

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2009	2010	2011	2012
Capital Expenditures				
Operating Costs	<u>75,450</u>	<u>581,963</u>	<u>211,586</u>	<u>237,636</u>
External Revenue	<u>(75,450)</u>	<u>(513,533)</u>	<u>(188,776)</u>	<u>(237,636)</u>
Program Income (County)				
In-Kind Match (County)				
NET FISCAL IMPACT	<u>0</u>	<u>68,430</u>	<u>22,810</u>	
# ADDITIONAL FTE POSITIONS (Cumulative)				
Is Item Included In Current Budget:	Yes			No <u>X</u>
Budget Account No.:	Fund <u>1001</u> Dept. <u>142</u> Unit <u>1432</u> Obj. <u>3401</u>			
	Program Code <u>various</u> Program Period: <u>various</u>			


B. Recommended Sources of Funds/Summary of Fiscal Impact:

Departmental Fiscal Review:

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

 1.23.09
OFMB


Contract Administration
1/26/09

B. Legal Sufficiency:

 1/27/09
Assistant County Attorney

mm 1/20
CN 1/16/09
ST 1/21/09

C. Other Department Review:

Department Director

This summary is not to be used as a basis for payment.

Applicant

Instructions:

8. Applicant Information: Enter the following related to the organization applying for homeless assistance funding.

a. Legal Name (Required): Enter the legal name of applicant that will undertake the assistance activity. It is important that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained online at: <http://esnaps.hudhre.info/training>.

b. Employer/Taxpayer Number (EIN/TIN) (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.

c. Organizational DUNS (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>.

d. Address: Enter the complete address as follows: Street address (Line 1 required, Line 2 optional), City (Required), County (Optional), State (Required), Province (Not-required), Country (Auto-populated), Zip/Postal Code (Required).

e. Organizational Unit: Enter the name of the primary organizational unit and department or division, (if applicable) that will undertake the assistance activity, if applicable.

f. Name and contact information of person to be contacted on matters involving this applicant (Required): first and last names, title, telephone number, fax number, and email address. If applicable, enter the person's organizational affiliation if affiliated with an organization other than the applicant organization.

8. Applicant

b. Employer/Taxpayer Identification Number (EIN/TIN): 59-6000785

a. Legal Name: Palm Beach County Board of County Commissioners

c. Organizational DUNS: 100219570

d. Address

Street 1: 301 North Olive Avenue

Street 2: 810 Datura St.

City: West Palm Beach

County: Palm Beach County

State: Florida

Province:

Country: United States

Zip / Postal Code: 33401

e. Organizational Unit

Department Name: Community Services

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Division Name: Human Services

**f. Name and contact information of person to
be
contacted on matters involving this
application**

Prefix:

First Name: Claudia

Middle Name: H

Last Name: Tuck

Suffix: LCSW

Title: Director, Division of Human Services

Organizational Affiliation:

Telephone Number: (561) 355-4775

Extension:

Fax Number: (561) 355-4801

Email: ctuck@pbcgov.org

Confirm Email: ctuck@pbcgov.org

Application Details

Instructions:

9. Type of Applicant (Required): Select the appropriate applicant type that identifies the organization applying for homeless assistance funding.

10, 11. These fields are not required for HUD McKinney-Vento homeless assistance funding.

12. Funding Opportunity (Required): Applicants must enter the Funding Opportunity Number as indicated in the CoC NOFA.

13. This field is not required for HUD McKinney-Vento homeless assistance funding.

9. Type of Applicant: B. County Government

If "Other" please specify:

(select the "Save" button to enter data in this field)

10. Name of Federal Agency:

**11. Catalog of Federal Domestic Assistance
Number/Title:**

CFDA Title:

12. Funding Opportunity Number: FR-5220-N-01

Title: Continuum of Care Homeless Assistance
Competition

13. Competition Identification Number:

Title:

Compliance

Instructions:

19. Is Application Subject to Review By State Executive Order 12372 Process? (Required): Select the appropriate box 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.

If "YES" is selected enter the date this application was made available to the State for review.

20. Is the Applicant Delinquent on any Federal Debt? (Required): Select the appropriate box that applies to the Applicant applying for homeless assistance funding. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "YES" is selected include an explanation in the space provided on this screen.

19. Is the Application Subject to Review By State Executive Order 12372 Process? Program is not covered by E.O. 12372

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:

Declaration

Instructions:

21. Declaration (Required): This Declaration must be signed and dated by the authorized representative of the applicant organization. **The list of certifications and assurances are contained in the announcement and on the left menu under HUD-SNAPS Information.

Authorized Representative (Required): Enter the first and last names, title, telephone number, fax number, and e-mail address of the person authorized to sign for the applicant. A copy of the governing body's authorization for this person to sign this application as the official representative must be on file in the applicant's office.

21. By signing 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:

Authorized Representative

Prefix: Commissioner

First Name: Addie

Middle Name: L

Last Name: Greene

Suffix:

Title: Chairperson

Telephone Number: (561) 355-2207
(Format: 123-456-7890)

Fax Number: (561) 355-3990
(Format: 123-456-7890)

Email: agreene@pbcgov.org

Signature of Authorized Representative Addie L. Greene
(enter first, middle, and last names)

Date Signed 08/04/2008

Additional Information

Instructions:

Indicate the applicant's congressional districts (Required): Select the applicant's congressional district from the available list. Any district(s) affected by the program or project should be indicated on the Exhibit 2 application. The information selected here and on the Exhibit 2 will be used to send funding notification to the appropriate congressional representatives.

Is the applicant a faith-based organization? (Required): Select the appropriate answer that identifies the applicant applying for homeless assistance funding.

Has the applicant ever received a federal grant? (Required): Select the appropriate answers that applies to the applicant applying for homeless assistance funding.

Is the applicant's most recent Code of Conduct on file with HUD? (Required): Reference the following website to determine whether or not the applicant's Code of Conduct is on file with HUD, <http://www.hud.gov/offices/adm/grants/codeofconduct/cconduct.cfm>. If the Code of Conduct is not listed on the website, contact the local HUD Field Office or attach the first five (5) pages of the Code.

