

Before Starting the Project Application

HUD strongly encourages ALL project applicants to review the following information BEFORE beginning the application.

Things to Remember:

- Download and review the detailed instructions along with other resources available online at www.hudhre.info/esnaps to help successfully complete the application.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD through the HUD HRE Virtual Help Desk, which is accessible online at www.hudhre.info/helpdesk.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR) in order to apply for funding under the Continuum of Care (CoC) competition. For more information see the FY2012 CoC NOFA.
- To ensure that applications are considered for funding, all sections of the FY2012 CoC NOFA and the FY2012 General Section NOFA should be read carefully, and all requirements and criteria met.
- Before completing the project application, all project applicants must complete or update (as applicable) the applicant profile in e-snaps.
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to the CoC program and application requirements set forth in the FY2012 NOFA.

1A. Application Type

Instructions:

1. Type of Submission: This field is populated and cannot be changed.
2. Type of Application: This field is populated with the type of project application opened and cannot be changed.
3. Date Received: No action needed. This field is populated with the date on which the application is submitted. The date populated cannot be edited.
4. Applicant Identifier: Leave this field blank.
- 5a. Federal Entity Identifier: Leave this field blank.
- 5b. Federal Award Identifier: (required) Leave this field blank for all new funding applications.
6. Date Received by State: Leave this field blank.
7. State Application Identifier: Leave this field blank.

Additional Resources:

Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 01/17/2013

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:
(e.g., expiring grant number)

6. Date Received by State:

7. State Application Identifier:

1B. Legal Applicant

Instructions:

8. Applicant: The following fields are populated from the Applicant Profile and must reflect the information from the applicant organization that can legally request homeless assistance funding from HUD.

a. Legal Name: This field is populated from the Applicant Profile. It is important that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained online at - <http://esnaps.hudhre.info>

b. Employer/Taxpayer Number (EIN/TIN): This field is populated from the Applicant Profile.

c. Organizational DUNS: This field is populated from the Applicant Profile. The number will include 9 digits. If the legal applicant organization is not in the US or is not legally organized, enter 444444444. Information on obtaining a DUNS number may be obtained online at - <http://www.dnb.com>

d. Address: This field is populated from the Applicant Profile.

e. Organizational Unit: If applicable, this field is populated from the Applicant Profile.

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

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

8. Applicant

a. Legal Name: Government of Guam/Guam Housing & Urban Renewal Authority

b. Employer/Taxpayer Identification Number (EIN/TIN): 96-0001279

	c. Organizational DUNS:	855031519	PL US 4	0000
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d. Address

Street 1: 117 Bien Venida Avenue

Street 2:

City: Sinajana

County:
State: Guam
Country: United States
Zip / Postal Code: 96910-4643

e. Organizational Unit (optional)

Department Name: GHURA
Division Name: Research Planning & Evaluation

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

Prefix: Ms.
First Name: Amor
Middle Name: MU
Last Name: Say
Suffix:
Title: Planner
Organizational Affiliation: Government of Guam/Guam Housing & Urban
Renewal Authority
Telephone Number: (671) 475-1406
Extension:
Fax Number: (671) 477-5057
Email: amsay@ghura.org

1C. Application Details

Instructions:

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

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

11. Catalog Of Federal Domestic Assistance (CFDA) Title/Number: This field is populated with the CFDA title and number.

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

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

Additional Resources:

Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>

9. Type of Applicant: F. U.S. Territory or Possession

If "Other" please specify:

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-5600-N-41

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. Congressional District(s)

Instructions:

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

15. Descriptive Title of Applicant's Project: This field is populated with the name from the Project form when the project application was initiated. Return to the Project form to make changes to the name.

16. Congressional District(s):

a. Applicant: This field is populated from the Applicant Profile. Applicants cannot modify the populated data on this form. However, applicants may modify the Applicant Profile to correct any errors identified.

b. Project: (required) Select the congressional district(s) in which the project operates. For new projects, select the district(s) in which the project is expected to operate.

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

18. Estimated Funding: Leave these fields blank.

Additional Resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

14. Area(s) affected by the project (State(s) only): Guam
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Coordinated Assessment

16. Congressional District(s):

a. Applicant: GU-000

b. Project: GU-000

(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2013

b. End Date: 06/30/2014

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

19. Is Application Subject to Review By State Executive Order 12372 Process?: (required) Select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those states that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If "YES" is selected enter the date this application was made available to the State for review.

20. Is the Applicant Delinquent on any Federal Debt?: (required) Select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "YES" is selected include an explanation in the space provided on this screen.

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

19. Is the Application Subject to Review By State Executive Order 12372 Process? Yes

If "YES", enter the date this application was made available to the State for review: 01/04/2013

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

If "YES," provide an explanation:

1F. Declaration

Instructions:

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

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

21. Authorized Representative: The authorized representative's information is populated on this form from the Applicant Profile. A copy of the governing body's authorization for this person to sign this application as the official representative must be on file in the applicant's office.

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

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

I AGREE:

21. Authorized Representative

Prefix: Ms.

