

Before Starting the Exhibit 2 (Project) Application

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the 2009 Exhibit 2 (Project) Application.

Training resources are available online at: www.hudhre.info/esnaps - Training modules are available to help complete or update the Exhibit 2 application, including attaching required forms. - The HUD HRE Virtual Help Desk is available for submitting technical and policy questions directly to HUD. - Guidance is available on obtaining a DUN and Bradstreet DUNS Number, and completing, updating or renewing CCR registration.

Things to Remember - Review the 2009 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program for specific application and program requirements. - Renewal applications - the 2009 Exhibit 2 application forms will be populated with information from the 2008 application, if applicable. The populated information must be verified and updated, if necessary. - First-time renewal and new applications will not have pre-populated information and must complete all Exhibit 2 forms. - The 2009 SHP funding request for each budget activity must be consistent with the amounts in the 2009 SHP Grant Inventory Worksheets, as approved by HUD. - The S+C rental assistance request for each unit in the project must be consistent with unit configuration listed in the 2009 S+C Grant Inventory Worksheets, as approved by HUD. - HUD will announce the 2009 conditional awards for renewal applications within 30-60 days of the closing of the CoC competition.

Project Information - Page 1

Instructions:

The selections made on this form will determine the remaining forms that must be completed with this application.

CoC Number and Name (required) ζ select the appropriate Continuum of Care (CoC) name and number from the drop-down menu.

Project Name (populated) ζ this field will populate in a read-only format for all applications. Return to the applicant project listing to update the name of the project.

Project Type (required) ζ indicate whether the project is eligible for new or renewal funds during the current competition. Renewal projects 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.

Program Type (required) ζ select one of the three HUD homeless assistance programs that appropriately identifies the competitive program under which the application should be funded and operated - Supportive Housing Program (SHP), Shelter Plus Care (S+C), or Section 8 Moderate Rehabilitation for Single Room Occupancy (Section 8 SRO).

Component Type (required) ζ each homeless assistance program features several components to help homeless people achieve independence. Select the one component that appropriately identifies the application being submitted.

In which state is the project located (required) ζ of the available states listed, select the state(s) in which the project is located. The selected state(s) will be used to populate the available geography codes on the next form (Project Information - Page 2) of this application.

In which Congressional District(s) is the project located (required) ζ of the available congressional districts listed, select the district(s) in which the project is located. The selected district(s) will be used to send correspondence to the appropriate Congressional Representative(s).

Project Description (required) ζ in the last field on this form, provide a general description of the project. The description must include a response to the program requirements under which the project will operate. The description must also include information on the homeless needs that are addressed by the project, the type of housing that will be provided, and the target population that the project will serve. Completion of this field is required of all new and renewal projects.

Additional resources:

<http://esnaps.hudhre.info/training>

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

Complete or update the form fields in the order of appearance. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please verify that all populated fields are correct.

Expiring Grant Number

CoC Number and Name GU-500 - Guam CoC

Project Name CARIDAD Operations "Sagan Ayudan Maisa"

Project Type New Project

Program Type SHP

Content depends on "Project Type" selection

Component Type PH

Content depends on "Program Type" selection

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

In which Congressional District(s) is the project located? GU-000
(for multiple selections hold CTRL + Key)