Identify the source documentation for the applicant's nonprofit status: All nonprofit applicants must select the appropriate documentation that applies to the applicant applying for homeless assistance funding. This document must be attached to the "Nonprofit Document" page. If the applicant is not a nonprofit organization this question will not appear on the page.

Indicate applicant's congressional district(s): FL-016, FL-019, FL-022, FL-023
(for multiple selections hold CTRL and key)

Is the applicant a faith-based organization? No

Has the applicant ever received a federal grant? Yes

Is the applicant's most recent Code of Conduct on file with HUD? Yes
(If "no" attach the first 5 pages of the Code)

**SURVEY ON ENSURING
EQUAL OPPORTUNITY
FOR APPLICANTS**

**U.S. DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT**

OMB No. 1890-0014

(Exp. 2/28/2009)

Purpose: The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey: If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name: Palm Beach County Board of County Commissioners

Applicant's DUNS Number: 100219570

Grant Name: Project SUCCESS, Flagler Project, Project Northside **CFDA Number:** 14.235 & 14.238

1. Does the applicant have 501(c)(3) status?
 Yes No
2. How many full-time equivalent employees does the applicant have? (Check only one box).
 3 or Fewer 15-50
 4-5 51-100
 6-14 over 100
3. What is the size of the applicant's annual budget?
(Check only one box.)
 Less Than \$150,000
 \$150,000 - \$299,999
 \$300,000 - \$499,999
 \$500,000 - \$999,999
 \$1,000,000 - \$4,999,999
 \$5,000,000 or more
4. Is the applicant a faith-based/religious organization?
 Yes No
5. Is the applicant a non-religious community-based organization?
 Yes No
6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?
 Yes No
7. Has the applicant ever received a government grant or contract (Federal, State, or local)?
 Yes No
8. Is the applicant a local affiliate of a national organization?
 Yes No

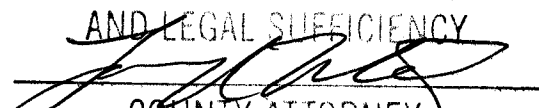
SF 424-SUPP (4/2004)

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by OMB
0348-0046

1. Type of Federal Action: <input checked="checked" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input checked="checked" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input checked="checked" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Palm Beach County Board of County Commissioners 301 N. Olive Avenue West Palm Beach, FL 33401 Congressional District, if known: 16,19,22,23	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, if applicable: 14.235, 14.238	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): No Federal Lobbying conducted on behalf this grant.	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u>Addie L. Greene</u> Print Name: <u>Addie L. Greene</u> Title: <u>Chairperson, Palm Beach County Board of County Commissioners</u> Telephone No.: <u>(561) 355-2707</u> Date: <u>9/18/2008</u>	
Federal Use Only:	Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

 COUNTY ATTORNEY

**Applicant/Recipient
Disclosure/Update Report**

U.S. Department of Housing
and Urban Development

OMB Approval No. 2510-0011 (exp. 8/31/2009)

Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

Applicant/Recipient Information

Indicate whether this is an Initial Report or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code): Palm Beach County Board of County Commissioners 301 N Olive Ave West Palm Beach, FL 33401 (561) 355-4775		2. Social Security Number or Employer ID Number: 596-00-0785	
3. HUD Program Name Project Success, Flagler Project, Project Northside		4. Amount of HUD Assistance Requested/Received \$1,015,394.00	
5. State the name and location (street address, City and State) of the project or activity: Scattered Site Locations			

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. **However,** you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

- All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
- any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)

(Note: Use Additional pages if necessary.)

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.
I certify that this information is true and complete.

Signature: <i>x Addie L. Greene</i>	Date: (mm/dd/yyyy) 9/18/2008
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Addie L. Greene, Chairperson, PBC Board of County Commissioners

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

Applicant Certification

A. For the Supportive Housing (SHP), Shelter Plus Care (S+C), and Single Room Occupancy (SRO) programs:

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 S+C:

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 SHP 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 S+C 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 Addie Greene

Date: 08/15/2008

Title: Chairperson

Applicant Organization: Palm Beach County Board of County Commissioners

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).

X

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 FL-605 - West Palm Beach/Palm Beach County
CoC

Project Name Project SUCCESS

Project Type Renewal Project

Program Type

Content depends on "Project Type" selection

Component Type

Content depends on "Program Type"
selection

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

In which Congressional District(s) is the project located? FL-016, FL-019, FL-022, FL-023
(for multiple selections hold CTRL + Key)

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

Project SUCCESS is a 30 bed transitional housing program for HUD homeless, single adult males and females, including those with disabilities. The project provides outreach, housing, (for up to two years) and support services through two homeless outreach teams (HOT Teams). Support services include case management, life skills, and employment services. Assistance with needed education, training, mental health and substance abuse issues are accessed and/or provided as needed. During the 2007 operating year, the HOT Teams received 2,139 referrals, completed 1,729 assessments and placed 1,027 individuals in shelter. From 1-1-07 to 12-31-07, 92% of the participants that entered Project SUCCESS gained employment within 90 days. Additionally, 100% of the participants who exited Project SUCCESS between 1-1-06 to 12-31-06, remained in permanent housing one year from date of exit.

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.

Were one or more projects consolidated with No
this project?

If "yes" additional information is required on
the following page.