First Name: Katherine

Middle Name: E

Last Name: Taitano

Suffix:

Title: Acting Chief Planner

Telephone Number: (671) 475-1322
(Format: 123-456-7890)

Fax Number: (671) 477-5057
(Format: 123-456-7890)

Email: katherine@ghura.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 01/17/2013

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$54,356

Organization	Type	Sub-Award Amount
WestCare Pacific Islands	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	\$54,356

2A. Project Subrecipients

Instructions:

Enter the contact information for a person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

a. Organization Name: (required) Enter the legal name of the organization that will serve as the subrecipient.

b. Organization Type: (required) Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see NOFA for conditions); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

c. Tax ID or EIN: (required) Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.

d. DUNS Number: (required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at <http://www.dnb.com>

e. Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). Enter the mailing address if different from the address entered.

f. Congressional District(s): (required) Select the congressional district(s) in which the subrecipient is located.

g. Faith Based Organization: (required) Select Yes or No if the subrecipient is a faith based organization.

h. Prior Federal Grant Recipient: (required) Select Yes or No to indicate if the subrecipient has ever received a federal grant.

i. Expected Sub-Award Amount: (required) Enter the total amount of funds that the applicant expects to award to this subrecipient. The amount must be in whole dollars (i.e. no decimals – only dollars, and not cents). This sum will be added to the total expected sub-award amount from all subrecipients automatically calculated on the parent form.

j. Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

<http://www.hudhre.info/coc/>

a. Organization Name WestCare Pacific Islands

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

If "Other" specify:

c. Employer or Tax Identification Number: 27-0359330

	* d. Organizational DUNS:	855026741	PL US 4	0000
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e. Physical Address

Street 1 PO Box 23873

Street 2

City Barrigada

State Guam

Zip Code 96921

f. Congressional District(s): GU-000
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

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

i. Expected Sub-Award Amount: \$54,356

j. Contact Person

Prefix Mrs.

First Name Sarah

Middle Name

Last Name Thomas Nededog
Suffix
Title Vice President
E-mail Address sarah.thomasnededog@westcare.com
Confirm E-mail Address sarah.thomasnededog@westcare.com
Phone Number 671-472-0218
Extension
Fax Number 671-472-0217

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2B. Experience of Applicant, Subrecipient(s), and Other Partners

Instructions:

The specific narratives that must be provided will vary based on the project type.

1. – 3. Knowledge and Experience: (required) Describe why the applicant, subrecipients, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) are the appropriate entities to receive funding. Provide concrete examples that illustrate their experience and expertise in the following: 1) working with and addressing the target population's identified housing and supportive services needs; 2) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; 3) identifying and securing matching funds from a variety of sources; and 4) managing basic organization operations including financial accounting systems.

4. Are there any unresolved monitoring or audit findings for any HUD McKinney-Vento Act Grants (including ESG) operated by the applicant or subrecipient(s): (required) Select Yes or No to indicate whether or not the subrecipient has open OIG audit findings; poor or non-compliance with applicable Civil Rights Laws and/or Executive Orders; or open McKinney-Vento related monitoring findings. The question is related to those projects for which the subrecipient organization is either a direct recipient or a subrecipient.

Additional Resources:

Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>
<http://www.hudhre.info/coc/>

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

WestCare Pacific Islands (WPI) is a community-based nonprofit organization that was founded in July 2009 to provide health and social service programming on Guam. WPI is an independent affiliate of WestCare, a national network of local organizations that has 40 years of experience providing health and human services to individuals and families. WestCare is currently operating in 15 U.S. states, the U.S. Virgin Islands and Guam. For five years prior to launching WPI, WestCare was on Guam and in the Pacific region supporting various efforts through consultation in the community for drug and alcohol treatment, youth services and accreditation readiness. WestCare is committed to filling the gaps in services and bringing new resources to the Pacific Islands but it does not see itself as the answer to the problems of the Pacific Islands. WestCare Pacific Islands comes in the spirit of inafa maolek. In Chamorro, this phrase is the foundation of the culture and means "to bring harmony, to make better". WPI received its first federal grant in 2009 from the Office of Women's Health (OWH) for Project Isa-ta, which provides school-based HIV/STI prevention and support activities for 9-17 year old girls. Since its inception, Project Isa-ta has provided service to 407 girls; changing behaviors and creating healthier adolescents.

Based on WestCare's success with veteran's programs on the US mainland, WPI was approached in 2010 by the Veteran's Administration to provide services on Guam. WPI partners with local Veteran's Centers in Guam and the islands of Saipan, Tinian and Rota in the Commonwealth of the Northern Mariana Islands (CNMI), to provide readjustment services and transition assistance for combat Veterans and their families, with an emphasis on those returning from the recent conflicts in the Middle East.

In 2011 WPI assumed the Guam HIV/AIDS Network (GUAHAN) project in its entirety including the staff. GUAHAN is the Pacific Island's leading HIV/AIDS organization and the sole non-profit focused on HIV/AIDS in the region.

GUAHAN offers free and confidential HIV and STD counseling, testing and referral services. The GUAHAN staff provides support, empowerment services, non-medical case management and make home and hospital visits for people living with HIV/AIDS.

Since joining WestCare Pacific Islands, GUAHAN has provided services to 300 people.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

WestCare’s mission is to “Uplift the Human Spirit by providing state of the art substance abuse treatment, rehabilitative, educational, and vocational services that improve the health and well- being of individuals, families and communities impacted by substance abuse, co-occurring mental health disorders, and other related social challenges.”

WestCare brings a proven history of responsive, culturally- competent and relevant experience providing a large variety of behavioral health and human services to vulnerable, diverse and high-risk populations. Residential, outpatient and community-based substance abuse treatment services are the backbone of the agency’s service-delivery system, representing both the first program services offered in 1973, and more than seventy percent of the services offered across the country. Under the direction of CEO/President Richard Steinberg, the organization is supported by more than 1,500 dedicated staff members and serves more than 66,000 individuals each month.