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

Catholic Social Services (CSS) proposes to operate a Supportive Housing Program (SHP) that will be called the Caridad "Sagan Ayudan Maisa" Supportive Housing Program. The name Sagan Ayudan Maisa is derived from the native Chamorro Language meaning a place where one can help themselves and become self-sufficient. The program will provide four (4) housing units for homeless persons with disabilities; thus becoming a Permanent Supportive Housing Program (PSH) for the Continuum of Care. As a Project Sponsor of this program, CSS requests operation funds to cover the cost of one (1) employee salary and benefits for the Program Manager. The additional operating costs will cover payments towards power, water, and basic telephone (including installation fees) fees for four (4) units; maintenance costs of the apartment units, common areas and community room. Additionally, operating funds will also cover the costs of the upkeep of the establishment -- lawn and building maintenance; building insurance; trash collection and fees; and equipment (computer, printer, desks, and chairs). The Caridad Sagan Ayudan Maisa Supportive Housing Program will be staffed by a Program Manager. The Program Manager will be responsible to provide outreach and program orientation to the general public. The Program Manager will also coordinate and link with the Guam Continuum of Care to provide program information updates, and report on the vacancy of units as clients exit the program. The Program Manager will assess and determine eligibility for perspective program clients based on established Standard Operating Procedures (SOP) developed by CSS, and in line with the rules and regulations established by the U.S. Department of Housing (HUD) for the Supportive Housing Program. Upon admission in The Caridad Sagan Ayudan Maisa Supportive Housing Program, all clients will be assessed by the Program Manager, and an Individual Service Plan (ISP) will be developed. The ISP is the tool that will assist both the Program Manager and the client in identifying the client's needs, and the steps required to achieve them. The ISP will outline and prioritize the level of services that the client requires, and provides the Program Manager with a benchmark to achieve those goals. Most importantly, each client will be linked to as many mainstream programs necessary. Follow-up appointments will be conducted throughout the duration of the client's participation in the program. At a minimum, all clients will be assisted in applying for section 8 vouchers under the mainstream program or the HUD VASH vouchers for veterans.

Project Information - Page 2

Instructions:

The fields that must be completed on this form will vary based on the project, program, and component type selected on Page 1 of the Project Information form.

NEW PROJECTS:

Is the project requesting new Special Housing funding (required) - for this competition there is only one special housing project - the Permanent Housing (PH) Bonus. New projects applying under the SHP-PH, S+C, or Section 8 SRO programs may qualify for PH Bonus funding.

RENEWAL PROJECTS:

Previous Samaritan Housing /Chronic Homeless Initiative funding (required) - if the project previously received funds under the Samaritan Housing or Chronic Homeless Initiatives, the project must continue to meet the requirements of either initiative for the life of the project.

Grant Consolidation (required) - indicate whether or not the project has recently consolidated two or more grants that have been approved through HUD's grant amendment process. Each consolidated grant must be listed on the "Grant Consolidation" form.

NEW AND RENEWAL PROJECTS:

A response to the following fields is required by both new and renewal projects - Grant term (required) - the available terms will vary depending on the project and program types; Use of energy star (required); Located in a rural area (required) - as defined in the 2009 NOFA; Located on land previously owned by the military (required); and Geographic areas served by the project (required).

Select the appropriate SHP budget activities (required) - 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, operations, and HMIS.

Additional resources:

<http://esnaps.hudhre.info/training>
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

Complete or update the form fields in the order of appearance. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please verify that all populated fields are correct.

Is the project requesting special housing funding? No

If yes, click on the "Save" button to identify the project as a Permanent Housing Bonus

Grant Term 2 Years

Note: the 1 year grant term option is permitted for new HMIS and renewal applications only.

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 660001 GUAM
(for multiple selections hold CTRL + Key)

New Construction	<input type="checkbox"/>
Acquisition	<input type="checkbox"/>
Rehabilitation	<input type="checkbox"/>
Leasing	<input type="checkbox"/>
Supportive Services	<input type="checkbox"/>
Operations	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

Project Location(s)

The following list summarizes the location of each site in the project. To add a site location, select the  icon. To view or update a site location already listed, select the appropriate  option.

Location Name	Ownership	Street Address 1	Street Address 2	City	State	Zip
Mongmong	Own	267-J.A. Camacho St.	N/A	Mongmong	Guam	96910

Project Location Detail

Instructions:

Location Name (required for SRA only) - identify the name of the location that is or will be used for housing project participants.

Project Ownership (required for all projects) - indicate whether each location is or will be owned or leased by the applicant, sponsor, or a parent organization. For projects other than SRA with multiple site locations, group each site as leased or owned, and identify each group in this field. Please remember that SHP policy prohibits the use of leasing funds as payment for units or structures owned by the grantee (the applicant), the project sponsor, or the parent organization(s) of either entity.

Location Address (required for SRA only) - indicate the Street Address, City, State, and Zip Code of the SRA project location. Locations that serve domestic violence victims covered under the VAWA may indicate an administrative office or P.O. Box address.

