

## Project Information - Page 1

### Instructions:

Select the appropriate Continuum of Care (CoC) name and number from the drop-down menu. The system will auto-populate the "Project Name" field.

Identify the appropriate "Project Type" from the drop-down menu (new or renewal project). Renewal projects are defined as those HUD McKinney-Vento grants that have received prior funding and are eligible to renew during the current competition.

Identify the project's "Program Type" and "Component Type." These selections must be made in the order of appearance (i.e. component type cannot be selected before selecting program type or project type). Depending on the program type selected, indicate the appropriate component type for the project.

Select the state(s) and the congressional district(s) in which the project is located. This information will be used to list the available geography codes on the next screen, and to send correspondence to the appropriate Congressional Representative(s).

In the last field on this form, provide a general description of the project. The description should include information on the homeless needs that are addressed by the project, the type of housing and number of units being proposed, and the target population that the project will serve. This information is required of all new and renewal projects. Rapid Re-housing projects must review the detailed instructions attached to the left menu and must reference the 2008 NOFA for detailed program requirements. Additional program requirements for all project types are also available at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements. As well, additional training for completing this page is available online at: <http://esnaps.hudhre.info/training>.

**The following fields must be completed for every project application.**

**CoC Number and Name** HI-501 - Honolulu CoC

**Project Name** Ahukini Group Home

**Project Type** Renewal Project

**Program Type**

Content depends on "Project Type" selection

**Component Type**

Content depends on "Program Type" selection

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

**In which Congressional District(s) is the project located?** HI-001  
(for multiple selections hold CTRL + Key)

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

The Ahukini Group Home is funded under HUD's Continuum of Care, Supportive Housing Program for the homeless. The group home is located at 759 Ahukini Street, Honolulu, Hawaii. The structure is a single story, 5 bedroom home that provides transitional rental housing and support services to five homeless seriously and persistently mentally ill adult consumers and a live-in resident manager. The rent is 30% of the consumer's adjusted gross income. The consumers are registered with the State of Hawaii, Adult Mental Health Division and are 18 years of age and above. Frequently, their disabilities have resulted from schizophrenia, bipolar illness, homelessness, and substance abuse. More specifically, this project is directed to consumers who are able to benefit from case management services and who desire and/or capable and willing to live in a semi-supervised setting of the least restrictive setting possible.

The consumers served are individuals who share a number of commonalities. These include difficulty communicating and establishing and maintaining social contacts; presentation of a socially unacceptable appearance and behavior; lack of ability to carry out activities of daily living, e.g. using transportation, shopping, cooking, and managing money; lack of employment skills; non-compliance with medical treatment; and difficulties with the law. These difficulties result in withdrawal from daily life; consequently, a comprehensive array of services is required in order to maintain the consumer in the community, thereby decreasing utilization of crisis and inpatient services.

This proposal proposes to help these consumers by providing housing and support services which may include but not limited to; psychiatric and psycho-social rehabilitation. Assistance may also be in the form of hands-on assistance, such as actually performing a personal care task for a consumer, or cueing so that the consumers perform the task by themselves. The tasks which personal care can assist with may include training with personal hygiene, light housework, laundry, meal preparation, transportation, medication and money management.

## Project Information - Page 2

### Instructions:

#### New projects:

There are two types of special housing projects for the 2008 competition, Samaritan Housing and Rapid Re-Housing. All new SHP-PH, SHP-TH, S+C, and Section 8 SRO projects must identify whether or not special housing funds are being requested. Only new SHP-PH, S+C, and Section 8 SRO projects may request Samaritan Housing funds. Rapid Re-housing funds can be requested by new SHP-TH projects only.

#### Renewal projects:

Indicate whether or not the project previously received funds under the Samaritan Housing Initiative. If the project received Samaritan funds, the project must continue to meet the requirements of the initiative for the life of the project. Renewal SHP projects must also indicate whether or not it is a consolidated grant. All grant consolidations must be HUD approved prior to application submission. Each consolidated grant must be listed on the "Grant Consolidation" page.

#### New and renewal projects:

Indicate whether or not the project is:

- using Energy Star;
  - located in a rural area (reference the definition in 2008 NOFA before answering this question);
- and
- located on land previously owned by the military.

