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.
- Carefully complete the application and ensure that it meets the requirements of the FY2012 NOFA and the interim CoC Program regulations, effective August 30, 2012. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant.
- For legacy S+C projects requesting renewal funding, the number of units requested for each unit size in the project must be consistent with the number of units indicated on the CoC's HUD-approved FY2012 Grant Inventory Worksheet (GIW).
 - For legacy SHP projects requesting renewal funding, the total budget request must be consistent with the annual renewal demand (ARD) listed on the HUD-approved FY2012 GIW. If the ARD is reduced through the CoC's reallocation process, the budget request must be reflected accordingly.
- HUD reserves the right to reduce or reject any 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)   This field will be blank for all renewals applications. The correct expiring grant number must be entered and exactly match the grant number entered on the HUD-approved Grant Inventory Worksheet. The number may have either 15 or 11 digits and begins with the initials of your state or territory. Here are three examples of what your grant number might look like: NY0999B2T001104, MS0999C1T001003, CA01C900151.

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: Renewal 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: GU0013B9C001000

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	PLUS 4	0000

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 entered on 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: HMIS Developement

16. Congressional District(s):

                              a. Applicant: GU-000

                              b. Project: GU-000
   (for multiple selections hold CTRL key)

17. Proposed Project
                     a. Start Date: 01/01/2014
                     b. End Date: 12/31/2014

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 Deliquent 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: 12/19/2012

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

If "YES," provide an explanation: Not Applicable

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: | X |

21. Authorized Representative

Prefix:	Ms.
First Name:	Katherine
Middle Name:	E
Last Name:	Taitano
Suffix:	
Title:	Acting Chief Planner
Telephone Number: (Format: 123-456-7890)	(671) 475-1322

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: $36,482

Organization	Type	Sub-Award Amount
The Salvation Army	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	$36,482

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   The Salvation Army

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: 52-1940234

		* d. Organizational DUNS:	855033457	PL US 4	0000

e. Physical Address

Street 1   155003 Corsair Road

Street 2

City   Tiyan

State   Guam

Zip Code   96921

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

g. Is the subrecipient a Faith-Based Organization?   Yes

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: $36,482

j. Contact Person

Prefix   Captain

First Name   Michael

Middle Name   E

Last Name   Lutcher

Suffix

Title	Guam Corps Officer/Micronesian Islands Coordinator
E-mail Address	michael.lutcher@salvationarmy-guam.org
Confirm E-mail Address	michael.lutcher@salvationarmy-guam.org
Phone Number	671-477-9866
Extension	113
Fax Number	671-477-9870

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

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.

1. Expiring Grant Number: This field is populated with the expiring grant number entered as the "Federal Award Identifier" on form 1A. Application Type of this application.

2a. CoC Number and Name: 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 lead agency.

2b. 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.

3. 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.

4. 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.

5. Component Type: Select the component that appropriately identifies the project. The component type selected here must match the component type listed in the HUD-approved FY2012 GIW.

6. 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.

7. 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/

1. Expiring Grant Number: GU0013B9C001000

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: GU-500 - Guam CoC

2b. CoC Applicant Name: Government of Guam/Guam Housing & Urban Renewal Authority

3. Project Name HMIS Developement

4. Project Status Standard

5. Component Type: HMIS

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

7. Does this project use one or more properties that have been conveyed through the Title V process? Yes

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 .

PH, TH, AND SSO PROJECTS ONLY
2. 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
3. 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
3. 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
4a. 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.

4b. 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.

4c. 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.

4d. Was the project originally awarded with a leased units budget line item that is now being converted to rental assistance? (required) Select No from the dropdown if the project was originally awarded under the S+C Program. Select Yes from the dropdown if the project was originally awarded under the SHP Program. A change from leasing to rental assistance must be reflected in the HUD-approved FY2012 GIW.

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.

