/24/2016
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: CA0121L9T021508
(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).
Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number X
6. Date Received by State:
7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant

a. Legal Name: City of Berkeley

b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000299

c. Organizational DUNS: 076529924

PLUS 4

d. Address

Street 1: 2180 Milvia Street
Street 2: Berkeley
City: Berkeley
County: Alameda
State: California
Country: United States
Zip / Postal Code: 94704

e. Organizational Unit (optional)

   Department Name: Health, Housing & Community Services
   Division Name: Housing & Community Services

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.
First Name: Andrew
Middle Name: 
Last Name: Wicker
Suffix: 
Title: Community Services Specialist
Organizational Affiliation: City of Berkeley
Telephone Number: (510) 981-5418
Extension: 
Fax Number: (510) 981-5450
Email: awicker@ci.berkeley.ca.us
1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant: C. City or Township Government
If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number: FR-6000-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

14. Area(s) affected by the project (State(s) only): California
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Supportive Housing Network

16. Congressional District(s):

   a. Applicant: CA-013
   (for multiple selections hold CTRL key)

   b. Project: CA-013
   (for multiple selections hold CTRL key)

17. Proposed Project

   a. Start Date: 06/01/2017
   b. End Date: 05/31/2018

18. Estimated Funding ($)
a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:
Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

19. Is the Application Subject to Review By State Executive Order 12372 Process?
   b. Program is subject to E.O. 12372 but has not been selected by the State for review.
   If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No
   If "YES," provide an explanation:
1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Dee
Middle Name:
Last Name: Williams-Ridley
Suffix:
Title: City Manager
Telephone Number: (510) 981-7000
(Format: 123-456-7890)
Fax Number: (510) 981-7099
(Format: 123-456-7890)
Email: DWilliams-Ridley@ci.berkeley.ca.us
Signature of Authorized Representative:  Considered signed upon submission in e-snaps.
Date Signed:  08/24/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $100,000

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources for Community Development</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$100,000</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps-guides/coc-program-competition-resources/

a. Organization Name: Resources for Community Development

b. Organization Type: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:
c. Employer or Tax Identification Number: 94-2952466

e. Organizational DUNS: 363812082

f. Congressional District(s): CA-013

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $100,000

j. Contact Person
   Prefix: Ms.
   First Name: Olivia
   Last Name: King
   Title: Director of Resident Services
   E-mail Address: oking@rcdhousing.org
   Confirm E-mail Address: oking@rcdhousing.org
   Phone Number: 510-841-4410
   Fax Number: 510-548-3502
Documentation of the subrecipient's nonprofit status is required with the submission of this application.
2B. Recipient Performance

Instructions:
The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No
3A. Project Detail

Instructions:
The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expiring Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select “Yes” or “No” to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps guides/coc-program-competition-resources/

1. Expiring Grant Number: CA0121L9T021508
(e.g., the “Federal Award Identifier” indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Supportive Housing Network
4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.)
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type pf SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Provide a description that addresses the entire scope of the proposed project.

The Supportive Housing Network is a sponsor-based grant that is a collaboration between the City of Berkeley Health, Housing and Community Services Department (HHCSD) and Resources for Community Development (RCD). The project provides housing and services to single adults with a serious and persistent mental illness and/or a history of drug and alcohol dependence. Outreach and services are provided by the following service agencies: City of Berkeley HHCSD’s Mental Health and Aging Services Divisions, Bonita House, and LifeLong Medical Care. Participants are placed in either of two housing sites in Berkeley owned and operated by RCD.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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Veterans | Substance Abuse | X
Youth (under 25) | Mental Illness | X
Families with Children | HIV/AIDS |

Other (Click 'Save' to update)

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

<table>
<thead>
<tr>
<th>Item</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance abuse</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found in the project’s geographic area.</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

3d. Does the project follow a "Housing First" approach? Yes
4. Does the PH project provide PSH or RRH?  PSH

4a. Does the project request costs under the rental assistance budget line item?  Yes

4b. Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance?  No
4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

   Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

   - Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

   Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Case Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Service</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Assistance and Job Training</td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td></td>
</tr>
<tr>
<td>Legal Services</td>
<td></td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Partner</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Partner</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
</tr>
<tr>
<td>Transportation</td>
<td>Partner</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Partner</td>
</tr>
</tbody>
</table>

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clustered apartments</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Single Room Occupancy (SRO)...</td>
<td>8</td>
<td>8</td>
<td>7</td>
<td>0</td>
</tr>
</tbody>
</table>

Total Units: 12
Total Beds: 12
Total Dedicated CH Beds: 11
Total Prioritized CH Beds: 0
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the project’s grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 4
   b. Beds: 4

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 4
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 0
      Auto calculated
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 0
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 0

4. Address:
   Street 1: 1330 University Avenue
   Street 2: 
   City: Berkeley
   State: California
   ZIP Code: 94702

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   060324 Berkeley

4B. Housing Type and Location Detail
Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Single Room Occupancy (SRO) units

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 8
   b. Beds: 8

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 7
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 1
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 0
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 0

4. Address:
   Street 1: 2944 MLK, Jr. Way
   Street 2: 
   City: Berkeley
   State: California
   ZIP Code: 94703

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   060324 Berkeley
5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>0</td>
<td>12</td>
<td>0</td>
<td>12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
</table>

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<table>
<thead>
<tr>
<th>Category</th>
<th>0-</th>
<th>12-</th>
<th>0-</th>
<th>12-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>12</td>
<td>0</td>
<td>12</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

### Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Applicant: City of Berkeley
Project: Supportive Housing Network

Renewal Project Application FY2016

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09/12/2016
## Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>11</td>
<td>3</td>
<td>7</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>11</td>
<td>3</td>
<td>7</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

## Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>40%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>60%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td></td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td></td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td></td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant?: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate?: This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:
- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

4. Does this project propose to allocate funds according to an indirect cost rate? No

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance X
   - Supportive Services
   - Operations
   - HMIS

Applicant: City of Berkeley
Project: Supportive Housing Network
6D. 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRA</td>
<td>CA - Oakland-Fremont, CA HUD Metro FM...</td>
<td>12</td>
<td>$134,640</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $134,640
Total Units: 12
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.

Does the applicant request rental assistance funding for less than the area’s per unit size fair market rents: In the FY 2016 CoC Program Competition, eligible renewal projects requesting rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select “Yes” from the dropdown for this question. The project applicant will then have the ability to enter an amount in the “HUD Paid Rent (applicant)” field that is less than the amount listed in the “FMR Area (applicant)” field. The following question is visible when PRA is selected:

Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA? This request is only available for PH PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2016 CoC Program Competition NOFA.

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. The number(s) listed should match the CoC’s HUD-approved FY 2015 GIW.

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the project applicant. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

HUD Paid Rent: For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. (If the applicants select “No” above, this column will not be available for edit). In the GIW, HUD Paid Rent is known as “Actual”.

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 “HUD Paid Rent” and by 12 months. If the applicant selected “No” above, the automatic calculation will be based on the FMR and not the “HUD Paid Rent.”.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based on total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.
**Type of Rental Assistance:** SRA

**Metropolitan or non-metropolitan fair market rent area:** CA - Oakland-Fremont, CA HUD Metro FMR Area (060019999)

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?** No

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>8</td>
<td>$778</td>
<td>$778</td>
<td>x</td>
<td>$74,688</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$1,037</td>
<td>$1,037</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>4</td>
<td>$1,249</td>
<td>$1,249</td>
<td>x</td>
<td>$59,952</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>x</td>
<td>$1,580</td>
<td>$1,580</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>x</td>
<td>$2,202</td>
<td>$2,202</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>x</td>
<td>$2,455</td>
<td>$2,455</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$2,823</td>
<td>$2,823</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$3,192</td>
<td>$3,192</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$3,560</td>
<td>$3,560</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$3,928</td>
<td>$3,928</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$4,296</td>
<td>$4,296</td>
<td>x</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td><strong>12</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$134,640</strong></td>
</tr>
<tr>
<td><strong>Grant Term</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>1 Year</strong></td>
</tr>
<tr>
<td><strong>Total Request for Grant Term</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>$134,640</strong></td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Berkeley Mental H...</td>
<td>07/15/2016</td>
<td>$169,706</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Bonita House</td>
<td>07/15/2016</td>
<td>$11,734</td>
</tr>
</tbody>
</table>
Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Government
4. Name the Source of the Commitment: Berkeley Mental Health
5. Date of Written Commitment: 07/15/2016
6. Value of Written Commitment: $169,706
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps_guides/coc-program-competition-resources/