WPI has direct oversight of grants and local government contracts with an annual budget of nearly \$500,000. This encompasses prevention and early intervention services, treatment and supportive care to special populations; including but not limited to, adolescents at risk for substance abuse, HIV/AIDS and other STDs, the homeless, veterans, and persons currently living with and/or impacted by HIV/AIDS. WPI has quality staffing capacity to support the Coordinated Assessment System Services program. The staff is multilingual and collectively speaks five languages: English, Chamoro, Chukeese, Tagolog and Korean. WPI staff has strong cross cultural skills and receive frequent professional development opportunities. WPI is a member of the Guam Homeless Coalition, in partnership with Guam Housing and Urban Renewal Authority (GHURA) and Payu-ta, the umbrella organization for Guam’s nonprofits and the lead for the Pacific Coalition of non-governmental entities in the region.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

WestCare Foundation, the national behavioral health care organization lends oversight, administrative, fiscal, resource development, information technology, human resources and management support to WestCare Pacific Islands as one of our affiliates. Maurice Lee, the WestCare Western Region Senior VLLice President, travels extensively to the Pacific Islands to lend support and supervision to Ms. Thomas-Nededog in the operation of programs on the island. Mr. Lee is responsible for oversight of WestCare programs in Arizona, California, Nevada, Wyoming, Washington State, Oregon and the Pacific Islands. Mr. Lee also provides advocacy activities in Washington, Dec, alson with Ms. Thomas-Nededog, to advocate for Pacific Islands funding. Expert staff from WestCare states, evaluation staff, grant writers, accountants, clinical officers and others is available to lend assistance for training and supervision of WestCare Pacific Islands team on an ongoing basis.

4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)? No

If Yes, click "Save" to explain findings.

4b. Describe the unresolved monitoring or audit findings.

Not Applicable

3A. Project Detail

Instructions:

Complete all fields on this form, as appropriate. Please ensure that the information provided is both accurate and complete in light of the implementation of the HEARTH Act and the interim CoC program regulations, effective August 30, 2012. The selections made on this form will determine the remaining forms that must be completed with this application.

1a. CoC Number and Name: (required) Select the appropriate Continuum of Care (CoC) number and name. The CoC Name is defined by geography and is independent of the legal name of the authorized CoC collaborative applicant.

1b. CoC Applicant Name: (required) Select the appropriate authorized CoC collaborative applicant. The CoC applicant name corresponds with the CoC collaborative applicant with which the project applicant is choosing to submit their application. This collaborative applicant will receive the application and determine whether to include it with the CoC application submission to HUD. In the extremely rare instance that two different CoC collaborative applicants are applying under the same CoC number, the project applicant must select the appropriate CoC collaborative applicant name from the available options. It is incumbent upon the project applicant to correctly identify the appropriate CoC collaborative applicant name. Project applicants who are unsure of which CoC collaborative applicant name to select should contact their preferred CoC collaborative applicant.

2. Project Name: This field is populated with the FY2012 project name from the Project form used to create the project in e-snaps. Return to the Project form to make changes to the name.

3. Project Status: This field is populated with the option "Standard" and should only be changed to "Appeal" for projects that are appealing a CoC's decision to reject the application. All other projects should leave the field with the option "Standard." If "Appeal" is selected, an additional Appeal form will become visible toward the end of the application and additional attachments will be required on the attachments form.

4. Component Type: (required) Select the component that appropriately identifies the project.

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

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

Additional Resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

<http://www.hudhre.info/coc/>

1a. CoC Number and Name: GU-500 - Guam CoC

1b. CoC Applicant Name: Government of Guam/Guam Housing & Urban Renewal Authority

2. Project Name: Coordinated Assessment

3. Project Status Standard

4. Component Type: SSO

5. Is Energy Star used at one or more of the proposed properties? Yes

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

Instructions:

Complete all fields on this form, as appropriate.

ALL PROJECTS

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

SSO projects that will establish a centralized or coordinated assessment system for the CoC must state explicitly that the project is for Coordinated Assessment, describe how that system will cover the CoC's entire geographic area, be made easily accessible to individuals and families seeking housing or services, be well advertised, and include a comprehensive and standardized assessment tool. Project applicants should provide a description of the coordinated process from the moment that a potential participant presents for homeless assistance, through intake, assessment, and, when necessary, placement into services through a coordinated referral. For more information on centralized or coordinated assessment, please refer to § 578.7 of the CoC Program interim rule and pages 11, 20, 21, and 58 of the NOFA.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: (required) This narrative must demonstrate how full capacity will be achieved over the term requested in this application.

PH, TH, AND SSO PROJECTS ONLY

3. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property: Required only for projects that depend upon the full or partial construction or rehabilitation of property for the operation of the proposed activities.

4. Do you plan on serving youth under category 3 of the homeless definition, "unaccompanied youth and families with children who are defined as homeless under other federal statutes and who do not otherwise qualify as homeless under this definition"? (required) To become eligible for serving youth under category 3, CoCs must first request and receive HUD approval. The CoC must then list the projects that will serve this population on the CoC applicant. The selection to this question must match the CoC application. Please confirm with your CoC before selecting "Yes."

TH PROJECTS ONLY

5. Maximum number of months participants are allowed to be housed at the project sites(s): (required) Use the text box provided to enter any number of months less than or equal to 24. Only numbers will be accepted.

PH PROJECTS ONLY

5. Will the project provide RRH? (required) The CoC program regulations describe two eligible types of PH, RRH and PSH. Select Yes if you plan on providing RRH, and NO if you plan on providing PSH. Applicants that select Yes will only be able to select short-term/medium-term rental assistance as a housing option. Applicants that select No will only be able to select long-term rental assistance, leased units, or leased structures as a housing option.

PH AND TH PROJECTS ONLY

6a. If applicable, indicate the type of rental assistance: (required) If applying for rental assistance, select either PRA, for project based, SRA, for sponsor based, or TRA, for tenant based. This field will populate the rental assistance budget forms. Applicants not applying for rental assistance should select N/A. Legacy S+C-SRO component projects should select PRA.