Grant Term 1 Year

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? No

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

Select the geographic code(s) for area(s) served by the project (for multiple selections hold CTRL + Key) 120234 BOCA RATON, 120264 BOYNTON BEACH, 120732 DELRAY BEACH, 123252 WEST PALM BEACH, 129099 PALM BEACH COUNTY

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

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

Project Location(s)

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

Location Name	Street Address 1	Street Address 2	City	State	Zip
Project SUCCESS	1502 South Federa...	1507 South Federa...	Lake Worth	Florida	33460

Project Location Detail

Instructions:

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

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

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

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

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

Location Name Project SUCCESS
Property Ownership Lease
Street Address 1 1502 South Federal Highway
Street Address 2 1507 South Federal Highway
City Lake Worth
State Florida
Zip Code 33460
Format: (12345 or 12345-1234)

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 Palm Beach County Board of County Commissioners

Organization Type B. County Government

If "Other" specify:

DUNS Number 100219570
Format: xxxxxxxxx or xxxxxxxxxxxxxx

Tax ID or EIN 59-6000785
Format: 12-3456789

Street Address 1 301 North Olive Avenue

Street Address 2 810 Datura St.

City West Palm Beach

State Florida

Zip Code 33401
Format: 12345 or 12345-1234

Is the sponsor a Faith-Based Organization? No

Project Sponsor Contact Information

Instructions:

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

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

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

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

Prefix

First Name Claudia

Middle Name H

Last Name Tuck

Suffix LCSW

Title Director, Division of Human Services

E-mail Address ctuck@pbcgov.org

Confirm E-mail Address ctuck@pbcgov.org

Phone Number 561-355-4775
Format: 123-456-7890

Extension

Fax Number 561-355-4801
Format: 123-456-7890

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
Dormitory, shared or privat...	12	24	0
Shared housing	1	6	4

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: Dormitory, shared or private rooms

Total for Selected Housing Type

Units: 12

Beds: 24

Bedrooms: 0

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: Shared housing

Total for Selected Housing Type

Units: 1

Beds: 6

Bedrooms: 4

Project Participants - Households with Dependent Children

Instructions:

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

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

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

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

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

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

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

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

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

Project Participants - Households without Dependent Children

Instructions:

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

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

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

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

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

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

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

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

Instructions:

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

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

Chronic Substance Abuse may not constitute a disability on its own

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

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

Total Number of Households	30
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Palm Beach County Board of County Commissioners						EX2_004677	
	Total Persons	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Adults	30	22	11	27	9	0	0
Non-Disabled Adults	0						
Disabled Unaccompanied Youth	0						
Non-Disabled Unaccompanied Youth	0						
Total Persons (select "Save" to auto-calculate)	30	22	11	27	9	0	0
Total Number of Adults (select "Save" to auto-calculate)	30						
Total Number of Unaccompanied Youth (select "Save" to auto-calculate)	0						

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.

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

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

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 \$2,723,974

Contributor	Source	Date of Commitment	Value of Commitment
Ad Valorem	Government	06/09/2008	\$91,240
Ad Valorem	Government	06/06/2008	\$45,707
Ad Valorem	Government	06/06/2008	\$63,000
Ad Valorem	Government	06/06/2008	\$52,800
Ad Valorem	Government	06/06/2008	\$447,623
Ad Valorem	Government	06/06/2008	\$63,104
Ad Valorem	Government	06/06/2008	\$570,549
EFSP	Government	04/01/2008	\$76,525
Gulfstream Goodwi...	Private	06/05/2008	\$20,285
South County Ment...	Private	05/14/2008	\$8,902
Dept. of Veteran ...	Government	07/01/2008	\$293,705
211 Palm Beach/Tr...	Private	05/12/2008	\$115,837
Community Food Al...	Private	09/03/2008	\$182,810
Daily Bread Food ...	Private	09/02/2008	\$188,888
Oakwood Center of...	Private	05/29/2008	\$25,820
Health Care Distr...	Government	08/28/2008	\$393,377
Comprehensive Alc...	Private	05/19/2008	\$83,802

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 Ad Valorem

Select Type of Source Government

Date of Written Commitment 06/09/2008

Value of Written Commitment \$91,240

Project Leveraging Detail

Instructions:

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

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

Select the Type of Contribution In Kind
Name the Source of the Contribution Ad Valorem
Select Type of Source Government
Date of Written Commitment 06/06/2008
Value of Written Commitment \$45,707

Project Leveraging Detail

Instructions:

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

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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 Ad Valorem
Select Type of Source Government
Date of Written Commitment 06/06/2008
Value of Written Commitment \$63,000

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 In Kind
Name the Source of the Contribution Ad Valorem
Select Type of Source Government
Date of Written Commitment 06/06/2008
Value of Written Commitment \$52,800

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 Ad Valorem

Select Type of Source Government

Date of Written Commitment 06/06/2008

Value of Written Commitment \$447,623

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 Ad Valorem
Select Type of Source Government
Date of Written Commitment 06/06/2008
Value of Written Commitment \$63,104

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 Ad Valorem
Select Type of Source Government
Date of Written Commitment 06/06/2008
Value of Written Commitment \$570,549

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 EFSP

Select Type of Source Government

Date of Written Commitment 04/01/2008

Value of Written Commitment \$76,525

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** Gulfstream Goodwill Industries, Inc.**Select Type of Source** Private**Date of Written Commitment** 06/05/2008**Value of Written Commitment** \$20,285

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** South County Mental Health Center, Inc.**Select Type of Source** Private**Date of Written Commitment** 05/14/2008**Value of Written Commitment** \$8,902

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 Dept. of Veteran Affairs

Select Type of Source Government

Date of Written Commitment 07/01/2008

Value of Written Commitment \$293,705

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 211 Palm Beach/Treasure Coast
Select Type of Source Private
Date of Written Commitment 05/12/2008
Value of Written Commitment \$115,837

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 Food Alliance
Select Type of Source Private
Date of Written Commitment 09/03/2008
Value of Written Commitment \$182,810

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 Daily Bread Food Bank

Select Type of Source Private

Date of Written Commitment 09/02/2008

Value of Written Commitment \$188,888

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 Oakwood Center of the Palm Beaches, Inc.
Select Type of Source Private
Date of Written Commitment 05/29/2008
Value of Written Commitment \$25,820

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 Health Care District of Palm Beach County
Select Type of Source Government
Date of Written Commitment 08/28/2008
Value of Written Commitment \$393,377

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 Comprehensive Alcohol Rehabilitation Programs, Inc.