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: Bonita House
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 07/15/2016
6. Value of Written Commitment: $11,734
6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$134,640</td>
</tr>
</tbody>
</table>

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## Supportive Services

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Supportive Services</td>
<td>$0</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
</tbody>
</table>

### Sub-total Costs Requested

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$134,640</td>
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</tbody>
</table>

#### Admin (Up to 10%)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>7. Admin</td>
<td>$8,131</td>
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</table>

### Total Assistance plus Admin Requested

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$142,771</td>
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</table>

#### Cash Match

<p>| | |</p>
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<tr>
<td>9. Cash Match</td>
<td>$0</td>
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</tbody>
</table>

#### In-Kind Match

<p>| | |</p>
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<thead>
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<tbody>
<tr>
<td>10. In-Kind Match</td>
<td>$181,440</td>
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#### Total Match

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>11. Total Match</td>
<td>$181,440</td>
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</tbody>
</table>

#### Total Budget

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Total Budget</td>
<td>$324,211</td>
</tr>
</tbody>
</table>

---

** Applicant:** City of Berkeley  
** Project:** Supportive Housing Network
**7A. Attachment(s)**

**Instructions:**

Subrecipient Nonprofit Documentation: Documentation of the subrecipient’s nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant’s application for funding is consistent with the jurisdiction’s HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Resource Exchange: [https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/](https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/)

<table>
<thead>
<tr>
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<th>Required?</th>
<th>Document Description</th>
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</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>RCD 501(c)3</td>
<td>08/10/2016</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td>Service Match 2016</td>
<td>08/10/2016</td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: RCD 501(c)3

Attachment Details

Document Description: Service Match 2016

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official   Dee Williams-Ridley
Date: 08/24/2016
Title: City Manager
Applicant Organization: City of Berkeley

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant X

Renewal Project Application FY2016  Page 47  09/12/2016
Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
# 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
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<tbody>
<tr>
<td>1A. Application Type</td>
<td>08/10/2016</td>
</tr>
<tr>
<td>1B. Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. Application Details</td>
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<tr>
<td>1D. Congressional District(s)</td>
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<tr>
<td>1E. Compliance</td>
<td>08/10/2016</td>
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<tr>
<td>1F. Declaration</td>
<td>08/10/2016</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>08/10/2016</td>
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<tr>
<td>2B. Recipient Performance</td>
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<td>3A. Project Detail</td>
<td>08/11/2016</td>
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**Applicant:** City of Berkeley

**Project:** Supportive Housing Network

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Page 49  
09/12/2016
<table>
<thead>
<tr>
<th>Section</th>
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<td>3B. Description</td>
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<td>4A. Services</td>
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<td>4B. Housing Type</td>
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<td>5A. Households</td>
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<td>5B. Subpopulations</td>
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<td>5C. Outreach</td>
<td>08/10/2016</td>
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<tr>
<td>6A. Funding Request</td>
<td>08/10/2016</td>
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<td>6D. Rental Assistance</td>
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<td>6H. Match</td>
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<td>6I. Summary Budget</td>
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<tr>
<td>7A. Attachment(s)</td>
<td>08/10/2016</td>
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<tr>
<td>7B. Certification</td>
<td>08/10/2016</td>
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</table>
Dear Taxpayer:

This letter is in response to your request for a copy of the determination letter for the above named organization.

Our records indicate this organization was recognized to be exempt from Federal Income Tax in October 1984 as described in Internal Revenue Code Section 501(c)(3). It is further classified as an organization that is not a private foundation as defined in Section 509(a) of the Code, because it is an organization described in Section 170(b)(1)(A)(vi).

The exempt status for the determination letter issued in October 1984 continues to be effective.

If you need further assistance, please contact our office at the above address or telephone number.

Sincerely,

J. Teague
Disclosure Assistant
## SHELTER PLUS CARE PROGRAM
Supportive Housing Network/ RCD Sponsor-based Grant
SERVICE MATCH REPORT
June 1, 2015- May 31, 2016

<table>
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<th>Agency:</th>
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<tr>
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<td>Life Skills (outside of case management)</td>
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<td>AIDS Related Services</td>
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<td>Other Health Services</td>
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<td>Education</td>
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<td>Housing Placement</td>
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<td>Employment Assistance</td>
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<td>Child Care</td>
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<td>Transportation</td>
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<td>OTHER: PLAN DEVELOPMENT</td>
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<td><strong>TOTAL</strong></td>
<td>$11,734.10</td>
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**ALULA BEKELE**
Name and Title of Authorized Agency Representative (please print)

**Signature and Date**
## Service Match Report

**Agency:** City of Berkeley - Mental Health Division

<table>
<thead>
<tr>
<th>Type of Services</th>
<th>Value</th>
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<tbody>
<tr>
<td>Outreach</td>
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<tr>
<td>Case Management</td>
<td></td>
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<tr>
<td>Life Skills (outside of case management)</td>
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<td>Alcohol/Drug Treatment/Recovery</td>
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<td>Mental Health</td>
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<td>Education</td>
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<td>Housing Placement</td>
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<td>Employment Assistance</td>
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<td>Child Care</td>
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<td>Transportation</td>
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<td>Legal/Benefits Advocacy</td>
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<td>OTHER:</td>
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<td>OTHER:</td>
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<tr>
<td>TOTAL</td>
<td>$169,706</td>
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</tbody>
</table>

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**Abeni Bender, Accounting Office Specialist III**

**Name and Title of Authorized Agency Representative (please print)**

---

Signature and Date: 7/15/16
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps(guides/coc-program-competition-resources/)

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/25/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: CA0116L9T021508

(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

X

6. Date Received by State:

7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

8. Applicant
   a. Legal Name: City of Berkeley
   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000299

<table>
<thead>
<tr>
<th>c. Organizational DUNS:</th>
<th>076529924</th>
<th>PLUS 4</th>
</tr>
</thead>
</table>

d. Address
   Street 1: 2180 Milvia Street
   City: Berkeley
   County: Alameda
   State: California
   Country: United States
   Zip / Postal Code: 94704

e. Organizational Unit (optional)
   Department Name: Health, Housing & Community Services
   Division Name: Housing & Community Services

f. Name and contact information of person to be contacted on matters involving this application
   Prefix: Mr.
First Name: Andrew
Middle Name: 
Last Name: Wicker 
Suffix: 
Title: Community Services Specialist
Organizational Affiliation: City of Berkeley
Telephone Number: (510) 981-5418
Extension: 
Fax Number: (510) 981-5450
Email: awicker@ci.berkeley.ca.us
1C. Application Details

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

9. Type of Applicant:  C. City or Township Government
   If "Other" please specify:

10. Name of Federal Agency:  Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title:  CoC Program
   CFDA Number:  14.267

12. Funding Opportunity Number:  FR-6000-N-25
   Title:  Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:  
   Title:  

Applicant:  City of Berkeley
Project:  Tenant Based Rental Assistance
076529924  144964

Renewal Project Application FY2016  Page 5  09/12/2016
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

14. Area(s) affected by the project (State(s) only):
   (for multiple selections hold CTRL key) California

15. Descriptive Title of Applicant's Project: Tenant Based Rental Assistance

16. Congressional District(s):

   a. Applicant: CA-013
   (for multiple selections hold CTRL key)

   b. Project: CA-013
   (for multiple selections hold CTRL key)

17. Proposed Project

   a. Start Date: 06/01/2017

   b. End Date: 05/31/2018

18. Estimated Funding ($)
Applicant: City of Berkeley
Project: Tenant Based Rental Assistance

a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps guides/coc-program-competition-resources/

19. Is the Application Subject to Review By State Executive Order 12372 Process?

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?

If "YES," provide an explanation:

No
1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Ms.
First Name: Dee
Middle Name: 
Last Name: Williams-Ridley
Suffix: 
Title: City Manager
Telephone Number: (510) 981-7000
(Format: 123-456-7890)
Fax Number: (510) 981-7099
(Format: 123-456-7890)
Email: DWilliams-Ridley@ci.berkeley.ca.us
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/25/2016


2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

**Total Expected Sub-Awards:** $0

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
2B. Recipient Performance

Instructions:
The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of:
timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes
Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

Due to the method that HUD uses to calculate the award amount for rental assistance projects, the award amount always exceeds the amount needed to subsidize the contracted number of units. Consequently, rental assistance projects are funded at a level that results in unspent funds even though the project has been fully leased. In addition, since rental assistance projects must be renewed annually and the award amounts fluctuate each year with the FMR’s, programs must maintain a reserve of funds to adjust for annual changes in the award amounts and to be prepared for potential reduction of funding.
3A. Project Detail

Instructions:

The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expanding Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an effect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select “Yes” or “No” to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Expiring Grant Number: CA0116L9T021508
   (e.g., the “Federal Award Identifier” indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Tenant Based Rental Assistance
4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Provide a description that addresses the entire scope of the proposed project.