Additional resources:
<http://esnaps.hudhre.info/training>

An SRA project must complete or update the fields below, for each site that will be used to house project participants. However, all other projects need only indicate or update the ownership of all site locations.

Location Name Mongmong
Property Ownership Own
Street Address 1 267-J.A. Camacho St.
Street Address 2 N/A
City Mongmong
State Guam
Zip Code 96910
Format: (12345 or 12345-1234)

Project Expansion Information

Instructions:

Expanding an existing housing facility or supportive service (required) - select Yes or No from the drop-down menu to denote if the applicant is proposing to expand one or more existing housing facilities or supportive service activities. If Yes, click on the "Save" button below to identify the specific expansion activities. If No, click on the "Save & Next" button below to advance to the next form.

One or more of the following five(5) activities may constitute an expansion project:

- 1) Bring existing facilities up to state or local government health and safety standards
- 2) Replace the loss of nonrenewable funding
- 3) Increase HMIS capacity and/or functionality
- 4) Increase the number of homeless persons served
- 5) Provide additional supportive services to homeless persons

Additional resources:

<http://esnaps.hudhre.info/training>

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

www.hud.gov/offices/cpd/about/staff/fodirectors

Complete the form fields below to indicate whether or not the project will expand one or more existing housing facilities or service activities.

Will the project use an existing homeless facility or incorporate activities provided by an existing project? Yes
(if yes, click on the "Save" button below to identify the expansion activities)

Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Bring existing facilities up to state/local government health and safety standards

Bring existing facilities up to government health and safety standards

Describe how the project is proposing to "bring the existing facility(ies) up to state/local government health and safety standards."

CARIDAD Program Manager will work diligently with Government of Guam agencies to address health and safety standards. To address Health Standards, collaboration with the Department of Public Health and Social Services will take place to develop and implement policy and protocol, training and certification. To maintain fire standards, CARIDAD Program Manager in collaboration with CSS Support Services Program will ensure adherence to any and/all fire safety standard requirement as per the Guam Fire Department.

Project Sponsor Information

Instructions:

Sponsor Same as Applicant (required) - select Yes or No from the drop-down menu to denote if the applicant is the same as the project sponsor. If Yes, select the "Save" button to review the SF-424 data populated in the form fields. If No, select the "Save" button to complete or update the form fields as required.

DUNS Number (required) - enter or update DUNS Number in the proper format.

Tax ID or EIN (required) - enter or update the sponsor's ID or EIN in the proper format.

Street Address 1 (required) - enter or update the number and street name.

Street Address 2 (no input required) - enter the unit, suite, or floor if applicable.

City (required) - enter the location city.

State (required) - select or update the location State abbreviation from the drop-down menu.

Zip Code (required) - enter the location Zip Code in the proper format.

Faith Based Organization (required) - select Yes or No from the drop-down menu to denote if the sponsor is a faith based organization.

Prior Federal Grant Recipient (required) - select Yes or No from the drop-down menu to denote if the sponsor is a faith based organization.

Additional resources:

<http://esnaps.hudhre.info/training>

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

Complete or update the form fields in the order of appearance. The form fields will populate data from the 2008 application submission, if applicable, and the SF-424, if the applicant is the same entity as the sponsor. Please verify that all populated fields are correct.

Is the project applicant the same as the project sponsor? No
(If yes click on the "Save" button to auto-fill the fields below)

Organization Name Catholic Social Service

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

If "Other" specify:

DUNS Number Format: xxxxxxxx or xxxxxxxxxxxx	855031241	PLU S 4
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Tax ID or EIN 96-0001279
Format: 12-3456789

Street Address 1 234-A U.S. Army Juan C. Fejeran St.

