1A. Application Type

Instructions:

1. Type of Submission - This field is populated the Application option, and cannot be changed.

2. Type of Application: (required) - Select 'New Project' or 'Renewal Project' to indicate whether the project is eligible for new or renewal funds during the current competition. Renewal project applications are defined as those HUD McKinney-Vento grants that have received funding in a previous competition and are eligible to renew during the current competition. All other applications are defined as new projects.

3. Date Received - No action needed. This field is automatically populated with the date on which the application is submitted. The date populated cannot be edited.

4. Applicant Identifier - Leave this field blank.

5a. Federal Entity Identifier - Leave this field blank.

5b. Federal Award Identifier: (required) - This field may populate with the grant number for the 2010 project that is imported. This field will be blank for any first time renewal application. The correct expiring grant number must be entered. Leave the field blank for all new funding applications.

6. Date Received by State - Leave this field blank.

7. State Application Identifier - Leave this field blank.

Additional Resources:
Application Detailed Instructions (on left menu)
 http://esnaps.hudhre.info

1. Type of Submission:

2. Type of Application: Renewal Project

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 10/06/2011

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier KS0017B7P021003

(e.g., expiring grant number)

6. Date Received by State:

7. State Application Identifier:

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1B. Legal Applicant

Instructions:

8. Applicant Information - The applicant information populated on this form comes from the Applicant Profile, and must reflect the information for the applicant organization that can legal request homeless assistance funding from HUD.

  a. Legal Name - The legal name of the applicant organization is populated on this form from the Applicant Profile. 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.

  b. Employer/Taxpayer Number (EIN/TIN) - The EIN/TIN for the applicant organization is populated on this form from the Applicant Profile.

  c. Organizational DUNS - The DUNS number for the applicant organization is populated on this form from the Applicant Profile. Information on obtaining a DUNS number may be obtained online at - http://www.dnb.com.

  d. Address - The physical address of the applicant organization is populated on this form from the Applicant Profile.

  e. Organizational Unit - If applicable, the department and division of the applicant organization is populated on this form from the Applicant Profile.

  f. Name and contact information of person to be contacted on matters involving this applicant - The alternate point of contact for the applicant organization is populated on this form from the Applicant Profile. This person may or may not be the authorized representative.

Additional Resources:
Application Detailed Instructions (on left menu)
 http://esnaps.hudhre.info

8. Applicant

a. Legal Name: County of Sedgwick

b. Employer/Taxpayer Identification Number (EIN/TIN): 48-6000798

	c. Organizational DUNS:		056577166	PL US 4	

d. Address

Street 1: 635 North Main

Street 2:

City: Wichita

County: Sedgwick

State: Kansas

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Country: United States
Zip / Postal Code: 67203

e. Organizational Unit (optional)

Department Name: COMCARE Homeless Program
Division Name: Human Services

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

Prefix: Ms.
First Name: Ann
Middle Name: Michelle
Last Name: Elifrits
Suffix:
Title: COMCARE Homeless Program Manager
Organizational Affiliation: County of Sedgwick
Telephone Number: (316) 660-7800
Extension:
Fax Number: (316) 941-5060
Email: aelifrit@sedgwick.gov

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1C. Application Details

Instructions:

9. Type of Applicant : (required) - This field is populated from the e-snaps Applicant Profile. Applicants cannot modify the populated data on this form. However, applicants may modify the Applicant Profile to correct any errors identified.

 10. Name Of Federal Agency - field populated with the Department of Housing and Urban Development. The field cannot be edited.

11. Catalog Of Federal Domestic Assistance Number/Title: (required) - select the applicable program type - SHP, S+C, or SRO. The selection will automatically populate the CFDA number field on this form, and will drive the list of components available on form 3A. Project Detail of this application.

12. Funding Opportunity Number/Title - This field will automatically populate with the funding opportunity number and title of the opportunity under which assistance is requested, as found in this year's Federal Register announcement.

 13. Competition Identification Number/Title - Leave this field blank.

Additional Resources:
Application Detailed Instructions (on left menu)
 http://esnaps.hudhre.info

9. Type of Applicant: B. County Government

If "Other" please specify:

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: SHP

CFDA Number: 14.235

12. Funding Opportunity Number: FR-5500-N-34

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

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1D. Congressional District(s)

Instructions:

14. Areas Affected By Project: (required) - select the state(s) in which the proposed project will operate and serve homeless persons. The state(s) selected will determine the list of geographic areas and congressional districts displayed elsewhere in this application.