The City of Berkeley Tenant Based Rental Assistance Program is a collaboration of the City’s Health, Housing & Community Services Department and nine non-profit service agencies. The program provides tenant-based rental assistance, housing placement, case management and other supportive services to homeless individuals and families who have a disability due to a serious mental illness, chronic drug or alcohol dependence, or HIV/AIDS. Priority is given to households who meet HUD's definition for being chronically homeless.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

<table>
<thead>
<tr>
<th>Chronic Homeless</th>
<th>X</th>
<th>Domestic Violence</th>
</tr>
</thead>
</table>

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### Other:

#### 3. Housing First

**3a. Does the project quickly move participants into permanent housing?** Yes

**3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.**

- Having too little or little income: X
- Active or history of substance abuse: X
- Having a criminal record with exceptions for state-mandated restrictions: X
- History of domestic violence (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement): X
- None of the above: 

**3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.**

- Failure to participate in supportive services: X
- Failure to make progress on a service plan: X
- Loss of income or failure to improve income: X
- Domestic violence: X
- Any other activity not covered in a lease agreement typically found in the project's geographic area: X
- None of the above: 

**3d. Does the project follow a "Housing First" approach?** Yes
4. Does the PH project provide PSH or RRH?  PSH

4a. Does the project request costs under the rental assistance budget line item?  Yes

4b. Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance?  No
4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:

- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Case Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Renewal Project Application FY2016
2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No
The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

**Total Units:** 129  
**Total Beds:** 179  
**Total Dedicated CH Beds:** 145  
**Total Prioritized CH Beds:** 5

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...</td>
<td>129</td>
<td>179</td>
<td>145</td>
<td>5</td>
</tr>
</tbody>
</table>
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’S Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type:  Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units:  129
   b. Beds:  179

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless?  145
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?  34
      Auto calculated
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?  5
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?  5

4. Address:
   Street 1:  2180 Milvia Street
   Street 2:  
      City:  Berkeley
      State:  California
      ZIP Code:  94704

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
      062508 Oakland, 060324 Berkeley
# 5A. Project Participants - Households

## Instructions:

**ALL PROJECTS EXCEPT HMIS**

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

**Households:** Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

- **Households with at least One Adult and One Child:** Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

- **Adult Households without Children:** Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

- **Households with Only Children:** Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Characteristics:** Enter the total number of homeless that fall under one of the characteristics listed.

- **Persons in Households with at least One Adult and One Child:** Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

- **Adult Persons in Households without Children:** Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

- **Persons in Households with Only Children:** Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Totals:** All fields in the “Total Number…” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

Additional Resources can be found at the HUD Resource Exchange: [https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/](https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/)

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>23</td>
<td>106</td>
<td>0</td>
<td>129</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Category</th>
<th>Age 24</th>
<th>18-24</th>
<th>18-24</th>
<th>Total Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>29</td>
<td>121</td>
<td></td>
<td>150</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>6</td>
<td>11</td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>40</td>
<td></td>
<td>0</td>
<td>40</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>75</td>
<td>132</td>
<td>0</td>
<td>207</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>28</td>
<td>0</td>
<td>0</td>
<td>18</td>
<td>0</td>
<td>20</td>
<td>14</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
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<td>3</td>
<td>2</td>
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<tr>
<td>Children under age 18</td>
<td>19</td>
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<td>0</td>
<td>0</td>
<td>4</td>
<td>3</td>
<td>6</td>
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<td>21</td>
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<td>Total Persons</td>
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<td>20</td>
<td>0</td>
<td>26</td>
<td>17</td>
<td>8</td>
<td>10</td>
<td>24</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
## Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>105</td>
<td>14</td>
<td>1</td>
<td>77</td>
<td>1</td>
<td>109</td>
<td>34</td>
<td>30</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Total Persons</td>
<td>109</td>
<td>14</td>
<td>1</td>
<td>77</td>
<td>1</td>
<td>110</td>
<td>35</td>
<td>30</td>
<td>11</td>
<td>8</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

## Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Non-Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Describe the unlisted subpopulations referred to above:

Children and adult members of the household without a disabling condition.
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>55%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>45%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td></td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td>0%</td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td></td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:

- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

4. Does this project propose to allocate funds according to an indirect cost rate? No

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance X
   - Supportive Services
   - Operations
   - HMIS
6D. 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.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>CA - Oakland-Fremont, CA HUD Metro FM...</td>
<td>129</td>
<td>$2,125,188</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $2,125,188
Total Units: 129
## 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.

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents: In the FY 2016 CoC Program Competition, eligible renewal projects requesting rental assistance are permitted to request a per-unit amount less than the Fair Market Rent (FMR). If the project applicant wants to request less than the FMR, select “Yes” from the dropdown for this question. The project applicant will then have the ability to enter an amount in the “HUD Paid Rent (applicant)” field that is less than the amount listed in the “FMR Area (applicant)” field. The following question is visible when PRA is selected:

Are you requesting a 15 year renewal per the FY2015 CoC Program NOFA? This request is only available for PH PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2016 CoC Program Competition NOFA.

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. The number(s) listed should match the CoC’s HUD-approved FY 2015 GIW.

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the project applicant. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

HUD Paid Rent: For each unit size, enter the rent to be paid by the CoC program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR. Once funds are awarded recipients must document compliance with the rent reasonableness requirement set forth in section 578.51(g) of the CoC Program interim rule. (If the applicants select “No” above, this column will not be available for edit). In the GIW, HUD Paid Rent is known as “Actual”.

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 “HUD Paid Rent” and by 12 months. If the applicant selected “No” above, the automatic calculation will be based on the FMR and not the “HUD Paid Rent.”.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based on total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.
**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** CA - Oakland-Fremont, CA HUD Metro FMR Area (0600199999)

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?** No

<table>
<thead>
<tr>
<th>Size of Units</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>7</td>
<td>$778</td>
<td>$778</td>
<td>x</td>
<td>= $65,352</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>7</td>
<td>$1,037</td>
<td>$1,037</td>
<td>x</td>
<td>= $87,108</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>82</td>
<td>$1,249</td>
<td>$1,249</td>
<td>x</td>
<td>= $1,229,016</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>18</td>
<td>$1,580</td>
<td>$1,580</td>
<td>x</td>
<td>= $341,280</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>13</td>
<td>$2,202</td>
<td>$2,202</td>
<td>x</td>
<td>= $343,512</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>2</td>
<td>$2,455</td>
<td>$2,455</td>
<td>x</td>
<td>= $58,920</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$2,823</td>
<td>$2,823</td>
<td>x</td>
<td>= $0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$3,192</td>
<td>$3,192</td>
<td>x</td>
<td>= $0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$3,560</td>
<td>$3,560</td>
<td>x</td>
<td>= $0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$3,928</td>
<td>$3,928</td>
<td>x</td>
<td>= $0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$4,296</td>
<td>$4,296</td>
<td>x</td>
<td>= $0</td>
</tr>
</tbody>
</table>

**Total Units and Annual Assistance Requested:** 129

Grant Term: 1 Year

Total Request for Grant Term: $2,125,188

Click the 'Save' button to automatically calculate totals.
6H. 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

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Berkeley Food and...</td>
<td>07/22/2016</td>
<td>$96,214</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Berkeley Mental H...</td>
<td>07/15/2016</td>
<td>$749,561</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Bonita House, Inc.</td>
<td>07/21/2016</td>
<td>$25,804</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Aging Services Di...</td>
<td>08/01/2016</td>
<td>$37,000</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>LifeLong Medical ...</td>
<td>07/20/2016</td>
<td>$243,932</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Women's Daytime D...</td>
<td>07/31/2016</td>
<td>$18,330</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>YEAH</td>
<td>07/17/2015</td>
<td>$54,694</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Government</td>
<td>Alameda County Ne...</td>
<td>07/21/2016</td>
<td>$30,763</td>
</tr>
</tbody>
</table>
Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps-guides/coc-program-competition-resources/

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment: Berkeley Food and Housing Project (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 07/22/2016

6. Value of Written Commitment: $96,214
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or
greater than 25% of the total grant request for all eligible costs under the CoC Program interim
rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC
Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field
that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution
that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The
Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program)
funds may be considered Government sources. Project applicants are encouraged to include
funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant,
Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and
include the office or grant program as applicable. Enter the name of the entity providing the
contribution. It is important to provide as much detail as possible so that the local HUD office can
quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary
Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary
budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards
   Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment:
   (Be as specific as possible and include the
   office or grant program as applicable)
   Berkeley Mental Health

5. Date of Written Commitment: 07/15/2016

6. Value of Written Commitment: $749,561

Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or
greater than 25% of the total grant request for all eligible costs under the CoC Program interim
rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC
Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field
that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps.guides/coc-program-competition-resources/

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment: Bonita House, Inc.