6b. Indicate the maximum length of rental assistance: (for rental assistance projects only) If applying for rental assistance, select either Up to 3 months; Up to 12 months; Up to 18 months; Up to 24 months; or, Unlimited assistance. TH projects may not select the option, Unlimited assistance.

6c. Describe the method for determining the type, amount, and duration of rental assistance that participants can receive: (for rental assistance projects only) Provide a narrative description of the method used to determine the assistance described in 6a and 6b.

PH PROJECTS ONLY

7a. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? (required) PH projects may require clients to live in a particular structure for the first year and in a defined geographical area for the entire term of stay in the program, even TRA.

7b. If yes, explain how and why the project will implement this requirement: (required) Provide a narrative description of the reason the applicant has chosen to enforce this requirement for participants.

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

Additional Resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

<http://www.hudhre.info/coc/>

1. Provide a description that addresses the entire scope of the proposed project.

WPI will provide screening and referral to homeless adults on Guam. Direct services will include thorough screening of all clients using the tools adopted by the Guam Homeless Coalition (GHC) and as recommended by the National Alliance to End Homelessness. Various assessment and screening tools used by several states will be utilized in Year One and tweaked if necessary to ensure cultural competencies. WPI will work closely with the GHC and GHURA to assess the best fit for Guam's homeless population and to organize trainings and technical assistance for CASS and coalition members. Those seeking services will be given bus passes to get to their referred sites if they do not have transportation available to them. WPI Vice President Sarah Thomas Nededog will commit 5% of her time as Program Director. In this capacity Ms. Nededog will provide project administrative oversight. The Project Coordinator for Sagan Mami will provide day to day oversight of the project and direct supervision to the CASS Case Manager. WPI will work with the GHC and other service providers to recruit homeless individuals in need of services through CASS. WPI will offer a model of seamless referral and case management for homeless individuals on Guam. WPI will deliver a multifaceted, community-based approach directed at the multiple risk factors experienced by homeless persons on Guam. Services will be tailored to meet the needs of Guam's diverse homeless population, including a focus on specific needs of homeless women and victims of domestic violence. The Case Manager (CM) will identify and refer to services designed to meet the emotional psychological, sociological, economic, academic and vocational needs of the homeless. The CM will assist with client recruitment through community outreach efforts and communication with other service providers. Upon commencement of the CASS program, WPI will develop a database of referral agencies. Due to their experience with the Sagan Mami program and the Early Intervention & Transition Assistance Program for Veterans (EITAP), WPI is already working with many of the agencies that provide homeless services on Guam. We will continue to work with these agencies while also expanding our partnerships. The proposed services will be based at Sagan Mami, a local drop-in center run by WPI for homeless adult individuals with serious mental illness and those who are at imminent risk for homelessness. The CM will have an office at Sagan Mami (SM) to meet with clients one on one in a confidential setting. SM is located in Hagatna and is open from 9:00 a.m. to 9:00 p.m., Monday through Friday. An after-hours line will also be available for crisis intervention and referrals by phone. Outreach efforts will be developed with consultation and participation of the GHC with referrals from the various members being the key to the success of the project.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

The goal of the Coordinated Assessment System Services is increase the number of homeless individuals on Guam who are connected with appropriate social services.

During the 1st month , WPI CASS project will Identify partner and referral agencies; Create a database listing agency, contact name, available services and eligibility requirements; Develop written standards based on best practices By the end of Project Month Two, WPI will establish a written integrated intake, case management and referral system that provides homeless individuals on Guam with appropriate health, social and employment services. WPI will also market program to community and clients; Visit community groups and locations to provide information on services; Train staff to implement the effective practices models; and implement Screening Tool

During the Project Period, WPI will enter all required information into HMIS within the required timeframes. Train staff to use HMIS| computer system and utilize the HMIS database.

3. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

Not Applicable

4. Do you plan on serving youth under category 3 of the HUD homeless definition, "unaccompanied youth and families with children who are defined as homeless under other federal statutes and who do not otherwise qualify as homeless under this definition"?

No

Your CoC must request and receive HUD approval before project applicants can serve youth under category 3.

3C. Project Expansion Information

Instructions:

Complete all fields on this form to indicate whether or not the proposed project expands an existing project scope, and describe the expanding activities.

1. Will the project use an existing housing facility or incorporate activities provided by an existing project? (required) Select Yes or No to indicate whether or not the proposed project establishes new services for an existing project, increases the capacity of HMIS activities, or increases the number of people served by funding additional units at a new site(s) or at an existing site(s) not currently within the scope of the existing project. If Yes, select all of the applicable expansion activities and provide a description for each.

One or more of the following four(4) activities may constitute an expansion project, and once selected, each will include the following targeted questions:

Increase the number of homeless persons served

- Fill in each cell listing the "Current" # of persons served at a point in time, # of units and beds available, at full capacity before the implementation of the expansion. Then, fill in a chart listing the "New" # of persons served at a point in time, # of units and beds available, assuming full capacity after the potential implementation of the expansion.

Provide additional supportive services to homeless persons

- Select from the available items in the first menu and click "Add" or "Add All" to move them to the second menu. To cancel selection of one or more items added to the second menu, click on the appropriate selection(s) and then click "Remove" or "Remove All."

- Use the text box below to describe the reason for the supportive service increase indicated in the second menu screen above.

Bring existing facilities up to state or local government health and safety standards

- Use the text box provided to describe how the project is proposing to "bring the existing facility(ies) up to state/local government health and safety standards." Please reference the applicable standard.

Replace the loss of nonrenewable funding

- a) Use the text box provided to describe the source of non-renewable funding.

- b) Use the text box provided to describe why the funds are non-renewable.