15. Descriptive Title of Applicant's Project: field populates the 2011 project name from the Project form. Return to the Project form, to make changes to the name.

16. Congressional District(s):
a. Applicant: This field is populated from the e-snaps Applicant Profile. Applicants cannot modify the populated data on this form. However, applicants may modify the Applicant Profile to correct any errors identified.
b. Project: (required) - Select the congressional district(s) in which the project operates. For new project, select the district(s) in which the project is expected to operate.

17. Proposed Project Start and End Dates: (required) - indicate the operating start and end date for the project. For new project application, indicate the estimated operating start and end date of the project.

18. Estimated Funding: Leave these fields blank.

Additional Resources:
Application Detailed Instructions (on left menu)
 http://esnaps.hudhre.info

14. Area(s) affected by the project (state(s) only): Kansas
(for multiple selections hold CTRL+Key)

15. Descriptive Title of Applicant's Project: Transitional Housing Project - Enhancement

16. Congressional District(s):

a. Applicant: KS-004

b. Project: KS-004
(for multiple selections hold CTRL+Key)

17. Proposed Project

a. Start Date: 02/01/2012

b. End Date: 01/31/2013

18. Estimated Funding ($)

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a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. TOTAL:

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1E. 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 Deliquent 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.

 Additional Resources:
 Application Detailed Instructions (on left menu)
 http://esnaps.hudhre.info

19. Is the Application Subject to Review By State Executive Order 12372 Process?   b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?   No

If "YES," provide an explanation:

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1F. Declaration

Instructions:

I Agree: (required) - Select the check next to 'I Agree' to (1) certify to the statements contained in the list of certifications**, (2) certify that the statements herein are true, complete, and accurate to the best of my knowledge, (3) certify that the required assurances** are provided, and (4) agree to comply with any resulting terms if I accept an award. Any false, fictitious, or fraudulent statements or claims may subject the authorized representative and the applicant organization to criminal, civil, or administrative penalties .(U.S. Code, Title 218, Section 1001)

**The list of certifications and assurances are contained in the CoC NOFA and in the e-snaps Applicant Profile.

21. Authorized Representative: The information for the authorized representative is populated from the Applicant Profile. 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.

Additional Resources:
Application Detailed Instructions (on left menu)
http://esnaps.hudhre.info

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: | X |

21. Authorized Representative

Prefix:	Mr.
First Name:	Dave
Middle Name:	
Last Name:	Unruh
Suffix:	
Title:	Chairman - Board of County Commissioners
Telephone Number: (Format: 123-456-7890)	(316) 660-9300
Fax Number: (Format: 123-456-7890)	(316) 383-8275

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Email: dunruh@sedgwick.gov
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/06/2011

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2A. Project Sponsor(s)

This form lists the sponsor organization(s) for the project. To add a sponsor, select the   icon. To view or update sponsor information already listed, select the view   option.

Organization	Type
This list contains no items	

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3A. Project Detail

Instructions:

Complete all fields on this form, as appropriate. Revise any information populated from the FY2010 application, to ensure accuracy and completeness of the information submitted in this year's application. The selections made on this form will determine the remaining forms that must be completed with this application.

 1. Expiring Grant Number: field populates with the expiring grant number entered as the "Federal Award Identifier" on form 1A. Application Type of this application.

 2. CoC Number and Name: (required) - select the appropriate Continuum of Care (CoC) number and name. The selected CoC will receive the application and determine whether or not to include it with the CoC application submission to HUD.

 3. Project Name: field populates the 2011 project name from the Project form. Return to the Project form, to make changes to the name.

 4. Project Type: field populates the project type (new or renewal), as selected on form 1A. Application Type of this application.

 5. Program Type: field populates the program type -- Supportive Housing Program (SHP), Shelter Plus Care (S+C), or Section 8 Moderate Rehabilitation for Single Room Occupancy (SRO), as selected on form 1C. Application Details of this application.

 6. Component Type: (required) - select the one component that appropriately identifies the project. The list of available components will depend on the program type selected.

 7. Energy star: (required) - select Yes or No to indicate whether or not energy star is being (or will be) used at one or more of the properties that will receive assistance using the requested funds.

 8. Title V: (required) - select Yes or No to indicate whether or not one or more of the project properties has been conveyed under Title V.

9. Services in connection with another TH or PH project: select Yes or No to indicate whether or not the project is providing (or will provide) supportive services to participants in another permanent housing or transitional housing project.