5. Date of Written Commitment: 07/21/2016

6. Value of Written Commitment: $25,804

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The
Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Government
4. Name the Source of the Commitment: Aging Services Division
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/01/2016
6. Value of Written Commitment: $37,000

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and
include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Government
4. Name the Source of the Commitment: LifeLong Medical Care
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 07/20/2016
6. Value of Written Commitment: $243,932

Sources of Match Detail

Instructions:
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.
Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Government
4. Name the Source of the Commitment: Women’s Daytime Drop-In Center
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 07/31/2016
6. Value of Written Commitment: $18,330

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.
1. Will this commitment be used towards Match?  Yes

2. Type of Commitment: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment: YEAH
   (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 07/17/2015

6. Value of Written Commitment: $54,694

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
Match?

2. Type of Commitment: In-Kind
3. Type of Source: Government
4. Name the Source of the Commitment: Alameda County Network of Mental Health Clients (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 07/21/2016
6. Value of Written Commitment: $30,763
6I. Summary Budget

**Instructions:**

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the HUD Resource Exchange: [https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/](https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/)

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

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<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
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<td>1a. Leased Units</td>
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<tr>
<td>1b. Leased Structures</td>
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<td>2. Rental Assistance</td>
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Applicant: City of Berkeley

Project: Tenant Based Rental Assistance

Renewal Project Application FY2016  Page 44  09/12/2016
### Supportive Services

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### Operating

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### HMIS

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### Sub-total Costs Requested

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### Admin (Up to 10%)

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### Total Assistance plus Admin Requested

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### Cash Match

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### In-Kind Match

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### Total Match

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### Total Budget

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**Applicant:** City of Berkeley  
**Project:** Tenant Based Rental Assistance  

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7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient’s nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant’s application for funding is consistent with the jurisdiction’s HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

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<td>2) Other Attachment</td>
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<td>3) Other Attachment</td>
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</table>
Attachment Details

Document Description:

Attachment Details

Document Description: COB TBRA Service Match

Attachment Details

Document Description:
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official**  Dee Williams-Ridley

**Date:** 08/25/2016

**Title:** City Manager

**Applicant Organization:** City of Berkeley

**PHA Number (For PHA Applicants Only):**

I certify that I have been duly authorized by the applicant to submit this Applicant X

**Renewal Project Application FY2016**  Page 49  09/12/2016
Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
## 8B Submission Summary

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<td>5C. Outreach</td>
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<td>6A. Funding Request</td>
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<td>6D. Rental Assistance</td>
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<td>7B. Certification</td>
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<tr>
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<td>Other Parenting Counseling</td>
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June 01, 2015 - May 31, 2016
Service Model Reports
Tenant-Based Rental Assistance (1)
COB SHELTER PLUS CARE
# COB SHELTER PLUS CARE PROGRAM
## Tenant-Based Rental Assistance (TBRA) Grant
### SERVICE REPORT
#### June 1, 2015 - May 31, 2016

Agency: Aging Services Division, City of Berkeley

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<td>Life Skills (outside of case management)</td>
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<td>Alcohol/Drug Treatment/Recovery</td>
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<td>Mental Health</td>
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<td>AIDS Related Services</td>
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Leah Talley, Manager of Aging Services:

**Name and Title of Authorized Agency Representative (please print)**

**Signature and Date**
COB SHELTER PLUS CARE PROGRAM  
Tenant-Based Rental Assistance (TBRA) Grant  
SERVICE MATCH REPORT  
June 1, 2015 - May 31, 2016

Agency: Alameda County Network of Mental Health Clients  
dba Berkeley Drop In Center

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<td>$30,763</td>
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Alison B. Saichek, Finance Manager  
Name and Title of Authorized Agency Representative (please print)

Alison B Saichek  
21-Jul-16  
Signature and Date
**COB SHELTER PLUS CARE PROGRAM**  
Tenant-Based Rental Assistance (TBRA) Grant  
**SERVICE MATCH REPORT**  
June 1, 2015 - May 31, 2016

**Agency:** Berkeley Food and Housing Project

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<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
</tr>
<tr>
<td>AIDS Related Services</td>
<td></td>
</tr>
<tr>
<td>Other Health Services</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Housing Placement</td>
<td>$3,166</td>
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<td>Employment Assistance</td>
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<td>Child Care</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Legal/Benefits Advocacy</td>
<td>$2,558</td>
</tr>
<tr>
<td>OTHER:</td>
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<tr>
<td>OTHER:</td>
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<tr>
<td>OTHER:</td>
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<tr>
<td>TOTAL</td>
<td>$96,214</td>
</tr>
</tbody>
</table>

Terrie Light, Executive Director  
Name and Title of Authorized Agency Representative (please print)

[Signature]  
7/22/16  
Signature and Date
COB SHELTER PLUS CARE PROGRAM  
Tenant-Based Rental Assistance (TBRA) Grant  
SERVICE MATCH REPORT  
June 1, 2015 - May 31, 2016

Agency: City of Berkeley - Mental Health Division

<table>
<thead>
<tr>
<th>Type of Services</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach</td>
<td></td>
</tr>
<tr>
<td>Case Management</td>
<td></td>
</tr>
<tr>
<td>Life Skills (outside of case management)</td>
<td></td>
</tr>
<tr>
<td>Alcohol/Drug Treatment/Recovery</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>$749,561</td>
</tr>
<tr>
<td>AIDS Related Services</td>
<td></td>
</tr>
<tr>
<td>Other Health Services</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
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<td>Housing Placement</td>
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<td>Employment Assistance</td>
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<td>Child Care</td>
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<td>Transportation</td>
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<tr>
<td>Legal/Benefits Advocacy</td>
<td></td>
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<tr>
<td>OTHER:</td>
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<td>TOTAL</td>
<td>$749,561</td>
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</table>

Abeni Bender - Accounting Office Specialist III

Name and Title of Authorized Agency Representative (please print)

Signature and Date 7/15/16
## COB SHELTER PLUS CARE PROGRAM

Tenant-Based Rental Assistance (TBRA) Grant

**SERVICE MATCH REPORT**

June 1, 2015 - May 31, 2016

### Agency: Bonita

<table>
<thead>
<tr>
<th>Type of Services</th>
<th>Value</th>
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<tbody>
<tr>
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<tr>
<td>Case Management</td>
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<td>Mental Health</td>
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<td>Other Health Services</td>
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<td>Housing Placement</td>
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<td>Transportation</td>
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<td>Legal/Benefits Advocacy</td>
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<td>OTHER:</td>
<td></td>
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<td><strong>TOTAL</strong></td>
<td><strong>25,804.02</strong></td>
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**ALULA BEKELE, HOUSING SERVICES COORDINATOR**

Name and Title of Authorized Agency Representative (please print)

**Signature and Date**

Alula Bekele 7/21/2016
<table>
<thead>
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<td>Life Skills (outside of case management)</td>
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<td>Alcohol/Drug Treatment/Recovery</td>
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<td>AIDS Related Services</td>
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<td>Other Health Services</td>
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<td>$243,932</td>
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</tbody>
</table>

Brenda Goldstein, Psychosocial Services Director

Name and Title of Authorized Agency Representative (please print)

[Signature and Date]
SHELTER PLUS CARE PROGRAM
Tenant-Based Rental Assistance (TBRA) Grant
SERVICE MATCH REPORT
June 1, 2015 - May 31, 2016

**Agency:** Women's Daytime Drop-in Center

<table>
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<th>Type of Services</th>
<th>Value</th>
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<td>Case Management</td>
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<td>Life Skills Focus of case management</td>
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<td>Accounting, Treatment, Recovery</td>
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<td>Mental Health</td>
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<tr>
<td>Other Health Services</td>
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<td>Education</td>
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<td>Nutrition</td>
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<td>General Assistance</td>
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<td>CNRD Care</td>
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<td>Legal Services</td>
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<td>Unidentified Agency</td>
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Name and Title of Authorized Agency Representative (please print)