Street Address 2 N/A

City Barrigada

State Guam

Zip Code 96913
Format: 12345 or 12345-1234

Is the sponsor a Faith-Based Organization? Yes

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

Identify source documentation for sponsor's nonprofit status: IRS letter or ruling showing 501(c)(3) status

Non-Profit Documentation Attachment

Document Type	Required?	Document Description	Date Attached
Proof of non-profit status	Yes	501 (c) (3) Non-P...	11/13/2009

Non-Profit Documentation Attachment Detail

Document Description: 501 (c) (3) Non-Profit Status

Project Sponsor Contact Information

Instructions:

Prefix (no input required) ζ select Dr., Mr., Mrs., Ms., Miss, Rev ... from dropdown menu.

First Name (required) ζ enter or update the First Name of the primary sponsor representative.

Middle Name (required) ζ enter or update the Middle Name of the primary sponsor representative.

Last Name (required) ζ enter or update the Last Name of the primary sponsor representative.

Suffix (no input required) ζ select Jr., Sr., M.D., D.D.S., Ph.D, Esq ζ from dropdown menu.

Title (required) ζ enter or update the Title of the primary sponsor representative.

E-mail Address (required) ζ enter or update the e-mail address of the primary sponsor representative.

Confirm E-mail Address (required) ζ re-enter or update the sponsor e-mail address.

Phone Number (required) ζ enter or update the sponsor's 10-digit Phone Number in prescribed format XXX-XXX-XXXX.

Extension (no input required) ζ enter or update the Extension associated with the sponsor's Phone Number.

Fax Number (required) ζ enter the 10-digit sponsor Fax Number in prescribed format XXX-XXX-XXXX.

Complete or update the form fields in the order of appearance. The form fields will populate data from the 2008 application submission, if applicable, and the SF-424, if the applicant is the same entity as the sponsor. Please verify that all populated fields are correct.

Prefix Mrs.
First Name Cerila
Middle Name Matias
Last Name Rapadas
Suffix
Title Executive Director
E-mail Address css@guam.net
Confirm E-mail Address css@guam.net
Phone Number 671-635-1410
Format: 123-456-7890
Extension
Fax Number 671-635-1444
Format: 123-456-7890

Experience of Project Applicant, Sponsor, and Partners

Instructions:

The specific narratives that must be provided in the fields on this form will vary based on the project, program, and component type selected on Page 1 of the Project Information form.

Experience Narrative(s) (required) ; each narrative must address 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, the narratives must describe the experience of all entities, as it relates to working with homeless persons, and the experience directly related to the proposed activities being carried out, including: housing development, housing management, construction, rehabilitation, service delivery, and HMIS activities (for new HMIS projects).

Additional Resources:

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

<http://esnaps.hudhre.info/training>

Describe the experience of the project applicant, sponsor, and partners, as it relates to providing supportive services and housing for homeless persons, and carrying-out the activities of the project.

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

Catholic Social Service (CSS) has been serving the homeless, elderly and persons with disabilities and others in need for over 30 years now.

It has been running the only Emergency Homeless Shelter on the island of Guam and has 30 apartment units of transitional housing for homeless individuals and families.

CSS also has five (5) transitional housing for victims of family violence. It also operates a group home for homeless persons with mental illness conditions which is funded under the supportive housing program.

CSS also has been providing supportive services under the CARIDAD Supportive Services Program for over 6 years.

CSS has participated with other partners in the Guam Homeless Coalition to conduct homelessness surveys and outreach activities for the homeless.

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

Type and Scale of Housing

The following list summarizes each type of housing configuration in the project. To add a housing type to the list, click on the icon below. To view or update a housing type already listed, click on the icon below.

Housing Type	Units	Bedrooms	Beds
Clustered apartments	4	4	4

Type and Scale of Housing Detail

Instructions:

Housing type (required) - select or update the appropriate housing type from the drop-down menu. Refer to the detailed instructions document for a definition of each housing type.

Units (required) - enter or update the total number of units available at a point-in-time in the selected housing type and used for housing project participants.

Bedrooms (required) - enter or update the total number of bedrooms available at a point-in-time in the selected housing type and used for housing project participants.

Beds (required) - enter or update the total number of beds available at a point-in-time in the selected housing type and used for housing project participants.

Additional resources:

<http://esnaps.hudhre.info/training>

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

The information entered into the form fields below should record the number of units, bedrooms, and beds for each housing type in the project.