The Salvation Army (TSA) continues to serve as a member of the Guam Coalition of Care (CoC), taking lead in implementing the Homeless Management Information System (HMIS). Currently, three employees operate the data collection program, a fulltime HMIS Coordinator/Information Technology Specialist and a full-time Support Specialist, who are both funder by the man HMIS grant, and a full-time Data Analyst who is funded under the HMIS Development Grant.

The Data Analyst is responsible for monitoring the integrity of data collected, monitoring data collection practices, and generating program, agency, and/or continuum level data reports. The Data Analyst also makes projections regarding future trends and identify patterns based on the data collected. Customized reports are generated providing a comprehensive analysis on the extent of homelessness and how to address it.

The Data Analyst works under the supervision of the HMIS Coordinator/Information Technology Specialist. The HMIS Coordinator is responsible for overseeing the entire program, implementing decisions by the HMIS Committee, facilitating policy development, ensures guidelines for security and confidentiality are reviewed and monitored as required under HUD guidelines, and provides technical assistance and support to TSA Guam and other Micronesia Islands under the jurisdiction of TSA Guam's Corps Officer. The HMIS Support Specialist dedicates 100% of his time providing technical support and training to all end users, ensuring all end users have the capability to enter data needed for analyzing and reporting.

The Data Analyst is working closely with Bitfocus, the vendor of Guam's CoC Case Management software, to prepare the HMIS to collect unsheltered Point-in-Time (PIT) homeless counts. Counts conducted in 2011 & 2012 utilized the HMIS to capture persons residing in Guam's homeless shelter. HMIS will work closely with the CoC to encourage non-participating HMIS end users to utilize the data collection program to capture services provided to the homeless, increasing knowledge and developing successful interventions to prevent and end homelessness. Continuum of Care Program funds will also support the following activities: computer equipment; technical assistance and training; operational costs; and cash match for the equipment, technical assistance, and training.

Unduplicated counts of homeless, use of services and the effectiveness of local programs in reducing homelessness will continue to be a priority of Guam's HMIS and CoC.

4A. HMIS Standards

Instructions:

Complete all fields on this form to indicate the project's past and future expected compliance with HMIS standards.

1a. Is the HMIS currently programmed to collect all Universal Data Elements (UDE's) as set forth in the HMIS Data Standard Notice? (required) Select Yes or No to indicate whether the HMIS is programmed to collect all of the Universal Data Elements, as outlined in the HMIS Data Standards, last revised in March 2010.

1b. If no, explain why and the planned steps for compliance: (required if No to 1a) Applicants must explain why they are not currently in compliance and how they intend to change their HMIS to comply with the Universal Data Elements.

2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, quarterly reports, data for CAPER/ESG reporting, etc): (required) Select Yes or No to indicate the ability for the HMIS to meet HUD reporting requirements, including Annual Performance Reports, quarterly reports, and data for CAPER/ESG reporting.

2b. If no, explain why and the planned steps for compliance: (required if No to 2a) Applicants must explain what they are not able to currently produce HUD-required reports and how they intend to change their HMIS to comply with reporting requirements.

3.-8.: Select Yes or No for each question to identify HMIS openness and capability and the HMIS' current level of security.

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

1a. Is the HMIS currently programmed to collect all Universal Data Elements (UDE's) as set forth in the HMIS Data Standard Notice?   Yes

1b. If no, explain why and the planned steps for compliance.
Max. 500 characters

2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, quarterly reports, data for CAPER/ESG reporting, etc).   Yes

2b. If no, explain why and the planned steps for compliance.
Max. 500 characters

3. Is the HMIS currently able to track a client's progress across projects in the CoC? Yes

4. Can the HMIS currently allow end users to search client records to determine if a client is actively receiving services in the CoC? Yes

5. Can the HMIS currently unduplicate client records within the HMIS? Yes

6. Does the HMIS Lead have a security officer? Yes

7. Does your organization conduct a background check on all employees who access HMIS or view HMIS data? Yes

8. Does the HMIS Lead conduct Security Training and follow up on security standards on a regular basis? Yes

9. How long does it take to remove access rights to former HMIS users? Within 24 hours

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 there an active restrictive covenant on one or more of the project properties? (required) Select Yes or No to indicate whether or not one or more of the project properties are subject to an active restrictive covenant.