[Signature and Date]
<table>
<thead>
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<th>Value</th>
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<td>Life Skills (outside of case management)</td>
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<td>Alcohol/Drug Treatment/Recovery</td>
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<td>Mental Health</td>
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<td>Other Health Services</td>
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<td>Education</td>
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<td>Housing Placement</td>
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<td>Employment Assistance</td>
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<tr>
<td>Child Care</td>
<td></td>
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<tr>
<td>Transportation</td>
<td></td>
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<tr>
<td>Legal/Benefits Advocacy</td>
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<tr>
<td>OTHER: Shelter services for youth on waitlist</td>
<td>$10,037</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$54,695</td>
</tr>
</tbody>
</table>

Jadyn Grant, Executive Director

Name and Title of Authorized Agency Representative (please print)

Signature and Date: 7/17/16
Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps-guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2015 Project Application will be imported into the FY 2016 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2015 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2016 CoC Program Competition NOFA.
1A. Application Type

Instructions:
Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number: If this is not checked along with the checkbox on the declaration screen, the user will not be able to advance in the application.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Type of Submission: Application
2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/08/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: CA0125L9T021508
(e.g., the "Expiring Grant Number" that will also be indicated on screen 3A. Project Detail) This grant number must match the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

X

6. Date Received by State:

7. State Application Identifier:
1B. Legal Applicant

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the “Project Applicant Profile” training document on the HUD Exchange.

8. Applicant
   a. Legal Name: Alameda County
   b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000501
   c. Organizational DUNS: 02116418
   PLUS 4
   d. Address
      Street 1: 224 W. Winton Ave, Room 108
      City: Hayward
      County: California
      State: United States
      Zip / Postal Code: 94544
   e. Organizational Unit (optional)
      Department Name: Housing and Community Development
      Division Name:
   f. Name and contact information of person to be contacted on matters involving this application
      Prefix: Mr.
First Name: Riley
Middle Name:
Last Name: Wilkerson
Suffix:
Title: HCD Manager
Organizational Affiliation: Alameda County
Telephone Number: (510) 670-9797
Extension:
Fax Number: (510) 670-6378
Email: riley.wilkerson@acgov.org
1C. Application Details

Instructions:
The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on “View Applicant Profile” from the left-menu bar, place the Project Applicant Profile in “edit” mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in “complete” mode before clicking on “Back to FY 2016 Renewal Costs Project Application” from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant:  B. County Government
If "Other" please specify:

10. Name of Federal Agency:  Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number:  FR-6000-N-25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project Form when the project application was initiated. To change the project name, click return to the Submission List and click on “Projects” on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

14. Area(s) affected by the project (State(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project: Tri-City FESCO Bridgeway Apartments

16. Congressional District(s):

a. Applicant: CA-013, CA-017, CA-015
(for multiple selections hold CTRL key)

b. Project: CA-017, CA-015
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 04/01/2017
b. End Date: 03/31/2018

18. Estimated Funding ($)
a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:
1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant’s organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If “Yes” is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

19. Is the Application Subject to Review By State Executive Order 12372 Process?

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?

No

If "YES," provide an explanation:
1F. Declaration

Instructions:
The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA, and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative’s information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body’s authorization for this person to sign the project application as the official representative must be on file in the applicant’s office.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix:  Ms.
First Name:  Linda
Middle Name:  M
Last Name:  Gardner
Suffix:  
Title:  Housing Director
Telephone Number:  (510) 670-5404
(Format: 123-456-7890)
Fax Number:  (510) 670-6378
(Format: 123-456-7890)
Email:  linda.gardner@acgov.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/08/2016
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $42,973

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
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</thead>
<tbody>
<tr>
<td>Abode Services</td>
<td>M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)</td>
<td>$42,973</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

Instructions:
Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient’s behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization’s DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at http://www.dnb.com.

Physical Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). If the mailing address is different from the street address, enter the mailing address.

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select “Yes” or “No” if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select “Yes” or “No” to indicate if the subrecipient has ever received a federal grant.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person’s organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person’s telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

a. Organization Name: Abode Services

b. Organization Type: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:
c. Employer or Tax Identification Number: 94-3087060

e. Physical Address
   Street 1: 40849 Fremont Boulevard
   Street 2:
   City: Fremont
   State: California
   Zip Code: 94538

f. Congressional District(s): CA-013, CA-017, CA-015
   (for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $42,973

j. Contact Person
   Prefix: Ms.
   First Name: Vivian
   Middle Name:
   Last Name: Wan
   Suffix:
   Title: Chief Operating Officer
   E-mail Address: vwan@abodeservices.org
   Confirm E-mail Address: vwan@abodeservices.org
   Phone Number: 510-657-7409
   Extension: 212
   Fax Number:
Documentation of the subrecipient's nonprofit status is required with the submission of this application.
2B. Recipient Performance

Instructions:

The selections made on this screen by completing all of the mandatory fields marked with an asterisk (*), will provide information on capacity of the project applicant. The screen asks the Project Applicant questions about capacity performance as a HUD grant recipient; in terms of: timely submission of required reports, quarterly eLOCCS drawdowns, addressing HUD monitoring and/or OIG audit findings and the recapture of any funds from the most recently expired grant term of the project.

APR Submission: Select "Yes" or "No" from the dropdown menu to indicate whether you have successfully submitted the APR on time for the most recently expired grant term related to this renewal project request. If "No" is selected, an additional question will appear, in which you must provide an explanation in the textbox; as to why the APR was not submitted in a timely manner.

HUD Monitoring Findings: Select "Yes" or "No" from the dropdown menu to indicate whether your organization has any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request. If "Yes" is selected, two new questions will appear, in which the applicant will enter the date of the oldest unresolved finding(s) and explain why the findings remain unresolved in the textbox provided.

Quarterly Drawdowns: Select "Yes" or "No" from the dropdown menu to indicate whether your organization maintained consistent Quarterly Drawdowns from eLOCCS for the most recent grant terms related to this renewal project. If "No," is selected, one new question will appear in which the applicant must explain, in the textbox provided, as to why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant terms related to this renewal project request.

Recaptured Funds: Select "Yes" or "No" from the dropdown menu to indicate whether any funds have been recaptured by HUD for the most recently expired grant term related to this renewal project request. If "Yes," is selected, one new question will appear, in which the applicant must explain why HUD recaptured funds from the most recently expired grant term.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes
Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

The amount underspent in the last grant year was extremely small ($352) and were administrative costs, not program costs. We should be able to fully spend the grant in the next grant period.
3A. Project Detail

Instructions:
The selections made on this screen will determine which additional forms will need to be completed for this project application.

Expired Grant Number: This field is pre-populated with the expiring grant number entered on Screen “1A. Application Type.”

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select “No CoC.”

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the “Project” Form and cannot be edited.

Project Status: The default selection is “Standard,” indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to “Appeal” in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen “8A. Notice of Intent to Appeal.”

Component Type: This is a required field. Select the component type that identifies the renewal project application type. This can be either a PH, SH, TH, SSO or HMIS. The selection of component type will have an affect on what question on subsequent screens are asked of the user.

Title V: This field is required. Select “Yes” or “No” to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Expiring Grant Number: CA0125L9T021508
   (e.g., the “Federal Award Identifier” indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-502 - Oakland, Berkeley/Alameda County CoC

2b. CoC Collaborative Applicant Name: Alameda County

3. Project Name: Tri-City FESCO Bridgeway Apartments
4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No
3B. Project Description

Instructions:

ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This is a required field. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project have a specific population focus: This is a required field. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If “Yes” is selected, select the relevant checkbox(s) to identify the project’s population focus.

PH, SH, TH and SSO PROJECTS ONLY

Does the project follow a “Housing First” approach: This is a required field for PH, TH and SSO projects only. Select all applicable checkboxes that indicate whether or not the project currently follows a housing first approach that ensures that participants are not screened out based on barriers such as income, sobriety, etc. Select “none of the above” if the project does not follow a housing first approach.
- Does the project quickly move participants into permanent housing?: This is a required field. Select “Yes” to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select “Yes” if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select “No” if the project does not work to move program participants quickly into permanent housing.
- Does the project ensure that participants are not screened out based on the listed reasons? (Check all that apply): This is a required field and at least one option must be selected. Multiple checkbox selections are provided.
- Does the project ensure that participants are not terminated from the program for the listed reasons? (Check all that apply) Multiple checkbox selections are provided.
- Does the project follow a “Housing First” approach? This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate if the project is using the Housing First approach to house program participants.