Housing Type: Clustered apartments

Total for Selected Housing Type

Units: 4

Bedrooms: 4

Beds: 4

Project Participants - Households with Dependent Children

Instructions:

Total number of households (required) ζ enter or update the total number of households served at a point in time.

Disabled adults (in this row) ζ enter the total number of adult participants with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

Non-disabled adults (in this row) ζ enter the total number of adult participants without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse, veterans, and DV victims).

Disabled children (in this row) ζ enter the total number of participant children with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, persons with HIV/AIDS, and DV victims).

Non-disabled children (in this row) ζ enter the total number of participant children without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse and DV victims).

Total persons (calculated row) ζ all fields are automatically calculated.

Total number of adults (calculated row) ζ all fields are automatically calculated.

Total number of children (calculated row) ζ all fields are automatically calculated.

Additional Resources: Point in time - PIT (definition) ζ 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. This count is based on the applicant's estimate at the time of application, for a new grant. 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.

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>
<http://esnaps.hudhre.info/training>

Indicate the total number of homeless persons and subpopulations served by the project, at a particular point in time (when the project is at full capacity).

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

Total Number of Children (click on "Save" to auto-calculate)
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0

Project Participants - Households without Dependent Children

Instructions:

Total number of households (required) ¿ enter the total number of households served at a point in time.

Disabled adults (in this row) ¿ enter the total number of adult participants with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

Non-disabled adults (in this row) ¿ enter the total number of adult participants without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse, veterans, and DV victims).

Disabled unaccompanied youth (in this row) ¿ enter the total number of unaccompanied youth with a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronically homeless, severely mentally ill, chronic substance abuse, persons with HIV/AIDS, and DV victims).

Non-disabled unaccompanied youth (in this row) ¿ enter the total number of unaccompanied youth without a disability. Of these participants, indicate how many fall into one or more of the subpopulation categories (chronic substance abuse, and DV victims).

Total persons (calculated row) ¿ all fields are automatically calculated.

Total number of adults (calculated row) ¿ all fields are automatically calculated.

Total number of unaccompanied youth (calculated row) ¿ all fields are 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. This count is based on the applicant¿s estimate at the time of application, for a new grant. 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.

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

<http://esnaps.hudhre.info/training>

Indicate the total number of homeless persons and subpopulations served by the project, at a particular point in time (when the project is at full capacity).

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	4						
	Total Persons	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Adults	4	1	1	0	2	0	0
Non-Disabled Adults	0						
Disabled Unaccompanied Youth	0						
Non-Disabled Unaccompanied Youth	0						
Total Persons (click on "Save" to auto-calculate)	4	1	1	0	2	0	0
Total Number of Adults (click on "Save" to auto-calculate)	4						
Total Number of Unaccompanied Youth (click on "Save" to auto-calculate)	0						

Supportive Services for Participants

Instructions:

Obtain and remain in permanent housing (required for new projects) - 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.

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

Supportive Services (no input required) - lists each basic supportive service (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, transportation, and other) that may be provided to participants.

Frequency (required for new projects) - select the frequency (daily, weekly, bi-weekly, monthly, bi-monthly, quarterly, does not apply) at which each basic supportive service is provided to participants.

Accessibility of community amenities (required for new projects) - 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:

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

<http://esnaps.hudhre.info/training>

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.

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

CARIDAD will provide provide outreach (once a week), case management (Daily), life skills (Daily) & employment services (Once a week) to homeless adult individual with disabilities. The social worker will network with various entities on island to access the consumers into available services and life skills activities and job training program, works with the consumers in conducting a career strategy plan and guides them throughout necessary steps to be able to meet their goals. The CARIDAD will create a productive activity gauged on each consumer's abilities as to develop their interest and daily living skills. The SW work with the LIHENG Program Job Coach to assist tenants in improving their budgeting skills and their financial situation. Adult member of the households who do not have a high school diploma will be referred to the Adult Basic Education or the Family Literacy Program classes that CSS operates through a grant with the Guam Community College.

