

## 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](http://www.hudhre.info/esnaps) &nbsp;- Training modules are available to help complete or update the Exhibit 2 application, including attaching required forms. &nbsp;- The HUD HRE Virtual Help Desk is available for submitting technical and policy questions directly to HUD. &nbsp;- 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)  $\zeta$  select the appropriate Continuum of Care (CoC) name and number from the drop-down menu.

Project Name (populated)  $\zeta$  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)  $\zeta$  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)  $\zeta$  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)  $\zeta$  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)  $\zeta$  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)  $\zeta$  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)  $\zeta$  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** GU0004B9C000801

**CoC Number and Name** GU-500 - Guam CoC

**Project Name** HMIS  
**Project Type** Renewal Project  
**Program Type** SHP  
Content depends on "Project Type" selection  
**Component Type** HMIS  
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)

As a member of the Guam CoC (Guam Homeless Coalition), The Salvation Army (TSA) has continued to be active in building a system of care to address homelessness on Guam. TSA is designated to implement a Homeless Management Information System (HMIS) and continues to work with technical staff and GHC members to ensure seamless integration of all homeless data. The initial three-year grant was used as a planning and development phase. During the initial phase, infrastructure and hardware were procured and implemented as a foundation for the HMIS. Under the purview of the GHC, an HMIS subcommittee was formed. This subcommittee consists of technical staff and program specialists from each service provider. Policies and procedures were established, resulting in the development of a Memorandum of Understanding to be signed by each provider and TSA HMIS Project Sponsor. The MetSYS Software was selected as the designated platform for Guam's HMIS Case Management software based on its cost effectiveness and comprehensiveness.

Recently, the HMIS software was upgraded to MetSYS 7.0 which allows data entry directly into a browser rather than a Virtual Private Network interface. This change enhances performance and allows for better multi-tasking. In addition, MetSYS 7.0 complies with data standards mandated by HUD for the Homeless Prevention and Rapid Re-housing Program (HPRP). Two member organizations of the GHC were awarded HPRP funds and will be utilizing the HMIS. The GHC was successful in obtaining 100% data collection from the Emergency Shelter Programs that do not receive HUD funding and are Non-Domestic Violence providers. This partnership has allowed for the participation in AHAR 5. The data collected will be used to assess Guam's community needs and priorities.

This renewal grant application is requesting funds to provide ongoing third party hosting via MetSYS. Recurring costs consist of MetSYS Enterprises Software, server storage, multiple server backups, and Internet hosting. Unanticipated costs may include fees for data migration, additional software licenses, and field customization. Salaries for both the HMIS Coordinator and Support Specialist salaries are included in the application.

GHC will continue to identify effective and efficient means to utilize HMIS as an integral component in which service providers will have the ability to utilize data for accurate referral, placement, and effective case management.

## 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?** Yes

**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?** Yes

**Select the geographic code(s) for area(s) served by the project (for multiple selections hold CTRL + Key)** 660001 GUAM

**HMIS**

## Grant Consolidation

**The form fields must be completed for two or more grants recently approved by HUD to consolidate during the grant amendment process. To add a grant to this list, click on the icon.**

Project Name	Grant Number	Pin	Annual Renewal Amount
HMIS	GU0004B9C000801	--	46033
Homeless Manageme...	GU0005B9C000801	--	33049

## Grant Consolidation Detail

### Instructions

Name of project (required)  $\zeta$  identify the name of the expiring grant that will become part of the consolidated renewal grant.

Grant number (required)  $\zeta$  enter the expiring grant number of the project that become part of the consolidated renewal grant.

PIN (required)  $\zeta$  enter the PIN of the project that become part of the consolidated renewal grant.

Annual renewal amount (required)  $\zeta$  enter the annual renewal amount of the project that become part of the consolidated renewal grant.

Additional resources:

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

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

**Name of project** HMIS  
**Grant Number** GU0004B9C000801  
**PIN**  
**Annual Renewal Amount** 46033

## Grant Consolidation Detail

### Instructions

Name of project (required)  $\zeta$  identify the name of the expiring grant that will become part of the consolidated renewal grant.

Grant number (required)  $\zeta$  enter the expiring grant number of the project that become part of the consolidated renewal grant.

PIN (required)  $\zeta$  enter the PIN of the project that become part of the consolidated renewal grant.