PH PROJECTS ONLY

Does the PH project provide PSH or RRH: This is a required field. Select “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

PH AND TH PROJECTS ONLY:

Does the project request costs under the rental assistance budget line item?: This is a required field. If requesting rental assistance, select “Yes” from the dropdown menu. If not requesting rental assistance in this project application, select “No”.

RENTAL ASSISTANCE PROJECTS ONLY

Is this a CoC Program leasing or SHP project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? (This change must have been listed on
the final HUD-approved FY 2016 GIW. See 24 CFR 578.49(b)(8)): This is a required field. “Yes” should only be selected if HUD approved a change from leasing to rental assistance during the FY 2016 GIW process.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Four options are given; Street Outreach; Housing Project or Housing Structure Specific; Coordinated Entry; Standalone Supportive Service. Only Coordinated Entry will have follow up questions.

FOR SSO COORDINATED ENTRY PROJECTS ONLY

Will the coordinated entry process funded in part by this grant cover the COC’s entire geographic area: This is a required field. Yes/No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Provide a description that addresses the entire scope of the proposed project.

The Tri-City/FESCO Bridgeway Apartments program is a Housing First permanent supportive housing program with clustered apartments in Fremont, Union City, and Hayward. Four of the eleven units are situated in the 28-unit Bridgeway buildings, 3 units are in Union City, and FESCO oversees an additional 4 units in Hayward. All of the residents supported by this grant have access to an array of supportive services, including case management, life skills training, education, medical services, mental health care, children’s programs, and other services, all of which are focused on long-term housing stability and increased self-sufficiency.

Success of the program is measured according to housing stability and increased self-sufficiency. This past year, 100% of households either maintained stable housing in the program or exited to permanent housing, and 50% of adults maintained or increased their income.

This program was converted from a transitional housing program to a permanent housing program roughly three years ago, in order to align with community priorities, embrace best practices, and reduce lengths of homelessness among residents. As evidenced by the outcomes, this has been a successful transition.
This program relies heavily upon collaboration with other community partners. Participant households receive access to mainstream services and complementary programs at the Fremont Family Resource Centers, Tri-Valley Health Center, Alameda County Behavioral Health Care Services, local community colleges like Ohlone, early childhood providers like Kidango, and others.

2. Does your project have a specific population focus? No

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income X
Active or history of substance abuse X
Having a criminal record with exceptions for state-mandated restrictions X
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement) X
None of the above

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services X
Failure to make progress on a service plan X
Loss of income or failure to improve income X
Domestic violence X
Any other activity not covered in a lease agreement typically found in the project's geographic area. X
None of the above

3d. Does the project follow a "Housing First" approach? Yes
4. Does the PH project provide PSH or RRH?  PSH

4a. Does the project request costs under the rental assistance budget line item?  No
4A. Supportive Services for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

For all supportive services available to participants, indicate who will provide them, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: “Applicant” to indicate that the applicant will provide the service directly; “Subrecipient” to indicate that a subrecipient will provide the service directly; “Partner” to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, “Non-Partner” to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project includes the following activities:

- Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Select “Yes” or “No” from the dropdown menu.
- Use of a single application form for four or more mainstream programs? Select “Yes” or “No” from the dropdown menu.
- At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Select “Yes” or “No” from the dropdown menu.
- Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Select “Yes” or “No” from the dropdown menu. If “Yes” is selected the following question will become visible:
- Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Select “Yes” or “No” from the dropdown menu.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.
Click ‘Save’ to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Partner</td>
<td>Annually</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Monthly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

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2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?  Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? Yes
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
<th>Prioritized CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clustered apartments</td>
<td>4</td>
<td>14</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Clustered apartments</td>
<td>3</td>
<td>10</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Clustered apartments</td>
<td>4</td>
<td>14</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Total Units: 11
Total Beds: 38
Total Dedicated CH Beds: 0
Total Prioritized CH Beds: 5
4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the project's grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 4
   b. Beds: 14

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 0
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 14
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 2
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 2

4. Address:
   Street 1: 4145 Bay Street
   Street 2: 
   City: Fremont
   State: California
   ZIP Code: 94538

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   061404 Fremont

4B. Housing Type and Location Detail
Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question “3c.” above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 3
   b. Beds: 10

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless?
      0
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?
      10
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year?
      3
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year?
      3

4. Address:
   Street 1: 33914 13th Street
   Street 2: 
   City: Union City
   State: California
   ZIP Code: 94587

5. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   063846 Union City

4B. Housing Type and Location Detail
Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as “CH Beds” on a CoC’s Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter “0.”

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number of beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2016 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter “0.”

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Housing Type: Clustered apartments
2. Indicate the maximum number of units and beds available for project participants at the selected housing site.
   a. Units: 4
   b. Beds: 14

3. Beds for the Chronically Homeless
   a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 0
   b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? 14
   c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? 2
   d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? 0

4. Address:
   Street 1: 22651-22659 3rd Street
   Street 2:
   City: Hayward
   State: California
   ZIP Code: 94554

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)
   061602 Hayward
**5A. Project Participants - Households**

**Instructions:**

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the “Total Number...” and “Total Persons” rows will automatically calculate when the “Save” button is clicked.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Households</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>8</td>
<td>3</td>
<td>0</td>
<td>11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Persons in Households with at Least One Adult and One Child</th>
<th>Adult Persons in Households without Children</th>
<th>Persons in Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category</td>
<td>Adults over age 24</td>
<td>Adults ages 18-24</td>
<td>Accompanied Children under age 18</td>
<td>Unaccompanied Children under age 18</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>--------------------</td>
<td>------------------</td>
<td>----------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Adults over age 24</td>
<td>13</td>
<td>4</td>
<td>17</td>
<td>4</td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>17</td>
<td></td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>31</td>
<td>7</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

*This screen can only be completed once Screen “5A. Project Participants – Households” has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on this screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the “Total Persons” rows will calculate automatically when the “Save” button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column “Persons not represented by listed subpopulations.” Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronically Homeless Veterans</th>
<th>Chronically Homeless Veterans</th>
<th>Non-Chronically Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Total Persons</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>25</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
### Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults over age 24</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults ages 18-24</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

### Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Chronic Homeless Non-Veterans</th>
<th>Chronic Homeless Veterans</th>
<th>Non-Chronic Homeless Veterans</th>
<th>Chronic Substance Abuse</th>
<th>Persons with HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>Victims of Domestic Violence</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons not represented by listed subpopulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Describe the unlisted subpopulations referred to above:
We anticipate that some of the adults and all of the children will not fall into the categories listed above.
5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens (persons coming from TH are not considered to be chronically homeless)
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the “Save” button is clicked. A warning message will appear if the total is greater than 100%.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Enter the percentage of project participants that will be coming from each of the following locations.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>66%</td>
<td>Directly from the street or other locations not meant for human habitation.</td>
</tr>
<tr>
<td>34%</td>
<td>Directly from emergency shelters.</td>
</tr>
<tr>
<td></td>
<td>Directly from safe havens.</td>
</tr>
<tr>
<td></td>
<td>From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.</td>
</tr>
<tr>
<td></td>
<td>Persons fleeing domestic violence.</td>
</tr>
<tr>
<td>100%</td>
<td>Total of above percentages</td>
</tr>
</tbody>
</table>
6A. Funding Request

Instructions:

ALL PROJECT APPLICATIONS

The fields that must be completed on this screen will vary based on the project type, program type, and component type selected earlier in the project application.

Do any of the properties in this project have an active restrictive covenant? This is a required field. Select “Yes” or “No” to indicate whether or not one or more of the project properties are subject to an active restrictive covenant. As a reminder, any project awarded capital cost funds (new construction, acquisition, or rehabilitation) has a 20 year or if initially awarded under the CoC Program (FY 2012 capital costs and beyond) a 15 year use restriction.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select “Yes” or “No” to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the CoC’s Reallocation Forms.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select ‘Yes’ or ‘No’ to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:

- Please complete the indirect cost rate schedule below: Must complete at least one row.
- Has this rate been approved by your cognizant agency?: Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate? Select “Yes” or “No” from the dropdown menu.

Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected on Screen “3A Project Detail.” The following eligible costs may be listed: leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the CoC’s final HUD-approved FY 2016 GIW.