 2. Was the original project awarded funding (in part or whole) under a special housing initiative? (required) Indicate whether or not the project previously received funds under one of the following housing initiatives: Samaritan Housing, Chronic Homeless, Permanent Housing Bonus, or Rapid Rehousing Demonstration. If yes, then the project must continue to meet the requirements of the initiative for the life of the project in order to continue to receive renewal funding under the CoC competition.

 3. Has this project been reduced through the reallocation process? (required) Select Yes or No to indicate whether the renewal project is reduced through the reallocation process.

 4. Select a grant term: (required) This field will be populated with a one year grant term.

 5. 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 project type, the following eligible costs may be listed: leased units, leased structures, short-term/medium-term rental assistance, long-term rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the HUD-approved FY2012 GIW.

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

2. Was the original project awarded funding (in part or whole) under a special housing initiative?   No

3. Are the requested renewal funds reduced from the previous award using reallocation?   No

4. Select a grant term: 1 Year

7H. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity.

The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

1. Equipment: eligible equipment costs are for central server(s), personal computers and printers, networking, and security.

2. Software: eligible software costs are for software/user licensing, software installation, support and maintenance, and supporting software tools.

3. Services: eligible services costs are for training by third parties, hosting/technical services, programming (customization), programming (system interface), programming (data conversion), security assessment setup, on-line connectivity (internet access), facilitation, and disaster and recovery.

4. Personnel: eligible personnel costs are for project management/coordination, data analysis, programming, technical assistance and training, and administrative support staff.

5. Space & Operations: eligible space and operations costs are for space costs and operational costs associated with that space.

Quantity Detail: (required) Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS cost for which funding is being requested.

Annual Assistance Requested: (required) For each grant year, enter the amount ($) requested for each activity. The request should match the budget amounts identified on the HUD-approved FY2012 GIW.

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.

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://www.hudhre.info/coc/
    http://esnaps.hudhre.info/

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. Equipment	Personal Computer and Printer maintenance	$600
2. Software		$0

3. Services		
4. Personnel	Data Analyst 1/FTE (hours and benefits for staff), Technical Assistance, and Training	$32,296
5. Space & Operations	Operations costs (utilities/maintenance cost of office space	$1,200
Total Annual Assistance Requested		$34,096
Grant Term		1 Year
Total Request for Grant Term		$34,096

Click the 'Save' button to automatically calculate totals.

7I. 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 request should match the amount identified on the HUD-approved FY2012 GIW. The grant will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." 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 Eligible Costs 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	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Leased Units	$0	1 Year	$0
1b. Leased Structures	$0	1 Year	$0
2. Housing Relocation and Stabilization	$0	1 Year	$0
3. Short-term/Medium-term Assistance	$0	1 Year	$0
4. Long-term Rental Assistance	$0	1 Year	$0
5. Supportive Services	$0	1 Year	$0

6. Operating	$0	1 Year	$0
7. HMIS	$34,096	1 Year	$34,096
8. Sub-total Costs Requested			$34,096
9. Admin (Up to 10%)			$2,386
10. Total Assistance plus Admin Requested			$36,482
11. Cash Match			$9,121
12. In-Kind Match			
13. Total Match			$9,121
14. Total Budget			$45,603

7J. 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: $184,000

Total Value of In-Kind Commitments: $0

Total Value of All Commitments: $184,000

Type	Contributor	Source	Date of Commitment	Value of Commitments
Cash	Community Develop...	Government	12/12/2012	$184,000

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 Commitment:	Cash
2. Name the Source of the Commitment:	Community Development Block Grant
3. Type of Source:	Government
4. Date of Written Commitment:	12/12/2012
5. Value of Written Commitment:	$184,000

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. Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

4. Commitment Letter: This option will appear only for former SHP projects that are converting from Leasing to Rental Assistance. Affected project applicants should attach a commitment letter from the state or local government, or PHA that will administer the rental assistance. Please see the NOFA and CoC Program rule for more information.