- c) Select the date from the date field corresponding to the date when the non-renewable funds will expire

- d) Use the text box provided to describe what steps were taken to obtain other funding sources.

- e) Use the text box provided to describe why CoC program funds are necessary to continue operating the project.

Additional Resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

<http://www.hudhre.info/coc/>

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? Yes

Click the "Save" button to identify and describe all expanding activities.

Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Provide additional supportive services to homeless persons

Additional supportive services to homeless persons

Indicate how the project is proposing to "provide additional supportive services to the homeless persons served." Increase number of and/or expand variety of supportive services provided, Increase frequency and/or intensity of supportive services

Describe the reason for the supportive service increase indicated above.

Currently, no prescribed assessment tool is being utilized in the existing programs. Informal referrals and counseling are being provided, but there is a lack of allocated staff resources to conduct diligent follow-ups, supportive counseling and case management to this vulnerable population. In dedicating staff for the CASS will allow for the creation of and accurate data management needed to identify gaps in service and ensure consumers are receiving assistance in all needed service areas.

4A. Supportive Services for Participants

Instructions:

The information entered into the form fields below should record the capacity of the project to efficiently provide supportive services to program participants. Please ensure that the information provided is both accurate and complete in light of the implementation of the HEARTH Act and the new Continuum of Care Regulations.

1. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: (required) Select Yes, No, or N/A to indicate whether the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with local and federal educational laws, including the McKinney-Vento Act. Only projects that do not serve families or unaccompanied youth should select N/A.
2. Does the proposed project have a designated staff person to ensure that children are enrolled in school and receive educational services, as appropriate: (required) Select Yes, No, or N/A to indicate whether the project has a designated staff person responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services. Only projects that do not serve families or unaccompanied youth should select N/A.
3. Describe the reason(s) for non-compliance with educational laws, and the corrective action to be taken prior to grant agreement execution: Answer with a text response if 'No' has been selected for either question 1 or 2.
4. Describe how participants will be assisted to obtain and remain in permanent housing: (required) Describe the supportive services that will be provided to help project participants locate and stabilize in permanent housing, access mainstream resources, and/or obtain employment.
5. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently: (required) Describe the supportive services that will be provided to help project participants locate employment and access mainstream resources for independent living.
6. Specify the frequency of supportive services to be provided to project participants: (required) - select the frequency (daily, weekly, bi-weekly, monthly, bi-monthly, quarterly, does not apply) of each basic supportive service provided to participants. Basic supportive services include: assistance with moving costs, case management, child care, education services, employment assistance and job training, food, housing search and counseling services legal services, life skills training, mental health services, outpatient health services, outreach services, substance abuse treatment services, transportation, and utility deposit.
7. How accessible are basic community amenities (e.g., medical facilities, grocery store, recreation facilities, schools, etc.) to the project? (required) Select the level of accessibility of basic community amenities for project participants. Basic community amenities should be within reach of participants via walking, public transportation, driving, or transportation provided by the project. Select "Yes, very accessible" if there are no transportation barriers and amenities are easily within reach of all participants, "Somewhat accessible," if there are minor transportation barriers and "within reach" requires effort for participants, and select "Not accessible" if significant barriers prevent reasonable access to community amenities.

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

1. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Yes

2. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? Yes

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

The WestCare Pacific Island CASS Case Manager will provide intensive case management services to eligible participants. WCP will also work with GHURA and The Guam Homeless Coalition members and other service providers to identify an allocated liaison(s) to work specifically with the CASS Case Manager and eligible participants to ensure follow-ups and needed documentation is completed in a timely and efficient manner.

Once permanent housing has been identified, the CASS Case Manager will conduct regular home visits to ensure rules are being followed and identify any unmet needs by and from the consumer.

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

Consumers will have access to computers at the Sagan Mami Drop-In and Enrichment Center. The local newspaper will be available daily to ensure current opening are accessible to all consumers, and job applications for local businesses will be available on site. The CASS Case Manager will make referrals and help consumers to register with DISID, DVR, One Stop Career Center, Department of Labor, and the WCP Work Enrichment Center.

Employment application workshops will be made available to consumers on a weekly basis, at varying times. Topics covered will include, but are not limited to; resume writing, interviewing skills role-play activities, dress for success and documentation preparation. Those consumers who lack documentation to apply for employment will be assisted and directed on how to obtain required documents. A message board will be made available with monthly employment tips and current job openings. The Project Coordinator will identify employers who can provide "tips for success/what we are looking for" by participating in a monthly workshop for consumers.

As needed, consumers who are interested in a specific work site will be provided a "Letter of Introduction." Often, consumers feel more confident and reassured when they have additional support when making attempts to re-enter the job market. When consumers are placed/hired, the Case Manager and Project Coordinator will provide follow-ups as needed at the current job site.

6. Specify the frequency of supportive services to be provided to project participants.

Supportive Services	Select frequency
Assistance with moving cost	Does not apply
Case Management	Daily
Child care	Does not apply
Education services	Quarterly
Employment assistance and job training	Quarterly
Food	Weekly
Housing search and counseling services	Does not apply
Legal services	Does not apply
Life skills training	Monthly
Mental health services	Does not apply
Outpatient health services	Does not apply
Outreach services	Monthly
Substance abuse treatment services	Does not apply
Transportation	Daily
Utility deposits	Does not apply

7. How accessible are basic community amenities (e.g., medical facilities, grocery store, recreation facilities, schools, etc.) to the project? Yes, very accessible

4B. Supportive Services Only

Instructions:

1. Is this project a street outreach project: (required) Select Yes to identify as a street outreach project. Select No for all other types of projects.