10. Innovative SHP: (required) - select Yes or No to indicate whether or not the proposed project is to be considered under the Innovative Supportive Housing component. If yes, indicate in the project description (on form 2B of this application) how the project represents a distinctively different approach when viewed within its geographic area, is a sensible model for others, and can be replicated elsewhere. An applicant should not propose a project under this component unless a compelling case is made that these criteria can be met.

 Additional resources:
Application Detailed Instructions (on left menu)
 http://esnaps.hudhre.info
 http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo

1. Expiring Grant Number   KS0017B7P021003

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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2. CoC Number and Name	KS-502 - Wichita/Sedgwick County CoC
3. Project Name	Transitional Housing Project - Enhancement
4. Project Type	Renewal Project
5. Program Type **Content depends on "CFDA Number" selection**	SHP
6. Component Type **Content depends on "Program Type" selection**	TH
7. Is Energy Star used at one or more of the properties within this project?	Yes
8. Does this project include one or more Title V properties?	No
9. Is the project providing services to participants in another PH or TH project?	No
10. Is the proposed project submitted for consideration under the Innovative Supportive Housing component?	No

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3B. Project Description

Instructions:

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Complete all fields on this form, as appropriate. Revise any information populated from the FY2010 application, to ensure accuracy and completeness of the information submitted in this year's application.

ALL PROJECTS
1. Project Description: (required) - provide a description of the project that is complete and concise. The description must address the entire scope of the project, including a clear picture of the community/target population(s) to be served, the plan for addressing the identified needs/issues of the CoC community/target population(s), projected outcome(s), and any coordination with other source(s)/partner(s). In cases where the proposed project is expanding an existing facility, service, or HMIS system, document, when applicable, how the requested funds will supplement existing services and resources, increase participants served, or increase the capacity of the CoC's HMIS (if applicable). The narrative is expected to describe the project at full operational capacity and to demonstrate how full capacity will be achieved over the term requested in this application. The description should be consistent with and make reference to other parts of this application. Applicants are encouraged to review the detail instructions available on the left menu, as well applicable program regulations and desk guides available online at http://esnaps.hudhre.info.

RENEWAL SHP PROJECTS ONLY
2. Was the original project awarded funding for acquisition, new construction, or rehabilitation? (required) - select Yes or No to indicate whether or not the project previously received SHP funds under the CoC competition for acquisition, new construction, or rehabilitation.

NEW PROJECTS ONLY
2. Description of rehabilitation, acquisition, and new construction activities: (required) - describe the proposed rehabilitation and new construction activities for the project site(s). The description must detail the entire scope of the development activities, including the portion of activities funded and not funded through this application. If persons currently occupy building(s) to be rehabilitated, describe the planned relocation effort for these persons. Also describe the role of the applicant, sponsor, and other project partners, and the estimated timeframe for completing development.

NEW SHP-HMIS ONLY
2. HMIS Need: (required) - Describe how needs assessment, resource allocation and service coordination will be improved through the new or expanded HMIS project.
3. State/Federal Funding Overlap: (required) - Demonstrate that HUD funds for this project will not replace state or local government funds.

NEW SHP-TH PROJECTS ONLY
3. Maximum length of stay: (required) - indicate the maximum allowable length of occupany for persons participating in the project.

NEW SHP-PH ONLY
3. More than 16 persons living in one structure: (required) - select Yes or No to indicate if more than 16 persons reside (or will reside) in any one of the structures assisted with SHP funds requested through this application. If there are more than 16 people, then an explanation is required as to how local market conditions necessitate this size, and how neighborhood integration can be achieved for the residents. For more information on the 16-person limit, see Section 424(c) of the McKinney-Vento Act.

NEW S+C-TRA ONLY
3. Housing selection: (required) - select Yes or No to indicate whether or not participants are required to live in particular structures or units during the first year and in a particular area within the locality in subsequent years, or to live in a particular area for the entire period of participation.

Additional resources:
http://esnaps.hudhre.info
 http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo

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1. Provide a description of the project that addresses its entire scope, including the needs of the community/target population.