If you do not see the funding budgets that you expected, you may need to return to Screen “3A. Project Detail” to review the “Component Type” and/or “3B. Project Description” to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Do any of the properties in this project have an active restrictive covenant? Yes
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?  
   No

3. Are the requested renewal funds reduced from the previous award as a result of reallocation?  
   No

4. Does this project propose to allocate funds according to an indirect cost rate?  
   No

5. Renewal Grant Term: 1 Year

6. Select the costs for which funding is being requested:
   - Leased Units
   - Leased Structures
   - Supportive Services  X
   - Operations
   - HMIS
6E. 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. 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. The request should match the budget amounts identified on the CoC’s HUD-approved FY 2016 GIW.

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 with the value “1 Year” and will be read only.

Total Request for Grant Term: This field is automatically calculated based 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 Resource Exchange: [https://www.hudexchange.info/e-snapsguides/coc-program-competition-resources/](https://www.hudexchange.info/e-snapsguides/coc-program-competition-resources/)

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>Case management services provided by Abode Services and FESCO service coordinators. Includes 0.88 FTE @ 44,000 ($29,920) plus 25% benefits ($7,480)</td>
<td>$37,400</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Applicant:** Alameda County Housing and Community Development Department 021116418

**Project:** Tri-City FESCO Bridgeway Apartments 145452

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<table>
<thead>
<tr>
<th>13. Outreach Services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td></td>
</tr>
<tr>
<td>15. Transportation</td>
<td>Mileage costs associated with staff travel (approx $230 per month)</td>
</tr>
<tr>
<td></td>
<td>$2,762</td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td></td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td></td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td>$40,162</td>
</tr>
<tr>
<td>Grant Term</td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td>$40,162</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
6H. 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

<table>
<thead>
<tr>
<th>Total Value of Cash Commitments:</th>
<th>$3,530</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Value of In-Kind Commitments:</td>
<td>$7,213</td>
</tr>
<tr>
<td>Total Value of All Commitments:</td>
<td>$10,743</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Match</th>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Date of Commitment</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Cash</td>
<td>Private</td>
<td>FESCO</td>
<td>07/21/2016</td>
<td>$3,530</td>
</tr>
<tr>
<td>Yes</td>
<td>In-Kind</td>
<td>Private</td>
<td>Abode Services</td>
<td>08/11/2016</td>
<td>$7,213</td>
</tr>
</tbody>
</table>
Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange:
https://www.hudexchange.info/e-snaps guides/coc-program-competition-resources/

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: FESCO
   (Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 07/21/2016
6. Value of Written Commitment: $3,530
Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs Please review 24 CFR Part 578, the FY 2015 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/ screen will populate the Screen “6I. Summary Budget.” The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/co-c-program-competition-resources/

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Abode Services (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/11/2016

6. Value of Written Commitment: $7,213
6I. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field “7. Admin (Up to 10%).”

Admin (Up to 10%): Enter the amount of requested administration funds. The request should match the amount identified on the CoC’s HUD-approved FY 2016 GIW. HUD will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen “6H. Sources of Match” to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field “Total Eligible Costs Request” minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen “6H. Sources of Match” to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$0</td>
</tr>
</tbody>
</table>

Applicant: Alameda County Housing and Community Development Department
Project: Tri-City FESCO Bridgeway Apartments

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<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Supportive Services</td>
<td>$40,162</td>
<td></td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$40,162</td>
<td></td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$2,811</td>
<td></td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$42,973</td>
<td></td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$3,530</td>
<td></td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$7,213</td>
<td></td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$10,743</td>
<td></td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$53,716</td>
<td></td>
</tr>
</tbody>
</table>
7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected “No CoC” on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Resource Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

<table>
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<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
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<td>No</td>
<td>Abode Services 501c3</td>
<td>09/29/2015</td>
</tr>
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<td>2) Other Attachment</td>
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<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
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</table>
Attachment Details

Document Description: Abode Services 501c3

Attachment Details

Document Description:

Attachment Details

Document Description:
A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Linda Gardner
Date: 09/08/2016
Title: Housing Director
Applicant Organization: Alameda County

I certify that I have been duly authorized by the applicant to submit this Applicant [X]

Renewal Project Application FY2016 Page 49 09/12/2016
Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
## 8B Submission Summary

<table>
<thead>
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<td>1C. Application Details</td>
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<td>1D. Congressional District(s)</td>
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<td>1E. Compliance</td>
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<td>1F. Declaration</td>
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<td>2A. Subrecipients</td>
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<td>2B. Recipient Performance</td>
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<td>3A. Project Detail</td>
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<td>Section</td>
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<td>3B. Description</td>
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<td>4B. Housing Type</td>
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<td>5B. Subpopulations</td>
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<td>5C. Outreach</td>
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<td>6A. Funding Request</td>
<td>08/11/2016</td>
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<td>6H. Match</td>
<td>08/11/2016</td>
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<td>6l. Summary Budget</td>
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<td>7A. Attachment(s)</td>
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<tr>
<td>7B. Certification</td>
<td>09/08/2016</td>
</tr>
</tbody>
</table>
Employer Identification Number: 94-3087060
Person to Contact: Barb Herald
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of June 11, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in November 1989, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(03) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Cindy Westcott
Manager, EO Determinations
2016 CoC Priority Listing
Before Starting the Project Listings for the CoC Priority Listing

The FY 2016 CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be submitted prior to the CoC Program Competition deadline as required by the FY 2016 CoC Program Competition NOFA.

The FY 2016 CoC Priority Listing includes the following:
- Reallocation forms – must be fully completed if the CoC is reallocating eligible renewal projects to create new permanent housing – permanent supportive housing or rapid rehousing, new HMIS, or new SSO specifically for Coordinated Entry projects.
- New Project Listing – lists all new project applications created through reallocation and the permanent housing bonus that have been approved and ranked or rejected by the CoC.
- Renewal Project Listing – lists all eligible renewal project applications that have been approved and ranked or rejected by the CoC.
- UFA Costs Project Listing – applicable and only visible for Collaborative Applicants that were designated as a Unified Funding Agency (UFA) during the FY 2016 CoC Program Registration process. Only 1 UFA Costs project application is permitted and can only be submitted by the Collaborative Applicant.
- CoC Planning Project Listing – Only 1 CoC planning project is permitted per CoC and can only be submitted by the Collaborative Applicant.
- Grant Inventory Worksheet (GIW) – Collaborative Applicants must attach the final HUD-approved GIW.
- HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

Things to Remember:
- All new and renewal projects must be approved and ranked or rejected on the Project Listings.
- Collaborative Applicants are responsible for ensuring all project applications are accurately appearing on the Project Listings and there are no project applications missing from one or more Project Listings.
- Collaborative Applicants are strongly encouraged to list all project applications on the FY 2016 CoC Ranking Tool located on the FY 2016 CoC Program Competition: Funding Availability page on the HUD Exchange as this will greatly simplify and assist Collaborative Applicants while ranking projects in e-snaps by ensuring no rank numbers or duplicated and that all rank numbers are consecutive (e.g., no missing rank numbers).
- If a project application(s) is rejected by the CoC, the Collaborative Applicant must notify the affected project applicant(s) no later than 15 days before the CoC Program Competition application deadline outside of e-snaps and include the reason for rejection.
- For each project application rejected by the CoC the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
- If the Collaborative Applicant needs to amend a project application for any reason after ranking has been completed, the ranking of other projects will not be affected; however, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND re-rank the project application BEFORE submitting the CoC Priority Listing to HUD in e-snaps.

Additional training resources are available online on the CoC Training page of the HUD Exchange at: https://www.hudexchange.info/e-snaps.guides/coc-program-competition-resources/
1A. Continuum of Care (CoC) Identification

Instructions:
The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/ask-a-question/.

Collaborative Applicant Name: Alameda County
2. Reallocation

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/get-assistance/.

2-1. Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in calendar year 2017 into one or more new projects?

Yes
3. Reallocation - Grant(s) Eliminated

CoCs that are reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2016 CoC Program Competition NOFA – may do so by eliminating one or more expiring eligible renewal projects. CoCs that are eliminating eligible renewal projects entirely must identify those projects on this form.

| Amount Available for New Project: (Sum of All Eliminated Projects) |
| $1,038,171 |

<table>
<thead>
<tr>
<th>Eliminated Project Name</th>
<th>Grant Number Eliminated</th>
<th>Component Type</th>
<th>Annual Renewal Amount</th>
<th>Type of Reallocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berkeley Employme...</td>
<td>CA113L9T021507</td>
<td>PH</td>
<td>$1,03...</td>
<td>Regular</td>
</tr>
</tbody>
</table>
3. Reallocation - Grant(s) Eliminated Details

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/get-assistance/.