Annual renewal amount (required)  $\zeta$  enter the annual renewal amount of the project that become part of the consolidated renewal grant.

Additional resources:

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

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

**Name of project** Homeless Management Information System  
Renewal  
**Grant Number** GU0005B9C000801  
**PIN**

**Annual Renewal Amount 33049**

## 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** The Salvation Army

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

**If "Other" specify:**

<b>DUNS Number</b> Format: xxxxxxxx or xxxxxxxxxxxxxx	855033457	<b>PLU</b>	<b>S 4</b>
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**Tax ID or EIN** 52-1940234  
**Format: 12-3456789**

**Street Address 1** 155003 Corsair Road

**Street Address 2**

**City** Tiyan

**State** Guam

**Zip Code** 96921  
**Format: 12345 or 12345-1234**

**Is the sponsor a Faith-Based Organization?** 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) status	10/27/2009

## Non-Profit Documentation Attachment Detail

**Document Description:** 501(c)(3) status

## Project Sponsor Contact Information

### Instructions:

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

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

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

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

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

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

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

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

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

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

Fax Number (required) ⌵ 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** Captain  
**First Name** Thomas  
**Middle Name**  
**Last Name** Taylor  
**Suffix**  
**Title** Corps Officer / Micronesian Island Coordinator  
**E-mail Address** Thomas.Taylor@usw.salvationarmy.org  
**Confirm E-mail Address** Thomas.Taylor@usw.salvationarmy.org  
**Phone Number** 671-477-9872  
**Format: 123-456-7890**  
**Extension** 113  
**Fax Number** 671-477-9870  
**Format: 123-456-7890**

## HMIS Budget - Equipment

**Instructions:**

HMIS costs (populated) - the system populates a list of eligible activities associated with the implementation of an HMIS and for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible cost activities, which are not listed.

SHP Request (required) - for each grant year, enter or update the amount (\$) requested for each cost activity that is DIRECTLY related to implementing the HMIS, and eligible for SHP funding. For renewal projects, the SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

Total (calculated) - the total SHP funding (\$) requested for each cost 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 HMIS annual budget.

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

**For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please make sure that the budget request for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

	SHP Request Year 1	Total
<b>Equipment</b>		
1. Central Server(s)	\$0	\$0
2. Personal Computers and Printers	\$1,200	\$1,200
3. Networking	\$0	\$0
4. Security	\$0	\$0
<b>Subtotal Equipment Request</b>	<b>\$1,200</b>	<b>\$1,200</b>
<b>Cash Match</b>	<b>\$300</b>	<b>\$300</b>
<b>Total Equipment Budget</b>	<b>\$1,500</b>	<b>\$1,500</b>
<b>Other Resources (cash and in-kind)</b>	<b>\$0</b>	<b>\$0</b>

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

## HMIS Budget - Software

**Instructions:**

HMIS costs (populated) - the system populates a list of eligible activities associated with the implementation of an HMIS and for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible cost activities, which are not listed.

SHP Request (required) - for each grant year, enter or update the amount (\$) requested for each cost activity that is DIRECTLY related to implementing the HMIS, and eligible for SHP funding. For renewal projects, the SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

Total (calculated) - the total SHP funding (\$) requested for each cost 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 HMIS annual budget.

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

**For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please make sure that the budget request for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

	Year 1 SHP Request	Total
<b>Software</b>		
<b>5. Software/User Licensing</b>	\$0	\$0
<b>6. Software Installation</b>	\$0	\$0
<b>7. Support and Maintenance</b>	\$0	\$0
<b>8. Supporting Software Tools</b>	\$0	\$0
<b>Subtotal Software Request</b>	\$0	\$0
<b>Cash Match</b>	\$0	\$0
<b>Total Software Budget</b>	\$0	\$0
<b>Other Resources (cash and in-kind)</b>	\$0	\$0

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

## HMIS Budget - Services

**Instructions:**

HMIS costs (populated) - the system populates a list of eligible activities associated with the implementation of an HMIS and for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible cost activities, which are not listed.

SHP Request (required) - for each grant year, enter or update the amount (\$) requested for each cost activity that is DIRECTLY related to implementing the HMIS, and eligible for SHP funding. For renewal projects, the SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

Total (calculated) - the total SHP funding (\$) requested for each cost 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 HMIS annual budget.