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

CARIDAD Operations "Sagan Ayudan Maisa" participants will be assisted to enhance their employability and /or increase income through workshops and job training placement through internal/external referral. Internal referral will be made to the LIHENG Job Coach for workshops and training. External referral will be made to the Govt of Guam One-Stop Career Center (OSCC); OSCC specializes in providing education, job training, & employment opportunities. Partners of the OSCC include The Division of Vocational Rehabilitation (DVR), Guam Community College (GCC), Department of Labor, Guam Employment Service (GES), & the Agency for Human Resources Development (AHRD). In addition, monitoring will be conducted frequently to gauge participant's progress. The Program Manager will coordinate all efforts with the OSCC Case Manager and/or LIHENG Job Coach to effectively assist each client gain employment and/or increase income to maximize their ability to live independently.

Supportive Services	Select frequency
Outreach	Weekly
Case Management	Daily
Life Skills	Weekly
Job Training	Daily
Alcohol and Drug Abuse Services	
Mental Health and Counseling	
HIV/AIDS Services	
Health/Home Health Services	
Education and Instruction	
Employment Services	Weekly
Child Care	
Transportation	
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:

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

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

If total is less than 100% - indicate the other places from which homeless persons enter the project.

Outreach plan (required for new projects) - describe how the applicant/sponsor plans to bring homeless persons into the project.

Contingency plan (required for new projects) - 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:

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

<http://esnaps.hudhre.info/training>

Complete or update the form fields in the order of appearance. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please verify that all populated fields are correct.

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.
40%	Person who came from Emergency Shelters.
0%	Persons who came from Safe Havens.
10%	Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens.
100%	Total of above percentages

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

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

CARIDAD Operations will make presentations in the community at Mayors offices, Homeless Shelters, Schools, The Kamalen Karidat Kitchen in Hagatna which provides hot meals to homeless individuals, the Department of Mental Health and Substance Abuse, The Salvation Army, and other Agencies. CARIDAD will also provide brochures and contact numbers with all the government agencies. CARIDAD will work closely with agencies and individuals identifying or referring homeless participants. It will continue with exhibitions and lectures at shopping malls, conferences, public forums etc..CARIDAD will participate in the annual homeless count survey.

Housing for Participants

Instructions:

Maximum length of stay (required for new SHP-TH projects) ¿ indicate the maximum allowable length of stay for participants.

Housing selection (required for new SHP-PH, S+C-TRA, and S+C-SRA projects) ¿ if participants are required to live in one particular structure or area, describe the reason for selecting the housing structure or location.

Rehabilitation activities (required for new S+C-PRAR, S+C-SRO, Section 8 SRO projects and SHP projects that are requesting funds for rehabilitation) ¿ describe the rehabilitation activities that will be undertaken for housing the participants in the project.

Additional resources:

<http://esnaps.hudhre.info/training>

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

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

**Will more than 16 persons reside in a No
structure?**

**(If yes, click on the "Save" button below to
enter additional information.)**

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?

Not Applicable

Project Leveraging

The following list summarizes the funds that will be used as leverage for the project. To add a leveraging source to the list, click on the icon below. To view or update a leveraging source already listed, click on the icon below.

Total value of written commitment \$386,000

Contributor	Source	Date of Commitment	Value of Commitments
HPRP	Government	11/25/2009	\$386,000

Project Leveraging Detail

Instructions:

If a written commitment is not in-hand at the time of application, 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.

Type of Contribution (required) ζ select Cash or In-kind to denote the type of contribution being used as leveraging for this project.

Name of Contributor (required) ζ enter or update the name of the contribution.

Type of Leveraging source (required) ζ select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP), HUD-VASH (VA Supportive Housing program), and the American Reinvestment and Recovery (ARRA) Act funds may be considered Government sources. Applicants are encouraged to leverage the funds from these sources, whenever possible. Applicants that identify NSP funds as a source of leveraging may receive extra points during the project threshold review process.

Date of written commitment (required) ζ enter or update the date of the written contribution.

Value of written commitment (required) ζ enter or update the total numeric value (\$) of the contribution.

