

## Project Information - Page 1

### Instructions:

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

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

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

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

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

**The following fields must be completed for every project application.**

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

**Project Name** Blue House Transitional Housing

**Project Type** New Project

**Program Type**

**Content depends on "Project Type" selection**

**Component Type**

**Content depends on "Program Type" selection**

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

**In which Congressional District(s) is the project located?** OR-001  
(for multiple selections hold CTRL + Key)

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

Blue House Transitional Housing will provide housing for homeless families and individuals. Four homeless households will participate on the program while transitioning into permanent housing and achieving self-sufficiency,

## Project Information - Page 2

### Instructions:

#### New projects:

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

#### Renewal projects:

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

#### New and renewal projects:

Indicate whether or not the project is:

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

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

#### Budget Activities:

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

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

**The following fields must be completed for every project application.**

**Is the project requesting funding under a Special Initiative?** No  
**Select the "Save" button to identify Rapid Re-housing or Samaritan Housing**

**Grant Term** 2 Years

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

**Does the project use Energy Star?** Yes

**Is the project located in a rural area?** Yes

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

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

**New Construction**   
**Acquisition**

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

## Project Location(s)

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

Location Name	Street Address 1	Street Address 2	City	State	Zip
Scattered Site	125 N 17th Street	--	Saint Helens	Oregon	97051

## Project Location Detail

### Instructions:

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

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

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

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

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

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

## Project Expansion Information

### Instructions:

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

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

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

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

## Project Sponsor Information

### Instructions:

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

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

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

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

**Is the project applicant the same as the project sponsor?** Yes  
(If yes select the "Save" button to auto-fill the fields below)

**Organization Name** Community Action Team, Inc

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

If "Other" specify:

**DUNS Number** 39792635  
**Format: xxxxxxxxx or xxxxxxxxxxxxxx**

**Tax ID or EIN** 93-0554156  
**Format: 12-3456789**

**Street Address 1** 125 N 17th Street

**Street Address 2** 124 N 18th Street

**City** Saint Helens

**State** Oregon

**Zip Code** 97051  
**Format: 12345 or 12345-1234**

**Is the sponsor a Faith-Based Organization?** No

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

# Non-Profit Documentation Attachment Detail

## Document Description:

## Project Sponsor Contact Information

### Instructions:

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

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

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

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

**Prefix** Mrs  
**First Name** Martha Olmstead  
**Middle Name** C  
**Last Name** Olmstead  
**Suffix**  
**Title** Emergency Housing Coordinator  
**E-mail Address** molmstead@cat-team.org  
**Confirm E-mail Address** molmstead@cat-team.org  
**Phone Number** 503-366-6559  
**Format: 123-456-7890**  
**Extension**  
**Fax Number** 503-397-3290  
**Format: 123-456-7890**

## Experience of Project Applicant, Sponsor, and Partners

### Instructions:

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

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

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

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

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

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

Community Actoin Team, Inc has been developing and implementing programs to address the causes and conditions of poverty for the past 44 years. CAT, Inc has administered a variety of programs including Emergency Shelter, Transitional Housing, Permanent Housing, Affordable Housing Development, Self-Help Housing, Child Care Resource and Referral, Energy Assistance, Emergency Food Distribution, Even Start, After School Care, UDSA Child Care Programs, and Weatherization & Housing Rehabilitation. CAT, Inc has successfully administered a number of grants including ESGP, EHA, SHAP, CSBG, FEMA UNITED WAY, AND HUD-Continuum of Care.

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

# Assessment Tool Attachment Detail

## Document Description:

## Type and Scale of Housing

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

Housing Type	Units	Beds	Bedrooms
Scattered-site apartments (...)	6	12	9

## Type and Scale of Housing Detail

### Instructions:

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

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

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

**Housing Type:** Scattered-site apartments (including efficiencies)

### Total for Selected Housing Type

**Units:** 6

**Beds:** 12

**Bedrooms:** 9

## Project Participants - Households with Dependent Children

### Instructions:

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

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

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

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

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

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

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

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

Total Number of Households	3					
	<b>Total Persons</b>	<b>Severely Mentally Ill</b>	<b>Chronic Substance Abuse</b>	<b>Veterans</b>	<b>Persons with HIV/AIDS</b>	<b>Victims of Domestic Violence</b>
Disabled Adults	5			1		1
Non-Disabled Adults	1					
Disabled Children						
Non-Disabled Children	6					
<b>Total Persons (select "Save" to auto-calculate)</b>	12	0	0	1	0	1
<b>Total Number of Adults (select "Save" to auto-calculate)</b>	6					
<b>Total Number of Children (select "Save" to auto-calculate)</b>	6					