2. Are the project activities, including case management, related to a Housing Goal? (required if No to question 1) Select Yes to identify as a project with a housing goal. Select No for all projects that are not street outreach and that do not have a housing goal.

By answering these two questions and saving the form, unique performance measurement charts will be available in Section 6 designed specifically for the type of supportive services only project identified.

1. Is this project a street outreach project? No
Click 'Save' to specify performance measures.

2. Are the project activities, including case management, related to a Housing Goal? Yes

5A. Project Participants - Households

Instructions:

In each white field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: This column is automatically populated with Total Number of Households. Please note that these categories have changed as of the implementation of HEARTH and the new CoC regulations. This is the first time total households have been subdivided into the following columns.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: This column is automatically populated with standard reporting categories determined by HUD. Please note that these categories have changed as of the implementation of HEARTH and the new CoC regulations. Most significantly, a new age range of 18 to 24 has been included to capture the expanded HUD definition of Youth as persons under the age of 25.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All total field will calculate automatically when at least one household field and one persons field is entered and saved.

Additional resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

<http://www.hudhre.info/coc/>

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	20	180	0	200

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Disabled Adults over age 24	20	140		160
Non-disabled Adults over age 24				0
Disabled Adults ages 18-24	0	40		40
Non-disabled Adults ages 18-24				0
Accompanied Disabled Children under age 18				0
Accompanied Non-disabled Children under age 18				0
Unaccompanied Disabled Children under age 18				0
Unaccompanied Non-disabled Children under age 18				0
Total Number of Adults over age 24	20	140		160
Total Number of Adults ages 18-24	0	40		40
Total Number of Children under age 18	0		0	0
Total Persons	20	180	0	200

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Instructions:

In each white field list the number of persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the following three charts according to their respective household types. For each household type included on the previous form, 5A, applicants must fill in at least one cell on the corresponding chart on for form 5B.

The first chart should include only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

The second chart should include only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

The third chart should include only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Characteristics: This column is automatically populated with standard reporting categories determined by HUD. Please note that these categories have changed as of the implementation of HEARTH and the new CoC regulations. Most significantly, a new age range of 18 to 24 has been included to capture the expanded HUD definition of Youth as persons under the age of 25.

Chronically Homeless Non-Veterans: Enter the total number of persons who meet the HUD definition of chronically homeless but who are not veterans.

Chronically Homeless Veterans: Enter the total number of persons who meet the HUD definition of chronically homeless and who are veterans

Non-Chronically Homeless Veterans: Enter the total number of persons who are veterans but who do not meet the HUD definition of chronically homeless.

Chronic Substance Abuse: Enter the total number of persons who meet the definition for chronic substance abuse.

Persons with HIV/AIDS: Enter the total number of persons with HIV/AIDS

Severely Mentally Ill: Enter the total number of persons who meet the definition of severely mentally ill.

Victims of Domestic Violence: Enter the total number of persons who are victims of domestic violence.

Total Persons: Total fields will calculate automatically when the form is saved.

Additional resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

<http://www.hudhre.info/coc/>

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence
Disabled Adults over age 24							
Non-disabled Adults over age 24							
Disabled Adults ages 18-24							
Non-disabled Adults ages 18-24							
Disabled Children under age 18							
Non-disabled Children under age 18							
Total Persons	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence
Disabled Adults over age 24							
Non-disabled Adults over age 24							
Disabled Adults ages 18-24							
Non-disabled Adults ages 18-24							
Total Persons	0	0	0	0	0	0	0

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence
Accompanied Disabled Children under age 18							
Accompanied Non-disabled Children under age 18							
Unaccompanied Disabled Children under age 18							
Unaccompanied Non-disabled Children under age 18							
Total Persons	0			0	0	0	0

Click Save to automatically calculate totals.

5C. Outreach for Participants

Instructions:

Complete all fields on this form, as appropriate. Please ensure that the information provided is both accurate and complete in light of the implementation of the HEARTH Act and the new Continuum of Care Regulations.

1. Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations: (required) Enter a percentage (between 0% and 100%) in each field corresponding to the following places that your clients will be coming from:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens
- Persons at imminent risk of losing their night time residence
- Homeless persons as defined under other federal statutes
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and saved. A warning message will appear if the total is greater than 100%.

2. If the total is less than 100%, identify the other location(s) and how the persons meet HUD's definition of homeless: (required only if total less than 100%) Indicate all other places from which homeless persons enter the project in the text box provided.

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

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

1. Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations.

25%	Directly from the street or other locations not meant for human habitation.
20%	Directly from emergency shelters.
	Directly from safe havens.
20%	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.
20%	Persons at imminent risk of losing their night time residence.
	Homeless persons as defined under other federal statutes.
15%	Persons fleeing domestic violence.
100%	Total of above percentages

2. If the total is less than 100 percent, identify the other location(s) and how the persons meet HUD's definition of homeless and/or homeless under other federal statutes.

Not Applicable

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

WCP staff will continue be active participants in the monthly homeless coalition meetings in order to develop strategies to reach out to eligible program participants.

WCP will also continue to participate in monthly board and general membership meetings with Payuta, Guam's umbrella of NGO's. Working in conjunction with the Homeless Coalition and Payuta, will provide access and partnerships with the majority of primary service providers for this project population.

The use of print, radio, television and social media will be utilized throughout the project, with monthly media events being coordinated by the Project Coordinator and Case Manager.

Consumer word of month has proved to be successful in building increased utilization of the WestCare homeless drop-in and resource center; incentives, such as bus passes will be provided to those consumers who referral other eligible persons for CASS services. WPI will also utilize those persons who have successfully gained serves in outreach and recruitment efforts.

5D. Discharge Planning Policy

1. 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?