Select Type of Source Private

Date of Written Commitment 05/19/2008

Value of Written Commitment \$83,802

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? Yes

Select the "Save" button to enter additional information.

Indicate the number of clients served from 1/1/2007 - 12/31/2007 80

Of the clients served from 1/1/2007 - 12/31/2007, indicate the number reported in the HMIS 80

Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.'

Data Quality	Null or Missing Values (%)	Don't Know or Refused (%)
Name	0%	0%
Social Security Number	0%	9%
Date of Birth	0%	0%
Ethnicity	0%	1%
Race	0%	0%
Gender	0%	0%
Veteran Status	0%	2%
Disabling Condition	0%	0%
Residence Prior to Prog. Entry	0%	0%
Zip Code of Last Permanent Address	0%	0%

Renewal Performance

Instructions:

The fields on this form will assess the progress of the renewal project and identify any significant changes from the prior grant. Indicate whether or not the project has unresolved monitoring findings, or outstanding audit findings, and whether or not amendments have been made to the project since the last funding approval.

If amendments have occurred, indicate and explain the reason(s) for the change(s). Also, indicate the specific change in the project, by noting the previous information (before the amendment) and new information (after the amendment).

Contact the local HUD Field Office for amendment requirements, and/or any unresolved monitoring or outstanding audit findings: <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>.

The following fields must be completed by all renewal projects.

Are there any unresolved monitoring or audit findings on HUD McKinney-Vento Act grants, excluding ESG? No

Were there any amendments executed since the last funding approval? No

SHP Operating Budget

Instructions:

Enter the quantity and total dollar amount of SHP funds requested for each operating cost in the project for each year of the grant term. Enter only the portion of the costs DIRECTLY related to providing day-to-day operations of the project for which SHP funds are being requested. Refer to the SHP Desk Guide for details on eligible operations 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 75% of the total operations budget for each year of the grant term. This means that the grantee or project sponsor must make cash payment for at least 25% of the project's total operations budget for each year. 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.

Complete the following budget fields detailing how SHP funds will be used for operating costs related to serving project participants.

Eligible Costs	Quantity (limit 200 characters)	SHP Request Year 1	Total
1.Maintenance/Repair		\$0	\$0
2.Staff	1 FTE Manager@\$44,400, 1.5 FTE Resident Tech I @\$36,400, 2FTE Resident Tech II @\$55,425	\$102,168	\$102,168
3.Utilities	Electric and Telephone	\$25,930	\$25,930
4.Equipment (lease/buy)		\$0	\$0
5.Supplies		\$0	\$0
6.Insurance	Property and Liability Insurance	\$4,800	\$4,800
7.Furnishings		\$0	\$0
8.Relocation		\$0	\$0
9.Other (must specify *)			
		\$0	\$0
		\$0	\$0
10.Total SHP Request		\$132,898	\$132,898
11.Cash Match		\$44,300	\$44,300
12.Total SHP Operating Budget		\$177,198	\$177,198
13.Other Resources (cash and in-kind)		\$0	\$0

* If not specified, the costs will be removed from the budget.

The Total values are automatically calculated by the system when you click the "save" button.

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 \$97,596

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	Total
1. Outreach	4 FTE Specilized Case Managers	\$132,576	\$132,576
2. Case Management	1 FTE	\$33,624	\$33,624
3. Life Skills (outside of case management)	52 Classes @ \$150 each	\$6,240	\$6,240
4. Alcohol and Drug Abuse Services		\$0	\$0
5. Mental Health and Counseling Services		\$0	\$0
6. HIV/AIDS Services		\$0	\$0
7. Health Related and Home Health Services		\$0	\$0
8. Education and Instruction		\$0	\$0
9. Employment Services	.4 FTE	\$10,640	\$10,640
10. Child Care		\$0	\$0
11. Transportation	Bus Passes	\$4,680	\$4,680
13. Other (must specify)		\$0	\$0
		\$0	\$0
		\$0	\$0
14. Total SHP dollars requested		\$187,760	\$187,760
15. Cash Match		\$46,940	\$46,940
16. Total SHP Supportive Services Budget		\$234,700	\$234,700
17. Other resources (cash and in-kind)		\$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 1 Year

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	\$97,596		\$97,596
6. Supportive Services From Supportive Services Budget Chart	\$187,760	\$46,940	\$234,700
7. Operations From Operating Budget Chart	\$132,898	\$44,300	\$177,198
8. HMIS From HMIS Budget Chart	\$0	\$0	\$0
9. SHP Request (Subtotal lines 4-8)	\$418,254		
10. Administrative Costs (Up to 5% of line 9)	\$20,000	Max. Admin. Allowed	\$20,913
	Total SHP Request (Total lines 9 and 10)	Total Cash Match	Total Budget (Total SHP Request + Total Cash Match)
	\$438,254	\$91,240	\$529,494

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 FL-605 - West Palm Beach/Palm Beach County CoC

Project Name Flagler Project

Project Type Renewal Project

Program Type

Content depends on "Project Type" selection

Component Type

Content depends on "Program Type" selection

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

In which Congressional District(s) is the project located? FL-016, FL-019, FL-022, FL-023
 (for multiple selections hold CTRL + Key)

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

The Flagler Project is a 15 bed Shelter Plus Care project for single, homeless, male and female adults suffering from severe mental illness or co-occurring disorders of severe mental illness and substance abuse/dependence. Eligible participants will come from the streets, emergency shelter, the local Safe Haven and/or transitional housing for homeless persons who originally came from the streets or emergency shelter. Participants will receive rental assistance, mental health services, case management, life skills training and employment services as needed. In the most recent APR submitted, 100% of participants who left the program during the operating year had lived in the program seven months or longer. Additionally, 67% of the participants remaining in the program at the end of the operating year have lived there 13 months or longer.

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.

Was the original project awarded as Samaritan Housing project? No

Were one or more projects consolidated with this project? No

If "yes" additional information is required on the following page.