The Dual Diagnosis Transitional Housing Enhancement Project (THP) provides 4 apartments and supportive services for chronically homeless adults. The purpose of this renewal project is to address the gap within the continuum of care system by assisting homeless individuals who have a serious mental illness and a substance abuse problem move toward self-sufficiency through participation in a transitional housing project in which they can build a positive housing and credit history while working to stabilize the symptoms of their mental illness and abstain from drug use. THP serves adults who have (1) experienced multiple or extended periods of homelessness, (2) a serious mental illness, (3) a substance abuse disorder having had multiple addiction treatment episodes, (4) are living below the poverty line, (5) been unable to maintain stay at emergency shelter or other transitional housing programs, and (6) had multiple unsuccessful attempts at permanent housing stability.

2. Was the original project awarded funding for acquisition, new construction, or rehabilitation?   No

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4A. Supportive Services for Participants

Instructions:

The information entered into the form fields below should record the capacity of the project to provide supportive services or access to services that participants require.

1. Project policies and practices are consistent with the educational laws: (required) - select Yes or No to indicate whether or not the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with educational laws, including the McKinney-Vento Act.

   2. Designated staff person to ensure that the children in the project are enrolled in school and receive educational services, as appropriate: (required) - select Yes or No to indicate whether or not the project has a designated staff person responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services.

3. Describe the reason(s) for non-compliance with educational laws, and the corrective action to be taken prior to grant agreement execution, if 'No' has been selected for either questions 1 or 2.

NEW PROJECTS ONLY
4. Obtain and remain in permanent housing: (required) - describe the supportive services that will be provided to help project participants locate and stabilize in permanent housing, access mainstream resources, and/or obtain employment.

   5. Maximizing employment, income, and independent living: (required) - describe the supportive services that will be provided to help project participants locate employment and access mainstream resources for independent living.

   6. Specify the frequency of supportive services to be provided to project participants: (required) - select the frequency (daily, weekly, bi-weekly, monthly, bi-monthly, quarterly, does not apply) of each basic supportive service provided to participants. Basic supportive services include: outreach, case management, life skills, job training, alcohol and drug abuse services, mental health and counseling, HIV/AIDS services, health/home health services, education and instruction, employment services, child care, and transportation.

   Specify Other(s): (optional) - enter up to 3 additional supportive services applicable to the proposed project, and enter the frequency of those additional services.

   7. Accessibility of community amenities: (required) - select the level of accessibility of basic community amenities for project participants. Basic community amenities should be accessible to participants via walking, public transportation, driving, or transportation provided by the project.

   Additional resources:
Application Detailed Instructions (on left menu)
 http://esnaps.hudhre.info
 http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo

1. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families?   Not Applicable

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2. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?   Not Applicable

3. Describe the reason(s) for non-compliance with educational laws, and the corrective action to be taken prior to grant agreement execution.

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4B. Housing Type and Scale

This list summarizes each housing site in the project. To add a housing site to the list, click the add icon. To view or update a housing site already listed, select the appropriate view icon.

Housing Type	Units	Bedrooms	Beds
Scattered-site apartments (...	4	4	4

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4B. Housing Type and Scale Detail

Instructions:

1. Housing type: (required) - select or update the proposed housing type. Refer to the detailed instructions document for a definition of each housing type.

2. Indicate the maximum number of units, bedrooms, and beds available for project participants at the selected housing site.

a. Total units: (required) - enter or update the maximum number of units available for housing project participants at the selected housing type.

b. Total bedrooms: (required) - enter or update the maximum number of bedrooms available for housing project participants at the selected housing type.

c. Total beds: (required) - enter or update the maximum number of bedrooms available for housing project participants at the selected housing type.

3. Geographic areas: (required) - indicate the geographic location(s) of the selected housing type.

Additional resources:
Application Detailed Instructions (on left menu)
  http://esnaps.hudhre.info
  http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units, bedrooms, and beds available for project participants at the selected housing site.

a. Units: 4

b. Bedrooms: 4

c. Beds: 4

3. Select the geographic area(s) associated with the selected housing type. For new projects, select the area(s) expected to be served.   209173 Sedgwick County, 203696 WICHITA

(for multiple selections hold CTRL+Key)

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4C. Homeless Management Information System (HMIS) Participation

Instructions:

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

1. Participation in the CoC's HMIS: (required) - select Yes or No to indicate whether or not annual data regarding project participants are reported in the CoC's HMIS.

   IF PROJECT PARTICIPANT DATA IS REPORTED IN THE HMIS
 2a. Indicate total number of clients served: (required) - enter the total number of participants served by the project in calendar year 2010 (1/1/2010 - 12/31/2010).