Additional resources:

<http://esnaps.hudhre.info/training>

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

Select the Type of Contribution	Cash
Name the Source of the Contribution	HPRP
Select Type of Source	Government
Date of Written Commitment	11/25/2009
Value of Written Commitments	\$386,000

Homeless Management Information System (HMIS) Participation

Instructions:

Participation in the CoC's HMIS (required) ζ indicate whether or not annual data regarding project participants are reported in the CoC's HMIS. Click on the "Save" button below to indicate the reported data percentages or reason(s) for non-participation.

If the project is providing participant data in the HMIS ζ indicate the total number of participants served by the project, and the total number of clients reported in the HMIS. Also, for those 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"). If there were no unknown values, enter a "0" value in any field within the chart, and click on the "Save and Next" button below to move on to the next page of the form.

If the project is not providing participant data in the HMIS ζ 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 (please specify prohibition)

Additional resources:
<http://esnaps.hudhre.info/training>

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

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

Indicate the number of clients served from 1/1/2008 - 12/31/2008 4

Of the clients served from 1/1/2008 - 12/31/2008, indicate the number reported in the HMIS 4

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%	0%
Race	0%	0%
Gender	0%	0%
Veteran Status	0%	0%
Disabling Condition	0%	0%
Residence Prior to Prog. Entry	0%	0%

Applicant: Government of Guam/Guam Housing & Urban Renewal Authority

855031519

Project: CARIDAD Operations "Sagan Ayudan Maisa"

EX2_017254

Zip Code of Last Permanent Address	0%	0%
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SHP Operating Budget

Instructions:

Eligible operating (populated) - the system populates a list of eligible operating activities 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 operations activities.

Quantity (required) - enter or update the quantity (eg. FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each operating 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 operating the housing or supportive services facility. 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.

Total SHP dollars requested (calculated) - the total SHP funding (\$) requested for each grant year will automatically calculate in the Total SHP dollars requested row.

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 25% of the project's total Operations budget for each grant year.

Total SHP Operations Budget (calculated) - the Total Operations Budget will automatically calculate.

Other Resources (optional) - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount (\$) available per grant year.

Additional resources:

<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

<http://esnaps.hudhre.info/training>

For each year of the grant term, enter the quantity and total budget request for each operating activity. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please make sure that the budget requests for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.

Eligible Costs	Quantity (limit 400 characters)	SHP Request Year 1	SHP Request Year 2	Total
1.Maintenance/Repair		\$8,100	\$8,100	\$16,200
2.Staff		\$32,700	\$32,700	\$65,400
3.Utilities		\$15,360	\$15,360	\$30,720
4.Equipment (lease/buy)		\$2,925	\$2,925	\$5,850
5.Supplies		\$750	\$750	\$1,500
6.Insurance		\$900	\$900	\$1,800
7.Furnishings		\$0	\$0	\$0
8.Relocation		\$0	\$0	\$0
9.Other (must specify *)				

Mileage Reimbursement		\$3,600	\$3,600	\$7,200
		\$0	\$0	\$0
10.Total SHP Request		\$64,335	\$64,335	\$128,670
11.Cash Match		\$21,445	\$21,445	\$42,890
12.Total SHP Operating Budget		\$85,780	\$85,780	\$171,560
13.Other Resources (cash and in-kind)				\$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.

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 2 Years

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	\$0		\$0
6. Supportive Services From Supportive Services Budget Chart	\$0	\$0	\$0
7. Operations From Operating Budget Chart	\$128,670	\$42,890	\$171,560
8. HMIS From HMIS Budget Chart	\$0	\$0	\$0
9. SHP Request (Subtotal lines 4-8)	\$128,670		
10. Administrative Costs (Up to 5% of line 9)	\$6,430		
	Total SHP Request (Total lines 9 and 10)	Total Cash Match	Total Budget (Total SHP Request + Total Cash Match)
	\$135,100	\$42,890	\$177,990

Program Outcome Logic Model (HUD 96010) Attachment

Document Type	Required?	Document Description	Date Attached
Logic Model for Program Outcome (HUD 96010)	Yes	2009 e-Logic model	11/24/2009

Program Outcome Logic Model (HUD 96010) Attachment Detail

Document Description: 2009 e-Logic model