All new and renewal projects must also indicate the geographic area(s) that will be served by the project.

#### Budget Activities:

All SHP projects must identify the budget activities being requested for the project. Depending on the project type, these budget activities may include acquisition, new construction, rehabilitation, leasing (units or structures), supportive services, operations, and/or HMIS. All S+C and Section 8 SRO projects must only complete the rental assistance budget and the estimated development cost budget, if applicable.

For additional instructions and examples on completing this form, reference the detailed instructions document on the left menu and the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**The following fields must be completed for every project application.**

**Were one or more projects consolidated with this project?** No

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

**Grant Term** 1 Year

**NOTE: New projects must be 2 or 3 years, except new HMIS projects and new hold harmless reallocation projects, which can be 1, 2 or 3 years.**

**Does the project use Energy Star?** Yes

**Is the project located in a rural area?** No

**Is the project located on land previously owned by the military?** No

**Select the geographic code(s) for area(s) served by the project (for multiple selections hold CTRL + Key)** 150144 HONOLULU

**\*Select all applicable budget activities that the project is requesting:**

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

## Project Location(s)

The following list summarizes the project location(s) that have been entered. To add a location to this list, click on the  symbol.

Location Name	Street Address 1	Street Address 2	City	State	Zip
Hawaii Kai	759 Ahukini Street	--	Honolulu	Hawaii	96825

## Project Location Detail

### Instructions:

Location Name (Optional - except for SRA project): Identify the name of the location(s) being used for housing project participants. If the project includes leased or rental units in more than 4 locations, only enter "Scattered Site" in this field. All other project types should enter the name of the project location in this field.

Project Ownership (Required): Indicate whether the location (including all scattered sites locations) is owned or leased by the applicant, sponsor, or a parent organization. If the project contains units that house project participants using SHP funds, under no circumstances may SHP leasing funds be used to lease units or structures owned by the grantee (the applicant), the project sponsor, or the parent organization(s) of either entity.

Location Address (Optional - except for SRA project): Indicate the Street Address, City, State, and Zip Code of the units being used for housing project participants. If the project includes leased or rental units in more than 4 locations, enter the address of the project sponsor in these fields.

For additional instructions and examples related to completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

**Enter the physical address of the project and indicate the ownership of the location. Scattered site projects should refer to the instructions for details on completing the field on this screen.**

**Location Name** Hawaii Kai  
**Property Ownership** Lease  
**Street Address 1** 759 Ahukini Street  
**Street Address 2**  
**City** Honolulu  
**State** Hawaii  
**Zip Code** 96825  
**Format: (12345 or 12345-1234)**

## Project Sponsor Information

### Instructions:

The project sponsor is usually the entity that will be carrying out the project. If the sponsor is the same entity as the project applicant, select "yes" in the first drop-down box and enter "save" at the bottom of the page, and the system will auto-populate the fields on this form based on the information entered in the SF-424. Simply verify that the correct information has been populated. If the information is incorrect, correct the applicant information on the SF-424.

If the project sponsor and applicant are separate entities, manually enter the information for the project sponsor. All non-profit sponsors will need to attach proper documentation to verify their non-profit status, if the documentation is not attached to the SF 424. All projects can identify only one sponsor. If multiple sponsors have been identified on past funding applications, the project applicant must identify a "lead" sponsor.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields to identify the project sponsor, including its legal name, type of organization, DUNS number, employer/taxpayer number, and physical address.**

**Is the project applicant the same as the project sponsor?** Yes  
(If yes select the "Save" button to auto-fill the fields below)

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

If "Other" specify:

**DUNS Number** 148976884  
**Format: xxxxxxxxx or xxxxxxxxxxxxxx**

**Tax ID or EIN** 99-0272190  
**Format: 12-3456789**

**Street Address 1** 677 Ala Moana Boulevard, Suite 713

**Street Address 2**

**City** Honolulu

**State** Hawaii

**Zip Code** 96813  
**Format: 12345 or 12345-1234**

**Is the sponsor a Faith-Based Organization?** No

# Non-Profit Documentation Attachment Detail

## Document Description:

## Project Sponsor Contact Information

### Instructions:

The project sponsor is usually the entity that will be carrying out the project. If the sponsor is the same entity as the project applicant, the system will auto-populate the fields on this form based on the information entered in the SF-424. Simply verify that the correct information has been populated. If the information is incorrect, correct the applicant information on the SF-424.