# Project Participants - Households without Dependent Children

## Instructions:

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

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

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

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

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

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

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

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

## Instructions:

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

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

Chronic Substance Abuse may not constitute a disability on its own

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

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

Total Number of Households	3
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Community Action Team, Inc						EX2_008847	
	Total Persons	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Adults	1	1			1		
Non-Disabled Adults	2						
Disabled Unaccompanied Youth							
Non-Disabled Unaccompanied Youth							
<b>Total Persons (select "Save" to auto-calculate)</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Total Number of Adults (select "Save" to auto-calculate)</b>	<b>3</b>						
<b>Total Number of Unaccompanied Youth (select "Save" to auto-calculate)</b>	<b>0</b>						

## Supportive Services for Participants

### Instructions:

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

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

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

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

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

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

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

participants accepted into the program will be directed to apply for HUD Section 8 housing assistance. The Section 8 waiting list is approximately 12 to 18 months in duration; a period of time in which several changes to a participants situation may occur. Upon receiving their Section 8 voucher, clients will have the option of choosing to stay with the Housing Program or move on to Section 8 or Low Income Housing, whichever is more suitable to their needs.

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

Case management and service coordination will focus on increasing participants employment and/or income and the ability to live independently. The case manager will assist clients in applying for benefits through SSI or SSDI. Participants will also be assisted in advancing their education and obtaining employment in order to increase their income and overall level of self-sufficiency. Vocational rehabilitation programs will also be offered to assist in this outcome. Vocational Rehabilitation programs are custom-designed for each individual, offering vocational counseling and guidance, evaluation, vocational and other training services, information and referral, job development and job search assistance.

Supportive Service		Select frequency
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Community Action Team, Inc		EX2_008847
Outreach		Daily
Case Management		Monthly
Life Skills		Monthly
Job Training		Weekly
Alcohol and Drug Abuse Services		Monthly
Mental Health and Counseling		Monthly
HIV/AIDS Services		
Health/Home Health Services		
Education and Instruction		
Employment Services		
Child Care		Weekly
Transportation		Does not apply
Other (Specify Below)		
Other (Specify Below)		
Other (Specify Below)		

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

## Outreach for Participants

### Instructions:

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

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

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

**Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations.**

**Note: this includes persons who ordinarily sleep in one of the places listed below but are spending a short time (30 consecutive days or less) in a jail, hospital, or other institution.**

70%	Persons who came from the street or other locations not meant for human habitation.
20%	Person who came from Emergency Shelters.
	Persons who came from Safe Havens.
10%	Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens.
100%	Total of above percentages

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

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

CAT will post notice announcing the project through local newspapers and/or other media throughout Columbia County. Letters regarding the available assistance will be sent to local community service agencies. Clients will be eligible to receive services with a referral from social and government agencies or by directly contacting CAT.

## Housing for Participants

### Instructions:

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

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

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

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

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

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

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

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

## Discharge Planning Policy

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

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

Yes

## Project Leveraging

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

**Total value of written commitment \$211,837**

Contributor	Source	Date of Commitment	Value of Commitment
CAT, INC	Government	06/30/2008	\$8,337
Energy Assistance	Government	06/30/2008	\$3,500
Community Action ...	Government	06/30/2008	\$200,000

## Project Leveraging Detail

### Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, do not enter the contribution. Undocumented leveraging claims may result in the re-scoring of the CoC application and the withdrawal of the conditional award.

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

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

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

**Select the Type of Contribution** Cash  
**Name the Source of the Contribution** CAT, INC  
**Select Type of Source** Government  
**Date of Written Commitment** 06/30/2008  
**Value of Written Commitment** \$8,337

## Project Leveraging Detail

### Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, do not enter the contribution. Undocumented leveraging claims may result in the re-scoring of the CoC application and the withdrawal of the conditional award.

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

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

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

**Select the Type of Contribution** In Kind  
**Name the Source of the Contribution** Energy Assistance  
**Select Type of Source** Government  
**Date of Written Commitment** 06/30/2008  
**Value of Written Commitment** \$3,500

## Project Leveraging Detail

### Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, do not enter the contribution. Undocumented leveraging claims may result in the re-scoring of the CoC application and the withdrawal of the conditional award.