   2b. Indicate the total number of participants reported in the HMIS: (required) - enter the total number of project participants reported in the CoC's HMIS for calendar year 2010 (1/1/2010 - 12/31/2010).

   3. Indicate the percentage of HMIS client records with 'null or missing values' or 'unknown values: (required) - for those project participant records that were reported in the HMIS, indicate the percentage of values that were missing ("Null or Missing Values") and/or unknown ("Don't Know or Refused"), for each data element. If there were no unknown values, enter a "0" value in any field within the chart.

   IF PROJECT PARTICIPANT DATA IS NOT REPORTED IN THE HMIS
 4a. Indicate the reason(s) for nonparticipation - indicate one or more of the four (4) reason(s) for non-participation:
- Federal law prohibits (please cite specific law)
- State law prohibits (please cite specific law)
- New project not yet in operation
- Other

4b. For other or Federal/State prohibitions, cite applicable law - provide an explanation of the other reasons nonparticipation, and cite the applicable federal/state laws that prohibit participation.

   Additional resources:
Application Detailed Instructions (on left menu)
 http://esnaps.hudhre.info

1. Does this project provide client level data to HMIS at least annually?   Yes

Click on the "Save" button below to enter additional information.

2a. Indicate the number of clients served from 1/1/2010 - 12/31/2010   8

2b. Of the clients served from 1/1/2010 - 12/31/2010, indicate the number reported in the HMIS   8

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

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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%	0%
Race	0%	0%
Gender	0%	0%
Veteran Status	0%	0%
Disabling Condition	0%	0%
Residence Prior to Prog. Entry	0%	0%
Zip Code of Last Permanent Address	0%	0%

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5A. Project Participants - Households with Dependent Children

Instructions:

Identify the demographics of each household with children served (or proposed to be served), at a particular point in time (when the project is at full capacity). The numbers entered here must reflect only those households and persons served using the funds requested in this application.

1. Total number of households: (required) - enter the total number of households served (or proposed to be served).

2. Disabled adults: (in this row) - enter the un-duplicated total number of adult persons with a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

3. Non-disabled adults: (in this row) - enter the un-duplicated total number of adult persons without a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

4. Disabled children: (in this row) - enter the un-duplicated total number of children with a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

5. Non-disabled children: (in this row) - enter the un-duplicated total number of children without a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

6. Total persons: (calculated row) - the total number of persons within each subpopulation is automatically calculated.

7. Total number of adults: (calculated row) - the total number of adults served (or proposed to be served) is automatically calculated.

8. Total number of children: (calculated row) - the total number of children served (or proposed to be served) is automatically calculated.

Additional Resources:
Point in time - PIT (definition) - a snap shot of the number of homeless persons that can be served, on any given night or day, when the project is at full capacity. For a new project, this count is based on the applicant's best guess at the time of application. For a renewal project, the PIT is based on the applicant's assessment of the number of participants residing in a facility or served by the program on a particular night or day when the project is at full capacity.
Application Detailed Instructions (on left menu)
http://esnaps.hudhre.info
http://esnaps.hudhre.info/training

1. Total Number of Households	0						
	Total Persons (unduplicated)	**Chronically Homeless**	**Severely Mentally Ill**	**Chronic Substance Abuse**	**Veterans**	**Persons with HIV/AIDS**	**Victims of Domestic Violence**
2. Disabled Adults							
3. Non-Disabled Adults							
4. Disabled Children							

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5. Non-Disabled Children							
6. Total Persons (click on "Save" to auto-calculate)	0	0	0	0	0	0	0

7. Total Number of Adults (click on "Save" to auto-calculate)	0
8. Total Number of Children (click on "Save" to auto-calculate)	0

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5B. Project Participants - Households without Dependent Children

Instructions:

Identify the demographics of each household without children served (or proposed to be served), at a particular point in time (when the project is at full capacity). The numbers entered here must reflect only those households and persons served using the funds requested in this application.

1. Total number of households: (required) - enter the total number of households without children served (or proposed to be served).

2. Disabled adults: (in this row) - enter the un-duplicated total number of adult persons with a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

3. Non-disabled adults: (in this row) - enter the un-duplicated total number of adult persons without a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

4. Disabled unaccompanied youth: (in this row) - enter the un-duplicated total number of unaccompanied youth with a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

5. Non-disabled unaccompanied youth: (in this row) - enter the un-duplicated total number of unaccompanied youth without a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

6. Total persons: (calculated row) - the total number of persons within each subpopulation is automatically calculated.

7. Total number of adults: (calculated row) - the total number of adults served (or proposed to be served) is automatically calculated.