Grant Term: 1 Year

Does the project use Energy Star? Yes

Is the project located in a rural area? No

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

Select the geographic code(s) for area(s) served by the project
(for multiple selections hold CTRL + Key) 120234 BOCA RATON, 120264 BOYNTON BEACH, 120732 DELRAY BEACH, 123252 WEST PALM BEACH, 129099 PALM BEACH COUNTY

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
--	2200 N Australian...	--	West Palm Beach	Florida	33407
--	4860 Sandstone Lane	--	West Palm Beach	Florida	33417
--	500 N Congress Av...	--	West Palm Beach	Florida	33410

Project Location Detail

Instructions:

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

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

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

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

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

Location Name
Property Ownership Lease
Street Address 1 2200 N Australian Avenue
Street Address 2
City West Palm Beach
State Florida
Zip Code 33407
Format: (12345 or 12345-1234)

Project Location Detail

Instructions:

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

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

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

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

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

Location Name

Property Ownership Lease

Street Address 1 4860 Sandstone Lane

Street Address 2

City West Palm Beach

State Florida

Zip Code 33417

Format: (12345 or 12345-1234)

Project Location Detail

Instructions:

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

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

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

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

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

Location Name

Property Ownership Lease

Street Address 1 500 N Congress Avenue

Street Address 2

City West Palm Beach

State Florida

Zip Code 33410

Format: (12345 or 12345-1234)

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 Palm Beach County Board of County Commissioners

Organization Type B. County Government

If "Other" specify:

DUNS Number 100219570
Format: xxxxxxxxx or xxxxxxxxxxxxxx

Tax ID or EIN 59-6000785
Format: 12-3456789

Street Address 1 301 North Olive Avenue

Street Address 2 810 Datura St.

City West Palm Beach

State Florida

Zip Code 33401
Format: 12345 or 12345-1234

Is the sponsor a Faith-Based Organization? No

Project Sponsor Contact Information

Instructions:

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

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

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

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

Prefix

First Name Claudia

Middle Name H

Last Name Tuck

Suffix LCSW

Title Director, Division of Human Services

E-mail Address ctuck@pbcgov.org

Confirm E-mail Address ctuck@pbcgov.org

Phone Number 561-355-4775

Format: 123-456-7890

Extension

Fax Number 561-355-4801

Format: 123-456-7890

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 (...)	15	15	15

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: 15

Beds: 15

Bedrooms: 15

Project Participants - Households with Dependent Children

Instructions:

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

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

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

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

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

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

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

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

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

Project Participants - Households without Dependent Children

Instructions:

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

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

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

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

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

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

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

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

Instructions:

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

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

Chronic Substance Abuse may not constitute a disability on its own

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

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

Total Number of Households	15
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Palm Beach County Board of County Commissioners						EX2_004682	
	Total Persons	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Adults	15	3	15	10	1	0	0
Non-Disabled Adults	0						
Disabled Unaccompanied Youth	0						
Non-Disabled Unaccompanied Youth	0						
Total Persons (select "Save" to auto-calculate)	15	3	15	10	1	0	0
Total Number of Adults (select "Save" to auto-calculate)	15						
Total Number of Unaccompanied Youth (select "Save" to auto-calculate)	0						

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.
0%	Person who came from Emergency Shelters.
30%	Persons who came from Safe Havens.
	Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens.
100%	Total of above percentages

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

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 \$1,547,539

Contributor	Source	Date of Commitment	Value of Commitment
Oakwood Center of...	Private	06/05/2008	\$181,080
Ad Valorem	Government	06/06/2008	\$73,318
South County Ment...	Private	05/14/2008	\$8,902
Dept. of Veteran'...	Government	07/01/2008	\$293,705
211 Palm Beach/Tr...	Private	05/12/2008	\$115,837
Community Food Al...	Private	09/03/2008	\$182,810
Daily Bread Food ...	Private	09/02/2008	\$188,888
Oakwood Center of...	Private	05/29/2008	\$25,820
Health Care Distr...	Government	08/28/2008	\$393,377
Comprehensive Alc...	Private	05/19/2008	\$83,802

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 Oakwood Center of the Palm Beaches, Inc.

Select Type of Source Private

Date of Written Commitment 06/05/2008

Value of Written Commitment \$181,080

Project Leveraging Detail

Instructions:

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

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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 Ad Valorem

Select Type of Source Government

Date of Written Commitment 06/06/2008

Value of Written Commitment \$73,318

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 South County Mental Health Center, Inc.
Select Type of Source Private
Date of Written Commitment 05/14/2008
Value of Written Commitment \$8,902

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 Dept. of Veteran's Affairs
Select Type of Source Government
Date of Written Commitment 07/01/2008
Value of Written Commitment \$293,705

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 211 Palm Beach/Treasure Coast
Select Type of Source Private
Date of Written Commitment 05/12/2008
Value of Written Commitment \$115,837

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 Food Alliance**Select Type of Source** Private**Date of Written Commitment** 09/03/2008**Value of Written Commitment** \$182,810

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** Daily Bread Food Bank**Select Type of Source** Private**Date of Written Commitment** 09/02/2008**Value of Written Commitment** \$188,888

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 Oakwood Center of the Palm Beaches, Inc

Select Type of Source Private

Date of Written Commitment 05/29/2008

Value of Written Commitment \$25,820

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 Health Care District of Palm Beach County
Select Type of Source Government
Date of Written Commitment 08/28/2008
Value of Written Commitment \$393,377

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 Comprehensive Alcohol Rehabilitation Programs
Select Type of Source Private
Date of Written Commitment 05/19/2008
Value of Written Commitment \$83,802

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 Yes
HMIS at least annually?**

Select the "Save" button to enter additional information.

Indicate the number of clients served from 21
1/1/2007 - 12/31/2007

Of the clients served from 1/1/2007 - 21
12/31/2007, indicate the number reported in
the HMIS

Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.'

