

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 GU0002B9C000801

CoC Number and Name GU-500 - Guam CoC

Project Name CARIDAD Supportive Services Program

Project Type Renewal Project

Program Type SHP

Content depends on "Project Type" selection

Component Type SH

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)**

Under the auspices of Catholic Social Services, CARIDAD Supportive Services Only Program (CSSO) provides Case Management for homeless adult individuals with disabilities in obtaining permanent housing and financial stability.

CARIDAD is committed to provide homeless adults with disabilities with an avenue to promote positive self-determination and self-sufficiency through a support system that is therapeutic and empowering to assist them obtain and maintain permanent housing and financial stability.

CARIDAD will assist homeless adults with disabilities in their efforts to obtain self-determination by having them actively take part in the development and modification of their respective individual service plan. To address self-sufficiency, homeless adults with disabilities will receive life-skills training, supportive counseling and employment training and placement through the utilization of the Division of Vocational Rehabilitation.

CARIDAD will conduct outreach activities to inform homeless adults with disabilities of the services provided. Additional outreach activities will focus on educating the general public, veteran communities, community organizations and other social service providers on the availability of CARIDAD services.

Lastly, through the evaluation of program services and HMIS data, changes will be implemented to enhance service capacity that in turn will increase program outcomes. This implementation is essential to address the dynamic needs of homeless adults with disabilities to achieve greater self-determination and self-sufficiency to obtain and maintain permanent housing and financial stability.

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.

Were one or more projects consolidated with this project? No

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

Grant Term 1 Year

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 (for multiple selections hold CTRL + Key) 660001 GUAM

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

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 xxxxxxxxxxxxxx	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

City Barrigada

State Guam

Zip Code 96913
Format: 12345 or 12345-1234

Is the sponsor a Faith-Based Organization? Yes

**Identify source documentation for sponsor's
nonprofit status:**

Non-Profit Documentation Attachment

Document Type	Required?	Document Description	Date Attached
Proof of non-profit status	Yes	501 (c)(3) status	11/05/2009

Non-Profit Documentation Attachment Detail

Document Description: 501 (c)(3) 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

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				
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) ζ enter 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 unaccompanied youth (in this row) ζ 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) ζ 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) ζ all fields are automatically calculated.

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

Total number of unaccompanied youth (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).

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				
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	0	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						

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.
50%	Person who came from Emergency Shelters.
0%	Persons who came from Safe Havens.
0%	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.

SHP Supportive Services Budget

Instructions:

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 (optional) - 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:

<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 supportive service 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.

Supportive Services Costs	Quantity (limit 400 characters)	SHP Request Year 1	Total
1. Outreach		\$2,323	\$2,323
2. Case Management		\$11,326	\$11,326
3. Life Skills (outside of case management)		\$10,558	\$10,558
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		\$2,673	\$2,673
10. Child Care		\$0	\$0
11. Transportation		\$0	\$0
13. Other (must specify)			

		\$0	\$0
		\$0	\$0
		\$0	\$0
14. Total SHP dollars requested		\$26,880	\$26,880
15. Cash Match		\$6,720	\$6,720
16. Total SHP Supportive Services Budget		\$33,600	\$33,600
17. Other resources (cash and in-kind)		\$0	\$0

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	\$0		\$0
6. Supportive Services From Supportive Services Budget Chart	\$26,880	\$6,720	\$33,600
7. Operations From Operating Budget Chart	\$0		\$0
8. HMIS From HMIS Budget Chart	\$0	\$0	\$0
9. SHP Request (Subtotal lines 4-8)	\$26,880		
10. Administrative Costs (Up to 5% of line 9)	\$1,344		
	Total SHP Request (Total lines 9 and 10)	Total Cash Match	Total Budget (Total SHP Request + Total Cash Match)
	\$28,224	\$6,720	\$34,944

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	11/05/2009

Program Outcome Logic Model (HUD 96010) Attachment Detail

Document Description: 2009 e-Logic model