8. Total number of unaccompanied youth: (calculated row) - the total number of unaccompanied youth served (or proposed to be served) is automatically calculated.

Additional Resources:
Point in time - PIT (definition) - a snap shot of the number of homeless persons that can be served, on any given night or day, when the project is at full capacity. For a new project, this count is based on the applicant's best guess at the time of application. For a renewal project, the PIT is based on the applicant's assessment of the number of participants residing in a facility or served by the program on a particular night or day when the project is at full capacity.
 Application Detailed Instructions (on left menu)
 http://esnaps.hudhre.info
 http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo

1. Total Number of Households	4						
	Total Persons (unduplicated)	**Chronically Homeless**	**Severely Mentally Ill**	**Chronic Substance Abuse**	**Veterans**	**Persons with HIV/AIDS**	**Victims of Domestic Violence**
2. Disabled Adults	4	4	4	4	0	0	0
3. Non-Disabled Adults	0			0			0

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4. Disabled Unaccompanied Youth (under 18)	0			0		0	
5. Non-Disabled Unaccompanied Youth (under 18)	0	0	0	0	0	0	
6. Total Persons (click on "Save" to auto-calculate)	4	4	4	4	0	0	0
7. Total Number of Adults (click on "Save" to auto-calculate)	4						
8. Total Number of Unaccompanied Youth (click on "Save" to auto-calculate)	0						

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5C. Outreach for Participants

Instructions:

Complete all fields on this form, as appropriate. Revise any information populated from the FY2010 application, to ensure accuracy and completeness of the information submitted in this year's application.

1. Where homeless participants are coming from: (required) - enter the percentage (%) related to the places from which project participants are coming, including: street, emergency shelters, safe havens, or transitional housing who came directly from the streets, emergency shelter, or safe haven.

   Total of above percentages: (calculated) - the percentages entered will sum in the Total of above percentages field.

  2. If total is less than 100%: (optional) - indicate the other places from which homeless persons enter the project, in the text box provided.

  3. Outreach plan: (required for new projects) - describe how the applicant/sponsor plans to bring homeless persons into the project. Also describe the contingency plan that the applicant/sponsor will implement if the project experiences difficulty in meeting the Bonus requirements to serve exclusively homeless and disabled individuals and families. The contingency plan may include re-evaluating the intake assessment procedures or outreach plan.

Additional resources:
Application Detailed Instructions (on left menu)
  http://esnaps.hudhre.info
 http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo

1. 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 (90 consecutive days or less) in a jail, hospital, or other institution.

25%	**Persons who came from the street or other locations not meant for human habitation.**
75%	**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**

2. If the total is less than 100 percent, identify the other location(s), and how the persons will meet the HUD homeless definition.

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6A. Standard Performance Measures

Instructions:

For each applicable question on this form, the Applicant must establish performance measurement goals for this project. Applicants are required to set a housing stability goal and to select at least one income-related performance measure on which the grantee will report performance in the Annual Performance Report (APR). The "Universe (#)" column specifies the total number of persons about whom the measure is expected to be reported. In the "Target (#)" column, applicants should specify the number of applicable clients (e.g., the number of persons for whom the goal is relevant) who are expected to achieve the measure within the operating year. The system will calculate a percentage in the "Target (%)" column. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be "80%."

1. Specify the universe and target for the housing measure.
Click 'Save' to calculate the target percent (%).

Housing Measure	Universe (#)	Target (#)	Target (%)
a. Persons exiting to permanent housing (subsidized or unsubsidized) during the operating year.	4	2	50%

2. Choose one income-related performance measure from below, and specify the universe and target numbers for the goal.
Click 'Save' to calculate the target percent (%).

Income Measure	Universe (#)	Target (#)	Target (%)
a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit.	4	2	50%
OR			
b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit.			0%

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6B. Additional Performance Measures

Specify up to three additional measures on which the project will report performance in the Annual Performance Report (APR).

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6B. Additional Performance Measures Detail

Instructions

Specify the universe that each measure applies to, and the number (#) of applicable clients who are expected to achieve each measure within the operating year, the source where data will be compiled (e.g., data reported in HMIS), method of data collection (e.g., data collected by the intake worker at entry and case managers at exit) proposed to measure results, specific data elements and formula proposed for calculating results, and rationale for why the proposed measure is an appropriate indicator of performance for this project.