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

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

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

**Select the Type of Contribution** In Kind

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

**Select Type of Source** Government

**Date of Written Commitment** 06/30/2008

**Value of Written Commitment** \$200,000

# Homeless Management Information System (HMIS) Participation

## Instructions:

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

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

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

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

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

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

**Select the "Save" button to enter additional information.**

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

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

## SHP Leasing Budget

The following information summarizes the SHP leasing request for the project.

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

**Summary SHP Leased Budgets** \$95,184

## SHP Leased Structures Budget

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

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

Structure Name	Paid Amount	Number of Months	Total
Community Action ...	\$0	24	\$0

## SHP Leased Structure(s) Budget Detail

### Instructions:

If the project is requesting SHP funds to lease one or more structures or a portion of a structure for housing and/or services, complete the fields using the monthly leasing cost that is comparable to and no more than the rents being charged for similar space in the project area. Do not fill out this budget for units being leased for housing participants, or for structures in which SHP acquisition, new construction, or rehabilitation funds are being requested.

Values cannot be entered into fields in the "Number of Months", or the "Total" rows; the system will automatically calculate these fields. Select the "Save" button at the bottom of the form to initiate the auto-calculations.

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

**Complete the following fields related to the SHP funds being requested to lease one or more structures for operating the project.**

<b>Structure Name</b>	Community Action Team, Inc
<b>Example: Structure 1</b>	
<b>Street Address 1</b>	125 N 17th Street
<b>Street Address 2</b>	
<b>City</b>	Saint Helens
<b>State</b>	Oregon
<b>Zip Code</b>	97051
<b>HUD Paid Rent</b>	\$0
<b>Number of Months</b>	24
<b>Total Calculated</b>	\$0

**Select the "Save" button to auto-fill the "Number of Months" and "Total" fields.**

## SHP Supportive Services Budget

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

### Instructions:

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

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

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

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

Supportive Services Costs	Quantity (limit 200 characters)	SHP Request Year 1	SHP Request Year 2	Total
1. Outreach		\$0	\$0	\$0
2. Case Management		\$16,789	\$16,789	\$33,578
3. Life Skills (outside of case management)		\$0	\$0	\$0
4. Alcohol and Drug Abuse Services		\$0	\$0	\$0
5. Mental Health and Counseling Services		\$0	\$0	\$0
6. HIV/AIDS Services		\$0	\$0	\$0
7. Health Related and Home Health Services		\$0	\$0	\$0
8. Education and Instruction		\$0	\$0	\$0
9. Employment Services		\$0	\$0	\$0
10. Child Care		\$0	\$0	\$0
11. Transportation		\$0	\$0	\$0
13. Other (must specify )				
		\$0	\$0	\$0
		\$0	\$0	\$0
		\$0	\$0	\$0
14. Total SHP dollars requested		\$16,789	\$16,789	\$33,578
15. Cash Match		\$4,215	\$4,215	\$8,430
16. Total SHP Supportive Services Budget		\$21,004	\$21,004	\$42,008
17. Other resources (cash and in-kind)		\$0	\$0	\$0

# Supportive Housing Program (SHP) Summary Budget

## Instructions:

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

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

**Selected Grant Term 2 Years**

SHP Activities	SHP Dollars Request	Cash Match	Totals
1. Acquisition			\$0
2. Rehabilitation			\$0
3. New Construction			\$0
4. Subtotal (Lines 1 - 3)	\$0	\$0	\$0
5. Real Property Leasing From Leasing Budget Chart	\$95,184		\$95,184
6. Supportive Services From Supportive Services Budget Chart	\$33,578	\$8,430	\$42,008
7. Operations From Operating Budget Chart	\$0	\$0	\$0
8. HMIS From HMIS Budget Chart	\$0	\$0	\$0
9. SHP Request (Subtotal lines 4-8)	\$128,762		
10. Administrative Costs (Up to 5% of line 9)	\$6,426	Max. Admin. Allowed	\$6,438
	<b>Total SHP Request (Total lines 9 and 10)</b>	<b>Total Cash Match</b>	<b>Total Budget (Total SHP Request + Total Cash Match)</b>
	\$135,188	\$8,430	\$143,618

# Public Housing Authority (PHA) Certification Attachment Detail

## Document Description:

## Program Outcome Logic Model (HUD 96010) Attachment

Document Type	Required?	Document Description	Date Attached
Logic Model for Program Outcome (HUD 96010)	Yes	CAT, INC Blue Hou...	10/16/2008

# Program Outcome Logic Model (HUD 96010) Attachment Detail

**Document Description:** CAT, INC Blue House Logic Model