5. 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.

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	The Salvation Arm...	12/03/2012
2) Other Attachment	No		
3) Other Attachment	No		

Attachment Details

Document Description: The Salvation Army 501(c)(3) Nonprofit Status form

Attachment Details

Document Description:

Attachment Details

Document Description:

8B. 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.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 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.

D. Explanation.

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, ficticious, 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	11/30/2012
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	11/30/2012
1E. Compliance	11/30/2012
1F. Declaration	11/30/2012
2A. Subrecipients	12/03/2012
3A. Project Detail	12/03/2012
3B. Description	12/03/2012
4A. HMIS Standards	12/10/2012
7A. Funding Request	12/03/2012
7H. HMIS Budget	12/03/2012
7I. Summary Budget	No Input Required
7J. Sources of Leverage	12/11/2012
8A. Attachment(s)	12/03/2012
8B. Certification	01/17/2013

IRS Department of the Treasury
Internal Revenue Service

PHILADELPHIA PA 19255-0038

SALVATION ARMY
PO BOX 23038
GMF GU 96921

006091

Employer Identification Number: 52-1940234

Dear Taxpayer:

We received your request of Jan. 04, 2005, asking us to verify
your Employer Identification Number (EIN) and name.

Your Employer Identification Number (EIN) is 52-1940234. Please keep
this number in your permanent records. You should enter your name
and your EIN, exactly as shown above, on all business federal tax
forms that require its use, and on any related correspondence
documents.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top
of the first page of this letter.

Whenever you write, please include this letter and, in the spaces
below, give us your telephone number with the hours we can reach you.
Also, you may want to keep a copy of this letter for your records.

Telephone Number (   )_____ Hours_____

Internal Revenue Service

Department of the Treasury

RECEIV

JUL 18 19c

LEGAL
DEPARTME

District
Director

10 MetroTech Center
625 Fulton St., Brooklyn, NY 11201

Date: **JUN 2 8 1995**

Savlation Army &
   Its Components
440 West Nyack Road
West Nyack, NY
10994-1740

Person to Contact:
Patricia Holub
Contact Telephone Number:
(718) 488-2333
EIN: 13-5562351

Dear Sir or Madam:

Reference is made to your request for verification of the
tax exempt status of Salvation Army & Its Components.

A determination or ruling letter issued to an organization
granting exemption under the Internal Revenue Code remains in
effect until the tax exempt status has been terminated, revoked
or modified.

Our records indicate that exemption was granted as shown below.

Sincerely yours,

Patricia Holub

Patricia Holub
Manager, Customer
Service Unit

Name of Organization: Salvation Army & Its Components

Date of Exemption Letter:. June 1933

Exemption granted pursuant to section 501(c)(3) of the
Internal Revenue Code.

Foundation Classification (if applicable): Not a private
foundation as you are an organization described in sections
509(a)(1) and 170(b)(1)(A)(i) of the Internal Revenue Code.

Department of Revenue and Taxation

Government of Guam

P.O. Box 2796
Agana, Guam 96910

Certification of Tax Exemption

This is to certify that

THE SALVATION ARMY, A CALIFORNIA CORPORATION

a **Charitable Association** having fully complied with the necessary requirements set forth under section 19521 of the Business Privilege Tax Act of Guam, is hereby declared tax exempt; which exemption will continue indefinitely unless revoked on the basis of further information obtained by audit or otherwise.

July 12, 1994
DATE

#779

_____
VICENTE M. CONCEPCION, Acting
COMMISSIONER OF REVENUE AND TAXATION