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

**For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please make sure that the budget request for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

	Year 1 SHP Request	Total
<b>Services</b>		
<b>9. Training by Third Parties</b>	\$0	\$0
<b>10. Hosting/Technical Services</b>	\$13,250	\$13,250
<b>11. Programming: Customization</b>	\$0	\$0
<b>12. Programming: System Interface</b>	\$0	\$0
<b>13. Programming: Data Conversion</b>	\$0	\$0
<b>14. Security Assessment and Setup</b>	\$0	\$0
<b>15. On-line Connectivity (Internet Access)</b>	\$1,200	\$1,200
<b>16. Facilitation</b>	\$0	\$0
<b>17. Disaster and Recovery</b>	\$0	\$0
<b>Other (must specify *)</b>		
	\$0	\$0
<b>Subtotal HMIS Services Request</b>	\$14,450	\$14,450
<b>Cash Match</b>	\$3,613	\$3,613
<b>Total HMIS Services Budget</b>	\$18,063	\$18,063

Other Resources (cash and in-kind)	\$0	\$0
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**The Total values are automatically calculated by the system when you click the "Save" button.**

## HMIS Budget - Personnel

**Instructions:**

HMIS costs (populated) - the system populates a list of eligible activities associated with the implementation of an HMIS and for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible cost activities, which are not listed.

SHP Request (required) - for each grant year, enter or update the amount (\$) requested for each cost activity that is DIRECTLY related to implementing the HMIS, and eligible for SHP funding. For renewal projects, the SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

Total (calculated) - the total SHP funding (\$) requested for each cost 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 HMIS annual budget.

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

**For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please make sure that the budget request for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

	Year 1 SHP Request	Total
<b>Personnel</b>		
<b>18. Project Management/Coordination</b>	\$50,225	\$50,225
<b>19. Data Analysis</b>	\$0	\$0
<b>20. Programming</b>	\$0	\$0
<b>21. Technical Assistance and Training</b>	\$6,300	\$6,300
<b>22. Administrative Support Staff</b>	\$3,876	\$3,876
<b>Subtotal Personnel Request</b>	\$60,401	\$60,401
<b>Cash Match</b>	\$15,101	\$15,101
<b>Total Personnel Budget</b>	\$75,502	\$75,502
<b>Other Resources (cash and in-kind)</b>	\$0	\$0

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

## HMIS Budget - Space & Operations

**Instructions:**

HMIS costs (populated) - the system populates a list of eligible activities associated with the implementation of an HMIS and for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible cost activities, which are not listed.

SHP Request (required) - for each grant year, enter or update the amount (\$) requested for each cost activity that is DIRECTLY related to implementing the HMIS, and eligible for SHP funding. For renewal projects, the SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

Total (calculated) - the total SHP funding (\$) requested for each cost 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 HMIS annual budget.

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

**For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please make sure that the budget request for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

	Year 1 SHP Request	Total
<b>HMIS Space and Operations</b>		
<b>23. Space Costs</b>	\$0	\$0
<b>24. Operational Costs</b>	\$3,031	\$3,031
<b>Subtotal Space &amp; Operations Request</b>	\$3,031	\$3,031
<b>Cash Match</b>	\$758	\$758
<b>Total Space &amp; Operations Budget</b>	\$3,789	\$3,789
<b>Other Resources (cash and in-kind)</b>	\$0	\$0

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

## HMIS Budget Summary

The following information summarizes the total HMIS funding request for each year of the grant term.

	Year 1
25. Total SHP HMIS Request	\$79,082
26. Total Cash Match	\$19,772
27. Total HMIS Costs	\$98,854

## 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	\$0	\$0	\$0
7. Operations From Operating Budget Chart	\$0		\$0
8. HMIS From HMIS Budget Chart	\$79,082	\$19,772	\$98,854
9. SHP Request (Subtotal lines 4-8)	\$79,082		
10. Administrative Costs (Up to 5% of line 9)	\$3,954		
	<b>Total SHP Request (Total lines 9 and 10)</b>	<b>Total Cash Match</b>	<b>Total Budget (Total SHP Request + Total Cash Match)</b>
	\$83,036	\$19,772	\$102,808

## 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