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| **FY2017 Continuum of Care Competition****EXPANSION PROJECT APPLICATION** |
| **Organization Information** |
|  |
| Agency/Organization Name Employer Identification Number (EIN) DUNS Number |
|  |
| Administrative Address City, State, Zip |
|  |
| Phone Fax Website |
|  |
| Executive Director Name Phone Email |
|  |
| **Contact Information** |
| Please list below the names and contact information for those staff who should receive correspondence regarding this proposal in addition to the Executive Director. |
| **Primary Contact** |
|  |
| Name Title Phone Email |
| **Secondary Contact** |
|  |
| Name Title Phone Email |
| **Proposal Information** |
|  |
| Renewal Project Name (as listed on GIW) Renewal Grant Number (as listed on GIW) |
|  |
| Expansion Proposal Request ($)  |
| Reason for Requested Increase:[ ]  Increase the number of homeless persons served[ ]  Provide additional supportive services to existing clients[ ]  Replace the loss of nonrenewable funding [ ]  Coordinated entry |
| **Project Description (150 word max) -** Provide a brief description of the number and type of proposed new services and/or units. |
| **Authorization** |
|  |
| Printed Name Signature Date |

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| **EXPANSION REQUEST****(no more than 3 pages)** |
| **Indicate how the project is proposing to "increase the number of homeless persons served."**

| **Current level of effort** |   |
| --- | --- |
| # of persons served at a point-in-time |  |
| # of units |  |
| # of beds |  |
| **New effort** |   |
| # of additional persons served at a point in time that this project will provide |  |
| # of additional units this project will provide |  |
| # of additional beds this project will provide |  |

 [ ]  N/A – I am not requesting to serve an increased number of homeless persons.**Please describe in detail why you are requesting an increase in funding for supportive services, replacing the loss of nonrenewable funding, or for Coordinated Entry, and how you intend to utilize the funds if awarded.** |

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| **Project Staffing Plan** |

If you are requesting an increase in funding for staff positions, please list the anticipated positions below.

|  |  |
| --- | --- |
| Position Title |  |
| Hours (FT/PT) |  |
| % of Time on Project |  |
| Position Responsibilities |  |
| Required Education/Experience |  |
| Name of Employee (note vacant if new position) |  |

|  |  |
| --- | --- |
| Position Title |  |
| Hours (FT/PT) |  |
| % of Time on Project |  |
| Position Responsibilities |  |
| Required Education/Experience |  |
| Name of Employee (note vacant if new position) |  |

|  |  |
| --- | --- |
| Position Title |  |
| Hours (FT/PT) |  |
| % of Time on Project |  |
| Position Responsibilities |  |
| Required Education/Experience |  |
| Name of Employee (note vacant if new position) |  |

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| **Funding Request** |

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| **Supportive Services Budget** |
| **Eligible Costs**  | **Quantity AND Itemized Description****(max 400 characters)** | **Annual Assistance Requested** |
| Assessment of Service Needs |  |  |
| Assistance with Moving Costs |  |  |
| Case Management  |  |  |
| Child Care  |  |  |
| Education Services |  |  |
| Employment Assistance |  |  |
| Food |  |  |
| Housing/Counseling Services |  |  |
| Legal Services |  |  |
| Life Skills |  |  |
| Mental Health Services |  |  |
| Outpatient Health Services  |  |  |
| Outreach Services |  |  |
| Substance Use Treatment Services |  |  |
| Transportation |  |  |
| Utility Deposits |  |  |
| Operating Costs |  |  |
| **Total Supportive Services Requested** |  |

Complete one of the two tables below according to your intended housing type to request funding towards housing costs. If you are unsure of whether to pick leasing or rental assistance, please refer to the project application guide, which provides more information.

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| **Rental Assistance Budget** |
|  | **Monthly Fair Market Rent (FMR)** | **Number of Units Requested** | **Total Annual Cost****(Number Units x FMR x months)** |
| Single Room Occupancy Units | $638 |  |  |
| Efficiencies | $851 |  |  |
| One Bedroom Units | $1,033 |  |  |
| Two Bedroom Units | $1,298 |  |  |
| Three Bedroom Units | $1,663 |  |  |
| Four Bedroom Units | $1,934 |  |  |
| Five Bedroom Units | $2,224 |  |  |
| Six Bedroom Units | $2,514 |  |  |
| **Total Rental Assistance Units & Cost** |  |  |

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| **Leasing Budget** |
|  | **Monthly Rent** | **Number of Units Requested** | **Total Annual Cost****(Number Units x Monthly Rent x months)** |
| Leased Structure (whole building) |  | 1 |  |
| **OR** |
| Single Room Occupancy Units |  |  |  |
| Efficiencies |  |  |  |
| One Bedroom Units |  |  |  |
| Two Bedroom Units |  |  |  |
| Three Bedroom Units |  |  |  |
| Four Bedroom Units |  |  |  |
| Five Bedroom Units |  |  |  |
| Six Bedroom Units |  |  |  |
| **Total Leasing Costs** |  |  |

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| **Operations Costs** **(cannot include if requesting rental assistance for same structure)** |
| **Eligible Costs** | **Quantity AND Description** **(max 400 characters)** | **Total** |
| Maintenance/ Repair |  |  |
| Property Tax and Insurance |  |  |
| Replacement Reserve |  |  |
| Building Security  |  |  |
| Electricity, Gas, Water  |  |  |
| Furniture  |  |  |
| Equipment (lease, buy) |  |  |
| **Total Operations Costs** |  |

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| **HMIS Budget** |
| **Eligible Costs**  | **Quantity AND Description****(max 400 characters)** | **Total Annual Cost** |
| Staffing for HMIS  |  |  |
| Equipment (lease, buy) |  |  |
| **Total HMIS Costs** |  |  |

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| **Summary Budget** |
| **Budget Category** | **Total Annual Cost** |
| Leasing |  |
| Rental Assistance |  |
| Supportive Services |  |
| Operating Costs |  |
| HMIS |  |
| Administrative Costs (no more than 3.5% of total request) |  |
| **Total Grant Request** |  |

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| **Match Funds** |

You must be able to match at least 25% of your requested increase in funding in addition to meeting the match obligations for your renewal project. Please list all sources of match below and make sure to include appropriate documentation for all match with your application submission according to the specifications in the project application guide. You may add more tables below if you have additional sources of match.

|  |  |
| --- | --- |
| **Type of Commitment (Cash or In-Kind)** |   |
| **Type of Source (Private, Government)** |   |
| **Name the Source of the Commitment (Be as specific as possible and include the office or grant program as applicable)** |   |
| **Date of Written Commitment** |   |
| **Value of Written Commitment** |   |

|  |  |
| --- | --- |
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