1. Specify the universe and target goal numbers for the proposed measure.

a. Proposed Measure	b. Universe (#)	c. Target (#)	d. Target (%) (Calculated)
All THP Enhancement residents will apply for mainstream benefits	4	4	100%

2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results

Data recorded in HMIS; data collected by HUD Case Manager at entry, monthly during program participation, at exit; also data recorded in Electronic Medical Record (EMR)

3. Specific data elements and formula proposed for calculating results

Attainment of mainstream benefits will be documented in HMIS from program entry through program exit. Application for mainstream benefits will be documented in monthly reports submitted by THP CM to administrative staff members. Status of application for mainstream benefits will be tracked by THP CM's and Team Leader.

4. Rationale for why the proposed measure is an appropriate indicator of performance for this program

THP residents enter the program from literal homelessness and often require assistance connecting to mainstream programs and mainstream benefits to help increase their self sufficiency.

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Funding Request

Instructions:

The fields that must be completed on this form will vary based on the project type, program type, and component type.

1a. Operating by September 30, 2013? (required) - select Yes or No to indicate whether or not the grant agreement will be execute and the project will begin operating by September 30, 2013. Unobligated funds will not be available after September 30, 2013.

 NEW PROJECTS ONLY:
  1b. Are special housing funds being requested for this project? (required) - select Yes or No to indicate whether or not the project is requesting funds under the Permanent Housing Bonus funding category. If yes, then the project will be referred to as a new PH Bonus project. Only permanent housing projects are eligible for PH Bonus funds.

2. Is this project using HHN reallocated funds? (required) - select Yes or No to indicate whether the new project is using HHN reallocated funds.

 RENEWAL PROJECTS ONLY:
 1b. Is this project a HUD approved consolidation? (required) - select Yes or No to indicate whether or not the project has recently consolidated two or more grants, as approved through HUD's grant amendment process.

  1c. Was the original project awarded funding (in part or whole) under a special housing initiative? (required) - indicate whether or not the project previously received funds under one of the following housing initiatives: Samaritan Housing, Chronic Homeless, Permanent Housing Bonus, or Rapid Rehousing Demonstration. If yes, then the project must continue to meet the requirements of the initiative for the life of the project, in order to continue to receive renewal funding under the CoC competition.

2. Has this project been reduced through the HHN reallocation process? (required) - select Yes or No to indicate whether the renewal project is reduced through the HHN reallocation process.

 NEW AND RENEWAL PROJECTS:
3. Grant term: (required) - indicate the number of years for which new or renewal funding is being request. The number of years that can be selected will vary depending on the project type and program type.

4. Select the activities for which funding is being requested: (required for SHP projects only) - all SHP projects must identify the budget activities for which funding is being requested. Depending on the project type, the following budget activities may be listed: acquisition, new construction, rehabilitation, leasing (units or structures), supportive services, operating, and HMIS. Renewal projects may indicate only those activities listed on the 2011 SHP GIW.

 Additional resources:
 http://esnaps.hudhre.info
 http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo

**1a. Is it feasible for the project to begin   Yes
operating/under grant agreement by
September 30, 2013?**

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1b. Is this project a HUD approved consolidation?   No

1c. Was the original project awarded funding (in part or whole) under a special housing initiative?   No

2. Has this project been reduced through the HHN reallocation process?   No

3. Grant Term: 1 Year

4. Select the activities for which funding is being requested:

Leasing	X
Supportive Services	X
Operating	
HMIS	

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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 $22,164

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SHP Leasing Budget Detail

Instructions:

Name of metropolitan or non-metropolitan fair market rent area: (required) - select or update the FMR area in which the project is located. The list is sorted by state abbreviation.

Size of units: (populated) - these options are system generated.

Number of units/structures: (required) - for each unit size or structure, enter or update the number of units or structures for which funding is being requested. For new projects requesting funds for leasing one or more structure, enter zero in any one of the fields.

HUD Paid Rent: (required) - for each unit size of new project, enter or update the monthly leasing amount. The amount entered must not exceed the FMR or comparable unit amount for the project, whichever is less. The FMRs are available online at http://www.huduser.org/datasets/fmr.html. For renewal project, the HUD rent amount is the SHP Leasing amount, which must not exceed the amount listed on the Grant Inventory Worksheet. For new projects requesting funds for leasing one or more structure, enter a zero in any one of the fields.

Number of months: (populated for new projects) - these fields appear for new projects only and are populated once the required fields have been completed and saved.