* 3-1. Complete each of the fields below for each eligible renewal grant that is being eliminated during the FY 2016 reallocation process. Collaborative Applicants should refer to the final HUD-approved FY 2016 Grant Inventory Worksheet to ensure all information entered on this form is accurate.

   Eliminated Project Name: Berkeley Employment Services
   Grant Number of Eliminated Project: CA113L9T021507
   Eliminated Project Component Type: PH
   Eliminated Project Annual Renewal Amount: $1,038,171

3-2. Describe how the CoC determined that this project should be eliminated and include the date the project applicant was notified. (limit 750 characters)

The CoC Board met on May 17, 2016 to discuss the CoC Program Registration Notice and the strategic questions/opportunities it raised for this year’s submission. The board determined that it should seek community input on various topics including, whether to reallocate the remaining SSO project, and whether to seek proposals for operating the CES. Meetings were held on June 21st and July 7th. An on-line survey was also conducted July 8-11. 80+% support was expressed for reallocating the SSO project and inviting a CES project. The CoC emailed a memo and posted to the website on July 18, 2016 notifying all 2015 grantees and the community at large that this reallocation would occur in this NOFA process.
CoCs that are reallocating eligible renewal project funds to create a new project application – as detailed in the FY 2016 CoC Program Competition NOFA – may do so by reducing one or more expiring eligible renewal projects. CoCs that are reducing eligible renewal projects entirely must identify those projects on this form.

<table>
<thead>
<tr>
<th>Reduced Project Name</th>
<th>Reduced Grant Number</th>
<th>Annual Renewal Amount</th>
<th>Amount Retained</th>
<th>Amount available for new project</th>
<th>Reallocation Type</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$0</td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
5. Reallocation - New Project(s)

Collaborative Applicants must complete each field on this form that identifies the new project(s) the CoC created through the reallocation process.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

<table>
<thead>
<tr>
<th>Current Priority #</th>
<th>New Project Name</th>
<th>Component Type</th>
<th>Transferred Amount</th>
<th>Reallocation Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>46</td>
<td>Alameda Coun...</td>
<td>SSO-CE</td>
<td>$1,038,171</td>
<td>Regular</td>
</tr>
</tbody>
</table>

$1,038,171
5. Reallocation - New Project(s) Details

Instructions:
For guidance on completing this form, please reference the FY 2016 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/get-assistance/.

5-1. Complete each of the fields below for each new project created through reallocation in the FY 2016 CoC Program Competition. For list of all eligible types of new projects that may be created through the reallocation process, see the FY 2016 CoC Program Competition NOFA.

FY 2016 Rank (from Project Listing): 46
Proposed New Project Name: Alameda County CES
Component Type: SSO-CE
Amount Requested for New Project: $1,038,171
6. Reallocation: Balance Summary

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Priority Listing Detailed Instructions. Submit technical question to the e-snaps HUD Exchange Ask A Question (AAQ) at https://www.hudexchange.info/get-assistance/.

6-1. Below is a summary of the information entered on the eliminated and reduced reallocation forms. The last field on this form, “Remaining Reallocation Balance” should equal zero. If there is a positive balance remaining, this means the amount of funds being eliminated or reduced are greater than the amount of funds requested for the new reallocated project(s). If there is a negative balance remaining, this means that more funds are being requested for the new reallocated project(s) than have been reduced or eliminated from other eligible renewal projects, which is not permitted.

Reallocation Chart: Reallocation Balance Summary

<table>
<thead>
<tr>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Reallocated funds available for new project(s):</td>
<td>$1,038,171</td>
</tr>
<tr>
<td>Amount requested for new project(s):</td>
<td>$1,038,171</td>
</tr>
<tr>
<td>Remaining Reallocation Balance:</td>
<td>$0</td>
</tr>
</tbody>
</table>
Continuum of Care (CoC) New Project Listing

Instructions:
Prior to starting the New Project Listing, Collaborative Applicants should carefully review the FY 2016 CoC Priority Listing Detailed Instructions and the CoC Priority Listing Instructional Guide.

To upload all new project applications that have been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of new projects submitted that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Date Submitted</th>
<th>Grant Term</th>
<th>Applicant Name</th>
<th>Budget Amount</th>
<th>Rank</th>
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<td>Alameda County Ho...</td>
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<td>SSO</td>
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<td>Berkeley Way - BF...</td>
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<td>3 Years</td>
<td>Berkeley Food and...</td>
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<td>49</td>
<td>PH</td>
</tr>
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</table>
Continuum of Care (CoC) Renewal Project Listing

Instructions:
Prior to starting the New Project Listing, Collaborative Applicants should carefully review the FY 2016 CoC Priority Listing Detailed Instructions and the CoC Priority Listing Instructional Guide.

To upload all renewal project applications that have been submitted to this Renewal Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of renewal projects that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

The Collaborative Applicant certifies that
there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Date Submitted</th>
<th>Grant Term</th>
<th>Applicant Name</th>
<th>Budget Amount</th>
<th>Rank</th>
<th>Comp Type</th>
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<td>Peter Babcock House</td>
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<td>North County Wome...</td>
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Instructions:

Prior to starting the New Project Listing, Collaborative Applicants should carefully review the FY 2016 CoC Priority Listing Detailed Instructions and the CoC Priority Listing Instructional Guide.

To upload the CoC planning project application that has been submitted to this CoC Planning Project Listing, click on the “Update List” button. This process may take a few minutes as the project will need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s).

To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon. The Collaborative Applicant has the sole responsibility for ensuring all amended projects are resubmitted and appear on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Only one CoC Planning project application can be submitted and it must match the Collaborative Applicant information on the CoC Applicant Profile. Any additional CoC Planning project applications must be rejected.

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Instructions
For additional information, carefully review the FY 2016 CoC Priority Listing Detailed Instructions and the CoC Priority Listing Instructional Guide.

This page contains the total budget summaries for each of the project listings for which the Collaborative Applicant approved and ranked or rejected project applications. The Collaborative Applicant must review this page to ensure the totals for each of the categories is accurate. The "Total CoC Request" indicates the total funding request amount the Collaborative Applicant will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

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Attachment Details

Document Description: Con Plan Certifications

Attachment Details

Document Description: 2016 GIW

Attachment Details

Document Description:

Attachment Details

Document Description:
Submission Summary

**WARNING:** The FY2016 CoC Consolidated Application requires 2 submissions. Both this Project Priority Listing AND the CoC Consolidated Application MUST be submitted.

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I certify that the proposed activities/projects in the application are consistent with the jurisdiction’s current, approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: See attached list

Project Name: See attached list

Location of the Project: See attached list

Name of the Federal Program to which the applicant is applying: Continuum of Care Program

Name of Certifying Jurisdiction: City of Oakland

Certifying Official of the Jurisdiction Name: Michele Byrd

Title: Director, DHD

Signature: [Signature]

Date: 3/10/10
Certification of Consistency with the Consolidated Plan

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: See attached list

Project Name: See attached list

Location of the Project: See attached list

Name of the Federal Program to which the applicant is applying: Continuum of Care Program

Name of Certifying Jurisdiction: Alameda County HOME Consortium

Certifying Official of the Jurisdiction Name: Linda M. Gardner

Title: Housing Director

Signature: [Signature]

Date: 9/1/16
Certification of Consistency with the Consolidated Plan

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

(Type or clearly print the following information:

Applicant Name: See attached list

Project Name: See attached list

Location of the Project: See attached list

Name of the Federal Program to which the applicant is applying: Continuum of Care Program

Name of Certifying Jurisdiction: City of Berkeley

Certifying Official of the Jurisdiction Name: Dee Williams-Ridley

Title: City Manager

Signature: [Signature]

Date: 9/4/16
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<td>$390,535</td>
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<td>Bridget Transitional House</td>
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<td>37</td>
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<td>PSH</td>
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<td>38</td>
<td>Carmen Avenue Apartments</td>
<td>Alameda County HCD / Allied Housing</td>
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<td>Concord House</td>
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<td>PSH</td>
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<td>48</td>
<td>Families in Transitional Scattered Sites</td>
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<td>Berkeley Way</td>
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<td><strong>$29,583,325</strong></td>
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</tbody>
</table>

**REGION:**
North County (Berkeley, Oakland, Emeryville, Albany, Piedmont)
Mid County (Alameda, San Leandro, Hayward, Unincorporated)
South County (Fremont, Newark, Union City)
East County (Pleasanton, Dublin, Livermore)
Multiple Regions and County-wide