Data Quality	Null or Missing Values (%)	Don't Know or Refused (%)
Name	0%	0%
Social Security Number	0%	0%
Date of Birth	0%	0%
Ethnicity	0%	6%
Race	0%	0%
Gender	0%	1%
Veteran Status	0%	0%
Disabling Condition	0%	0%
Residence Prior to Prog. Entry	0%	0%
Zip Code of Last Permanent Address	2%	0%

Renewal Performance

Instructions:

The fields on this form will assess the progress of the renewal project and identify any significant changes from the prior grant. Indicate whether or not the project has unresolved monitoring findings, or outstanding audit findings, and whether or not amendments have been made to the project since the last funding approval.

If amendments have occurred, indicate and explain the reason(s) for the change(s). Also, indicate the specific change in the project, by noting the previous information (before the amendment) and new information (after the amendment).

Contact the local HUD Field Office for amendment requirements, and/or any unresolved monitoring or outstanding audit findings: <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>.

The following fields must be completed by all renewal projects.

Are there any unresolved monitoring or audit findings on HUD McKinney-Vento Act grants, excluding ESG? No

Were there any amendments executed since the last funding approval? No

Shelter Plus Care Rental Assistance Budget

The following information summarizes the S+C rental assistance funding request for the total term of the project. To add information to this list, click on the icon and enter the requested information.

Total Shelter Plus Care Rental Assistance \$181,080

FMR_Area	Total Units	Total Requested
FL - West Palm Beach-Boca Raton, FL H...	15	181080

Shelter Plus Care Rental Assistance Budget Detail

Instructions:

The rent requested for each unit size must not exceed the published Fair Market Rent (FMR) for the project area. Rent requests that exceed 100% of the published FMR for a given area are no longer an option. Use either the actual negotiated rent of the units or the most recent FMRs as published in the Federal Register, whichever is less. The most recent FMRs are available online at: <http://www.huduser.org/datasets/fmr.html>.

If the rent requested is equal to 100% of the published FMR, the award amount will be that in effect at the time when all grants are conditionally approved, which may be higher or lower than the FMRs listed here.

If the requested rent is less than 100% of the published FMR, the grant award will be funded at the amounts requested here and will not receive an FMR update.

S+C/SRO and Section 8 SRO projects may not request assistance for more than 100 units per project.

For this form, values cannot be entered into fields in the "Total Rent (per unit size)" or "Number of Months" columns, or the "Total" row; the system will auto-calculate the fields based on the information entered in the other 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 Shelter Plus Care desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

Complete the following fields related to the S+C rental assistance funds being requested under the project.

Type of Program S+C

Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area FL - West Palm Beach-Boca Raton, FL HUD Metro FMR Area (1209999999)

Indicate if the rent is at or below the published FMR (select "Save" before completing the budget below) 100% of FMR

Do not enter amounts greater than 100% of FMR. If an amount over 100% of FMR is entered, the budget will be reduced.

Size of Units	Number of Units		FMR or Actual Rent **		Number of Months		Total
SRO		x	\$644	x	12	=	\$0
0 Bedroom		x	\$859	x	12	=	\$0
1 Bedroom	15	x	\$1,006	x	12	=	\$181,080
2 Bedrooms		x	\$1,188	x	12	=	\$0
3 Bedrooms		x	\$1,680	x	12	=	\$0
4 Bedrooms		x	\$1,731	x	12	=	\$0
5 Bedrooms		x	\$1,991	x	12	=	\$0
6 Bedrooms		x	\$2,250	x	12	=	\$0

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7 Bedrooms		x	\$2,510	x	12	=	\$0
8 Bedrooms		x	\$2,770	x	12	=	\$0
9 Bedrooms		x	\$3,029	x	12	=	\$0
Total					15	=	\$181,080

For projects that select "1-99% of FMR" above: the table below shows 100% of the FMR amounts for zero to four bedrooms for the FMR area selected above. Do not enter more than the FMR amount listed, or the budget will be reduced.

Unit	FMR
0 Bedroom	\$859
1 Bedroom	\$1,006
2 Bedroom	\$1,188
3 Bedroom	\$1,680
4 Bedroom	\$1,731

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?d0=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 FL-605 - West Palm Beach/Palm Beach County
CoC

Project Name Project Northside

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? Florida
(for multiple state selections hold CTRL+Key)

In which Congressional District(s) is the project located? FL-016, FL-019, FL-022, FL-023
(for multiple selections hold CTRL + Key)

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

Provide rental assistance and support services to seven chronically homeless individuals who are seriously mentally ill or dually diagnosed (mental health and substance abuse issues) through a Sponsor Based Rental Assistance Shelter Plus Care Grant. Support services include: Case Management, Health Care District Option I or II health cards, Employment Counseling, Employment Training, Crisis Stabilization, Medical Detox and In-patient/Out-patient Treatment, Bus Passes, Group and Individual Counseling, NA/AA Meetings, Consumer Education, Banking and Savings Counseling, and Independent Living Skills Counseling. Palm Beach County Division of Human Services will administer the grant funds and Oakwood Center will administer the program.

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? Yes

Select the "Save" button to identify Rapid Re-housing or Samaritan Housing

Special Initiative Applicable: Samaritan Housing

Grant Term: 5 Years

Does the project use Energy Star? Yes

Is the project located in a rural area? No

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

Select the geographic code(s) for area(s) served by the project (for multiple selections hold CTRL + Key) 120234 BOCA RATON, 120264 BOYNTON BEACH, 120732 DELRAY BEACH, 123252 WEST PALM BEACH, 129099 PALM BEACH COUNTY

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	--	--	--	Florida	--

Project Location Detail

Instructions:

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

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

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

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

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

Location Name scattered site
Property Ownership Lease
Street Address 1
Street Address 2
City
State Florida
Zip Code
Format: (12345 or 12345-1234)

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 Palm Beach County Board of County Commissioners

Organization Type B. County Government

If "Other" specify:

DUNS Number 100219570
Format: xxxxxxxxx or xxxxxxxxxxxxxx

Tax ID or EIN 59-6000785
Format: 12-3456789

Street Address 1 301 North Olive Avenue

Street Address 2 810 Datura St.