Total: (calculated) - these fields are totaled once the required fields have been completed and saved.

Additional resources:
Application Detailed Instructions (on left menu)
http://www.hudhre.info
http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo

Metropolitan or non-metropolitan fair market rent area   KS - Wichita, KS HUD Metro FMR Area (2001599999)

	Number of Units/Structures	Funds Requested
Leased Units	4	$22,164
Leased Structures		

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Supportive Services Budget

Instructions:

For each year of the grant term, enter the quantity and total budget request for each supportive services cost. Revise any information populated from the FY2010 application, to ensure accuracy and completeness of the information submitted in this year's application.

Eligible supportive services: (populated) - the system populates a list of eligible supportive services for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible activities, which are not listed. Refer to the SHP Desk Guide for details on eligible supportive services activities.

   Quantity: (required) - enter or update the quantity (eg. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which SHP funding is being requested.

   SHP Request: (required) - for each grant year, enter or update the amount ($) requested for each activity that is DIRECTLY related to providing supportive services to homeless participants. The SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

   Total: (calculated) - the total SHP funding ($) requested for each activity will automatically calculate in the Total column.

   Cash Match: (required) - for each grant year, enter or update the cash amount ($) available to support the SHP request. By law, the grantee or project sponsor must make cash payment for at least 20% of the project's total Supportive Service annual budget.

   Total SHP Supportive Services Budget: (calculated) - the Total Supportive Services Budget will automatically calculate.

   Other Resources: (no input required) - if there are in-kind or additional cash resources above the requested cash match requirement, enter or update the total amount ($) available per grant year.

   Additional resources:
Application Detailed Instructions (on left menu)
   http://esnaps.hudhre.info
   http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo

Supportive Services Costs	Quantity (limit 400 characters)	SHP Request Year 1	Total
1. Outreach		$0	$0
2. Case Management	.6 FTE case manager , salary & benefits	$17,971	$17,971
3. Life Skills (outside of case management)		$0	$0
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		$0	$0
10. Child Care		$0	$0
11. Transportation		$0	$0

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13. Other (must specify)			
		$0	$0
		$0	$0
		$0	$0
14. Total SHP dollars requested		$17,971	$17,971
15.Cash Match		$4,493	$4,493
16.Total SHP Supportive Services Budget		$22,464	$22,464
17.Other resources (cash and in-kind)		$0	$0

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Supportive Housing Program (SHP) Summary Budget

The following information summarizes the SHP funding request and the available cash match for the total term of the project.   However, the appropriate amount of administrative costs must be entered in the field below. Please make sure that the budget amounts requested for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.

Selected Grant Term 1 Year

SHP Activities	SHP Dollars Request	Cash Match	Totals
1. Acquisition	$0	$0	$0
2. Rehabilitation	$0	$0	$0
3. New Construction	$0	$0	$0
4. Subtotal (Lines 1 - 3)	$0	$0	$0
5. Real Property Leasing From Leasing Budget Chart	$22,164		$22,164
6. Supportive Services From Supportive Services Budget Chart	$17,971	$4,493	$22,464
7. Operations From Operating Budget Chart	$0		$0
8. HMIS From HMIS Budget Chart	$0	$0	$0
9. SHP Request (Subtotal lines 4-8)	$40,135		
10. Administrative Costs (Up to 5% of line 9)	$1,811		
	Total SHP Request (Total lines 9 and 10)	**Total Cash Match**	**Total Budget (Total SHP Request + Total Cash Match)**
	$41,946	$4,493	$46,439

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8A. Attachment(s)

Instructions

1. Sponsor Nonprofit Documentation - Documentation of the sponsor's nonprofit status must be uploaded, if the applicant and project sponsor are different entities, and the sponsor is a nonprofit organization.

2. PHA Certification - Non-PHA Applicants for S+C SRO and Section 8 SRO projects must submit a signed and dated letter from an authorized representative of the local PHA certify that the Applicant is authorized to act on behalf of the PHA. Applicant is authorized to act on behalf of the PHA.

 3. Other Attachment(s) - Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

Document Type	Required?	Document Description	Date Attached
1. Sponsor Nonprofit Documentation	No		
2. PHA Certification Letter	No		
3. Other Attachment	No		

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Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

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8B. 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.

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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 Dave Unruh

Date: 10/06/2011

Title: Chairman - Board of County Commissioners

Applicant Organization: County of Sedgwick

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001). | X |

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