Yes

6A. Standard Performance Measures

Instructions:

For each applicable question on this form, the Applicant must establish performance measurement goals for this project. Applicants are required to set at least one housing stability and one income-related performance measure on which the recipient will report performance in the Annual Performance Report (APR).

1. Housing Measures: (required for PH component types)

Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year: Count every participant who is still living in your units supported by your facility, or clients who have exited your units and moved into another permanent housing situation

1. Housing Measures: (required for TH component types)

Persons exiting to permanent housing (subsidized or unsubsidized) during the operating year: Count every participant who has exited your units and moved into another permanent housing situation

1. Housing Measures: (required for SSO component types)

(If Street Outreach)

a. Persons placed into housing (ES, TH, SH, or PH) as a result of the street outreach program during the operating year: Count every participant who has moved into any shelter or housing situation.

(If non-Street Outreach but with a housing related goal)

a. Persons exiting to permanent housing (subsidized or unsubsidized) during the operating year: Count every participant who has moved into another permanent housing situation.

2. Income Measure: (required to choose one for PH component types)

a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Total income can include all sources, public and private.

b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

2. Income Measure: (required to choose one for TH component types)

a. Persons age 18 and older who increased their total income (from all sources) as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Total income can include all sources, public and private.

b. Persons age 18 through 61 who increased their earned income as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

2. Income Measure: (required to choose one for SSO component types)

(If non-Street Outreach but with a housing related goal only)

a. Persons age 18 and older who increased their total income (from all sources) as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Total income can include all sources, public and private.

OR

b. Persons age 18 through 61 who increased their earned income as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

3. Among persons who entered with an unmet need associated with a condition listed below, indicate how many received the services for that condition by the time they exited? (required for SSO component types if Street Outreach)

Consider all participants that your project might serve over the next 12 months. Fill out each row as each condition is applicable for the project's population. Leave fields blank in rows for conditions that are not applicable to the population being served.

For each measure, fill in the blank cells according to the following instructions:

Universe (#): Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

Target (#): Enter the number of applicable clients from the universe who are expected to achieve the measure within the operating year. The Target is the total number of persons from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be "80%".

Additional resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

<http://www.hudhre.info/coc/>

1. Specify the universe and target for the housing measure.

Housing Measure	Target (#)	Universe (#)	Target (%)
a. Persons exiting to permanent housing (subsidized or unsubsidized) during the operating year.	5	15	33%

2. Choose one income-related performance measure from below, and specify the universe and target numbers for the goal.

Click 'Save' to calculate the target %

Income Measure	Target (#)	Universe (#)	Target (%)
a. Persons age 18 and older who increased their total income (from all sources) as of the end of the operating year or program exit.	5	15	33%
OR			
b. Persons age 18 through 61 who increased their earned income as of the end of the operating year or program exit.	0	0	0%

6B. Additional Performance Measures

**Specify up to three additional measures on which the project will report performance in the Annual Performance Report (APR).
To add information to this list, click on the icon and enter the requested information.**

Proposed Measure
This list contains no items

7A. Funding Request

Instructions:

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

1. Is it feasible for the project to be under grant agreement by September 30, 2014? (required) Select Yes or No to indicate whether or not the grant agreement will be execute and the project will begin operating by September 30, 2014. Unobligated funds will not be available after September 30, 2014. Applicants will not be able to submit project applications that cannot confirm feasibility for meeting the September 30, 2014.

2. Are special housing funds being requested for this project? (required) Select Yes or No to indicate whether or not the project is requesting funds under the Permanent Housing Bonus funding category. If yes, then the project will be referred to as a new PH Bonus project.

3. Select a grant term: (required) Indicate the number of years for which funding is being requested. The number of years that can be selected will vary depending on the component type, and applicants should refer to the NOFA for further guidance.

4. Select the costs for which funding is being requested: (required) All projects must identify the eligible activities for which funding is being requested. Depending on the component type, the following eligible costs may be listed: acquisition, new construction, and rehabilitation, leased units, leased structures, short-term/medium-term rental assistance, long-term rental assistance, supportive services, operations, and HMIS.

5. Is this project proposing to use funds reallocated from the CoC's annual renewal burden? (required) Select Yes or No to indicate whether or not the new project is using reallocated funds.

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

1. Is it feasible for the project to be under grant agreement by September 30, 2014? Yes

2. Are special housing funds being requested for this project? No
If Yes, click the "Save" button to identify the project as a PH Bonus.

3. Select a grant term: 1 Year

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

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

5. Is the project proposing to use funds reallocated from the CoC's annual renewal burden? Yes

7G. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service. Please ensure that the information provided is both accurate and complete in light of the implementation of the HEARTH Act and the interim CoC program regulations, effective August 30, 2012.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under the CoC Program regulations. Refer to the CoC Program rule for details on eligible supportive services costs.

Quantity Detail: (required) Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested.

Annual Assistance Requested: (required) For each grant year, enter the amount (\$) requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on the "Funding Request" screen and will be read only on the 'Funding Request' form.

Total Request for Grant Term: This field is automatically calculated based on the per month rent entered in the first field, multiplied by 12 months, multiplied by the grant term.

All automatic fields will be calculated once the required field has been completed and saved.

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

A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.

Eligible Costs	Quantity Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs	10% salary + benefits of Project Coordinator	\$3,591
2. Assistance with Moving Costs		
3. Case Management	1 FTE Case Manager Salary + benefits	\$29,928
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	snacks for clients approx. #	\$960
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills	5% salary + benefits for program Director	\$3,990
11. Mental Health Services		

12. Outpatient Health Services		
13. Outreach Services	12 Community Outreach Activities (1 per month)	\$3,020
14. Substance Abuse Treatment Services		
15. Transportation	56 Bus vouchers/month & mileage 40 miles/week	\$1,632
16. Utility Deposits		
17. Operating Costs	occupancy costs + supplies for 12 months	\$7,554
Total Annual Assistance Requested		\$50,675
Grant Term		1 Year
Total Request for Grant Term		\$50,675

Click the 'Save' button to automatically calculate totals.