City West Palm Beach

State Florida

Zip Code 33401
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

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 Ms
First Name Claudia
Middle Name H
Last Name Tuck
Suffix LCSW
Title Director, Division of Human Services
E-mail Address ctuck@pbcgov.org
Confirm E-mail Address ctuck@pbcgov.org
Phone Number 561-355-4775
Format: 123-456-7890
Extension
Fax Number 561-355-4801
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.

In 1998, the Center became more involved working with homeless mentally ill individuals through a federal PATH (Projects for Assistance in Transition from Homelessness) Grant. This grant was successfully implemented and has grown over the years. Additionally, the Center further increased their involvement with mentally ill homeless by providing staffing for three multi disciplinary Homeless Outreach Teams. Also, in 2001, the Center was awarded a Safe Haven Grant and in 2001 and 2004, the Center, in collaboration with Palm Beach County Division of Human Services began operating two Shelter Plus Care programs. The County administers the funds and the Center operates the programs. A total of 34 one-bedroom apartments are currently available under these two programs with 17 designated for 100% chronically homeless individuals. Lastly, in 2005, the Center was awarded a three year Permanent Supportive Housing grant to serve eight chronically homeless individuals.

Describe applicable experience relating to the administration of rental assistance.

Over the past ten years, Oakwood Center has developed long standing relationships with several landlords which resulted in the ability to access leases at or below the FMR with little difficulty. This enables the Center to quickly assist participants in securing a lease as well as address any issues the landlord may encounter with participants. Center Staff is also skilled at assisting participants in securing any utilities not included in the lease in addition to furniture or other items necessary to remain independent.

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)

Special Housing Project

All new projects requesting special housing funds (Samaritan Housing or Rapid Re-housing for Families) must address all mandatory fields below. It is imperative that applicants carefully review the 2008 NOFA for program eligibility requirements.

How will the project address the specific case management needs of chronically homeless participants?

Each Project Northside resident will be assigned a Case Manager with a 15:1 ratio and have an Individual Treatment Plan which details the objectives necessary to address any barriers and to maintain or increase their income and remain self-sufficient. Support Services will be tailored to meet the needs of each resident and assist them in maintaining their independence. The Case Management will begin on a daily basis and the frequency for ongoing case management will be determined by the disability, compliance with treatment and the participants insight into his/her disability. The Case Managers will also provide linkage and monitoring and advocacy with the community service providers such as Food Stamps, NA/AA Meetings, Consumer Credit Counseling, Adult Education Programs and Health Care District Assistance which will also be pivotal to the success of these participants

Describe the contingency plan that the project will implement if the project experiences difficulty in meeting the 100% chronically homeless requirement for Samaritan Housing projects.

(This may include re-evaluating the intake assessment procedures or outreach plan.)

Staff will meet with representatives of the Homeless Outreach Team, PATH Outreach Team and the Safe Haven to advise of their program, bed availability and seek referrals. These sources come in frequent contact with chronically homeless individuals.

Type and Scale of Housing

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

Housing Type	Units	Beds	Bedrooms
Scattered-site apartments (...)	7	7	7

Type and Scale of Housing Detail

Instructions:

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

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

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

Housing Type: Scattered-site apartments (including efficiencies)

Total for Selected Housing Type

Units: 7

Beds: 7

Bedrooms: 7

Project Participants - Households with Dependent Children

Instructions:

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

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

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

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

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

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

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

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

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

Project Participants - Households without Dependent Children

Instructions:

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

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

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

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

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

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

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

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

Instructions:

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

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

Chronic Substance Abuse may not constitute a disability on its own

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

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

Total Number of Households	7
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Exhibit 2	Page 19	09/12/2008
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Palm Beach County Board of County Commissioners						EX2_008098	
	Total Persons	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Adults	7	7	7	4			
Non-Disabled Adults							
Disabled Unaccompanied Youth							
Non-Disabled Unaccompanied Youth							
Total Persons (select "Save" to auto-calculate)	7	7	7	4	0	0	0
Total Number of Adults (select "Save" to auto-calculate)	7						
Total Number of Unaccompanied Youth (select "Save" to auto-calculate)	0						

Supportive Services for Participants

Instructions:

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

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

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

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

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

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

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

Over the past ten years, Oakwood Center has developed long standing relationships with several landlords which resulted in the ability to access leases at or below the FMR with little difficulty. This enables the Center to quickly assist participants in securing a lease as well as address any issues the landlord may encounter with participants. Staff will also assist participants in securing any utilities not included in the lease in addition to furniture or other items necessary to remain independent. Ongoing Case management will be pivotal, too. Case Management ensures participants remain in permanent housing by immediately addressing issues that could jeopardize their housing. Participants will also be provided contact information should a crisis arise afterhours and weekends.

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

A key factor in achieving self sufficiency is securing income for each participant. Individual Treatment Plans will identify securing benefits or employment as a primary goal. SOAR Training will have been completed in Palm Beach County by September 2008. Both the Division of Human Services and the Oakwood Center will have participated in the training so this method will be utilized for those individuals without benefits. Also, Oakwood will become a participant's payee should SSA deem this necessary. Center Case Managers will link participants with the Center's designated Employment Specialists who will provide job skill assessments and job coaching for appropriate participants. Ongoing monitoring by the Case Managers and Job Placement Specialists will ensure participants complete all required appointments as well as provide opportunities for advocacy and assistance should any system become overwhelming.