7J. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to the Total Requested for Grant Term for Admin, Cash Match, and In-Kind Match.

Admin (Up to 10%): Enter the amount (\$) of requested administration funds. The grant will not fund greater than 10% of the request listed in the field "Sub-Total Costs Requested." If an ineligible amount is entered, the system will report an error and prevent application submission when the form is saved.

Cash Match: (required) Enter the total amount of funds (\$) that the applicant will use for the project provided by sources other than the CoC program grant.

In-Kind Match: (required) Enter the total dollar value of non-cash resources that the applicant will use for the project provided by sources other than the CoC program grant.

Total Match: This field will automatically calculate the total combined value (\$) of the Cash and In-Kind Match. The total match must equal a minimum of 25% of the request listed in the field "Total Assistance Plus Admin Requested" minus the amount requested for Leased Units and Structures. There is no upper limit for Match. If an amount less than 25% is entered, the system will report an error and prevent application submission when the form is saved.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

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

Additional Resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

<http://www.hudhre.info/coc/>

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs			Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0

3. Housing Relocation and Stabilization	\$0	1 Year	\$0
4. Short-term/Medium-term Assistance	\$0	1 Year	\$0
5. Long-term Rental Assistance	\$0	1 Year	\$0
6. Supportive Services	\$50,675	1 Year	\$50,675
7. Operating	\$0	1 Year	\$0
8. HMIS	\$0	1 Year	\$0
9. Sub-total Costs Requested			\$50,675
10. Admin (Up to 10%)			\$3,681
11. Total Assistance Plus Admin Requested			\$54,356
12. Cash Match			\$13,589
13. In-Kind Match			\$0
14. Total Match			\$13,589
15. Total Budget			\$67,945

Click the 'Save' button to automatically calculate totals.

7K. Sources of Leverage

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

Total Value of Cash Commitments: \$130,000

Total Value of In-Kind Commitments: \$0

Total Value of All Commitments: \$130,000

Type	Contributor	Source	Date of Commitment	Value of Commitment
Cash	Sagan Mami Drop I...	Government	06/01/2012	\$130,000

Leverage Detail

Instructions:

Leveraged Resources: Applicants are encouraged to identify as many resources as possible, above the statutory and regulatory requirements to match the requested CoC program funds. If a written commitment is not in-hand at the time of application, however, 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.

1. Type of Commitment: (required) Select Cash or In-kind to denote the type of contribution being used as leverage for this project.
2. Name the Source of the Commitment: (required) Enter the name of the entity providing the contribution.
3. Type of source: (required) 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. Project applicants are encouraged to leverage the funds from these sources, whenever possible. A CoC may receive extra points if any of its project applicants identify NSP funds as a source of leverage for one or more projects.
4. Date of written commitment: (required) Enter the date of the written contribution.
5. Value of written commitment: (required) Enter the total dollar value of the contribution.

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

- 1. Type of Commitments:** Cash
- 2. Name the Source of the Commitment:** Sagan Mami Drop In Center - Dept. of Mental Health & Substance Abuse
- 3. Type of Source:** Government
- 4. Date of Written Commitment:** 06/01/2012
- 5. Value of Written Commitment:** \$130,000

8A. Attachment(s)

Instructions:

1. Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.
2. CoC Reject Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.
3. Con Plan Cert: Projects that select "No CoC" on form 3A must submit a consolidated plan certification for the community that they represent in order to be considered for funding.
4. Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	WestCare Pacific ...	01/17/2013
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description: WestCare Pacific Islands Nonprofit doc.

Attachment Details

Document Description:

Attachment Details

Document Description:

8B. Applicant Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. For Rental Assistance Only.

Supportive Services.

It will make available supportive services appropriate to the needs of the population served and equal in value to the aggregate amount of rental assistance funded by HUD for the full term of the rental assistance.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Not Applicable

Name of Authorized Certifying Official Katherine Taitano

Date: 01/17/2013

Title: Acting Chief Planner

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

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X

9B. Submission Summary

Page	Last Updated
1A. Application Type	No Input Required
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	01/01/2013
1E. Compliance	01/01/2013
1F. Declaration	01/01/2013
2A. Subrecipients	01/17/2013
2B. Experience	01/15/2013
3A. Project Detail	01/14/2013
3B. Description	01/16/2013
3C. Expansion	01/17/2013
4A. Services	01/17/2013
4B. SSO	01/17/2013
5A. Households	01/17/2013
5B. Subpopulations	No Input Required
5C. Outreach	01/17/2013
5D. Discharge Policy	01/17/2013
6A. Standard	01/17/2013
6B. Additional Performance Measures	No Input Required
7A. Funding Request	01/14/2013
7G. Supp. Srvcs. Budget	01/17/2013
7J. Summary Budget	No Input Required
7K. Sources of Leverage	01/17/2013
8A. Attachment(s)	01/17/2013
8B. Certification	01/17/2013

INTERNAL REVENUE SERVICE
P. O. BOX 2509
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **SEP 29 2010**

WESTCARE PACIFIC ISLANDS INC
C/O ROLAND M ROOS
5 RIVER PARK PL W STE 202
FRESNO, CA 93720 1552

Employer Identification Number:
27-0359330
DGN:
170530R2722030
Contact Person:
SUSAN Y MALONEY T# 91210
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
November 4, 2009
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CS)