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

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

50%	Persons who came from the street or other locations not meant for human habitation.
50%	Person who came from Emergency Shelters.
	Persons who came from Safe Havens.
	Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens.
100%	Total of above percentages

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

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

As a source of Outreach and Referrals, Project Northside will collaborate with the following Outreach Teams: Division of Human Services Homeless Outreach Teams (HOT), PATH Case Managers, and Veterans Homeless Outreach Team. These teams are comprised of Multi-Disciplinary personnel including: Masters and Bachelors Level Social Workers, Physicians Assistant, Certified Addiction Professionals, and Peer Counselors. All of these Outreach Teams seek homeless individuals by frequenting places where homeless congregate such as under bridges, vacant buildings, parks, and wooded areas. The outreach efforts are coordinated on an ongoing basis throughout the year with municipal and county law enforcement, code enforcement and Community Justice Service Centers. Often, the Outreach staff make several contacts in an attempt to build rapport and engage the homeless individuals in a decision to enter the Continuum of Care. All of the above Outreach Teams complete a comprehensive Intake and Assessment on homeless individuals prior to entering the project. Through a triage framework, decisions about the need for medical detox, crisis stabilization or Emergency Shelter are made as part of the Assessment and the homeless individuals are transported to the appropriate setting before placement into Project Northside.

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.

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 \$1,689,201

Contributor	Source	Date of Commitment	Value of Commitment
Oakwood Center of...	Private	09/12/2008	\$396,060
South County Ment...	Private	05/14/2008	\$8,902
Dept. of Veterans...	Government	07/01/2008	\$293,705
211 Palm Beach/Tr...	Private	05/12/2008	\$115,837
Community Food Al...	Private	09/03/2008	\$182,810
Daily Bread Food ...	Private	09/02/2008	\$188,888
Oakwood Center of...	Private	05/29/2008	\$25,820
Health Care Distr...	Government	08/28/2008	\$393,377
Comprehensive Alc...	Private	05/19/2008	\$83,802

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 Oakwood Center of the Palm Beaches

Select Type of Source Private

Date of Written Commitment 09/12/2008

Value of Written Commitment \$396,060

Project Leveraging Detail

Instructions:

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

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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 South County Mental Health Center, Inc.

Select Type of Source Private

Date of Written Commitment 05/14/2008

Value of Written Commitment \$8,902

Project Leveraging Detail

Instructions:

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

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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 Dept. of Veterans Affairs
Select Type of Source Government
Date of Written Commitment 07/01/2008
Value of Written Commitment \$293,705

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 211 Palm Beach/Treasure Coast
Select Type of Source Private
Date of Written Commitment 05/12/2008
Value of Written Commitment \$115,837

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 Food Alliance
Select Type of Source Private
Date of Written Commitment 09/03/2008
Value of Written Commitment \$182,810

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 Daily Bread Food Bank
Select Type of Source Private
Date of Written Commitment 09/02/2008
Value of Written Commitment \$188,888

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 Oakwood Center of the Palm Beaches, Inc.
Select Type of Source Private
Date of Written Commitment 05/29/2008
Value of Written Commitment \$25,820

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 Health Care District of Palm Beach County

Select Type of Source Government

Date of Written Commitment 08/28/2008

Value of Written Commitment \$393,377

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 Comprehensive Alcohol Rehabilitation Programs.
Inc.

Select Type of Source Private

Date of Written Commitment 05/19/2008

Value of Written Commitment \$83,802

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 No
HMIS at least annually?**

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.

Shelter Plus Care Rental Assistance Budget

The following information summarizes the S+C rental assistance funding request for the total term of the project. To add information to this list, click on the icon and enter the requested information.

Total Shelter Plus Care Rental Assistance \$396,060

FMR_Area	Total Units	Total Requested
FL - West Palm Beach-Boca Raton, FL H...	7	396060

Shelter Plus Care Rental Assistance Budget Detail

Instructions:

The rent requested for each unit size must not exceed the published Fair Market Rent (FMR) for the project area. Rent requests that exceed 100% of the published FMR for a given area are no longer an option. Use either the actual negotiated rent of the units or the most recent FMRs as published in the Federal Register, whichever is less. The most recent FMRs are available online at: <http://www.huduser.org/datasets/fmr.html>.

If the rent requested is equal to 100% of the published FMR, the award amount will be that in effect at the time when all grants are conditionally approved, which may be higher or lower than the FMRs listed here.

If the requested rent is less than 100% of the published FMR, the grant award will be funded at the amounts requested here and will not receive an FMR update.

S+C/SRO and Section 8 SRO projects may not request assistance for more than 100 units per project.

For this form, values cannot be entered into fields in the "Total Rent (per unit size)" or "Number of Months" columns, or the "Total" row; the system will auto-calculate the fields based on the information entered in the other 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 Shelter Plus Care desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

Complete the following fields related to the S+C rental assistance funds being requested under the project.

Type of Program S+C

Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area FL - West Palm Beach-Boca Raton, FL HUD Metro FMR Area (1209999999)

Indicate if the rent is at or below the published FMR 100% of FMR
(select "\$ave" before completing the budget below)

Do not enter amounts greater than 100% of FMR. If an amount over 100% of FMR is entered, the budget will be reduced.

Size of Units	Number of Units		FMR or Actual Rent **		Number of Months		Total
SRO		x	\$644	x	60	=	\$0
0 Bedroom	3	x	\$859	x	60	=	\$154,620
1 Bedroom	4	x	\$1,006	x	60	=	\$241,440
2 Bedrooms		x	\$1,188	x	60	=	\$0
3 Bedrooms		x	\$1,680	x	60	=	\$0
4 Bedrooms		x	\$1,731	x	60	=	\$0
5 Bedrooms		x	\$1,991	x	60	=	\$0
6 Bedrooms		x	\$2,250	x	60	=	\$0

Palm Beach County Board of County Commissioners						EX2_008098	
7 Bedrooms		x	\$2,510	x	60	=	\$0
8 Bedrooms		x	\$2,770	x	60	=	\$0
9 Bedrooms		x	\$3,029	x	60	=	\$0
Total	7					=	\$396,060

For projects that select "1-99% of FMR" above: the table below shows 100% of the FMR amounts for zero to four bedrooms for the FMR area selected above. Do not enter more than the FMR amount listed, or the budget will be reduced.

Unit	FMR
0 Bedroom	\$859
1 Bedroom	\$1,006
2 Bedroom	\$1,188
3 Bedroom	\$1,680
4 Bedroom	\$1,731