If the project sponsor and applicant are separate entities, manually enter the information for the project sponsor. All non-profit sponsors will need to attach proper documentation to verify their non-profit status, if the documentation is not attached to the SF 424. All projects can identify only one sponsor. If multiple sponsors have been identified on past funding applications, the project applicant must identify a "lead" sponsor.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Provide the name and contact information of the person to be contacted for matters regarding project operations. If the sponsor is the same entity as the applicant, the system will auto-populate the fields below.**

**Prefix**

**First Name** Stephen

**Middle Name** K

**Last Name** Kawahara

**Suffix**

**Title** Housing Director

**E-mail Address** skawahara@steadfast-hawaii.org

**Confirm E-mail Address** skawahara@steadfast-hawaii.org

**Phone Number** 808-599-6230  
**Format: 123-456-7890**

**Extension** 620

**Fax Number** 808-599-1821  
**Format: 123-456-7890**

# Assessment Tool Attachment Detail

**Document Description:**

## Type and Scale of Housing

The following list summarizes all housing units that will be used for participants in the project. To add information to this list, click on the icon and enter the requested information.

Housing Type	Units	Beds	Bedrooms
Single family homes/townhou...	1	5	4

## Type and Scale of Housing Detail

### Instructions:

For the 2008 competition, the available housing type selections have been re-defined. Refer to the detailed instructions located on the left menu for additional instructions on completing this page.

If the project is funded, the applicant/sponsor will be responsible for operating the project as indicated here. Entering incorrect information may result in the reduction or withdrawal of the conditional award. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields related to the number of units, beds, and bedrooms for each housing type in the project.**

**Housing Type:** Single family homes/townhouses/duplexes

### Total for Selected Housing Type

**Units:** 1

**Beds:** 5

**Bedrooms:** 4

# Project Participants - Households with Dependent Children

## Instructions:

The purpose of this form is to capture the total number of homeless persons served by the project at a point in time, as well as the subpopulations/disabilities for each household. If the project is not serving households with dependent children, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form. .

Rapid Re-housing projects: 100% of the adults served by the project must be accompanied by children and should be reflected in the fields below.

Samaritan Housing, Safe Haven, and SRO housing projects: 100% of the households served by the project must not be accompanied by children. Therefore, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

All projects: in the "Total Persons" column indicate the total number of "disabled adults," "non-disabled adults," "disabled children," "non-disabled children," and "Total Number of Households" for each household in the project. The system will auto-populate the remaining fields in this column.

Next, identify the appropriate subpopulation (Severely Mentally Ill, Chronic Substance Abuser, Veterans, Persons with HIV/AIDS, and Victims of Domestic Violence) for each person in the project. If the participants are dually-diagnosed and fit into more than one subpopulation (i.e. severely mentally ill with chronic substance abuse), make sure to indicate these individuals in all appropriate subpopulations (it is possible to have overlapping information). The system will auto-calculate all totals based on the values entered for each subpopulation.

Notice that information cannot be entered into certain fields. Persons with a severe mental illness and/or HIV/AIDS constitute disabled adults; therefore, no entry is allowed in the "non-disabled adult" fields. Also, no values can be entered for any children under the Veterans columns. For homeless assistance programs, chronic substance abuse, by itself, may constitute as a disability.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Indicate the total number of households that include a homeless adult with dependent children. Also identify the number of persons and subpopulations within each household in the project.**

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



## Project Participants - Households without Dependent Children

### Instructions:

The purpose of this form is to capture the total number of homeless persons served by the project at a point in time, as well as the subpopulations for each household. If the project is serving households with dependent children, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

Samaritan Housing, Safe Haven, and SRO housing projects: 100% of the adults served by the project must be unaccompanied by children and should be reflected in the fields below.

Rapid Re-housing projects: 100% of the adults served by the project must be accompanied by children. Therefore, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

All projects: in the "Total Persons" column indicate the total number of "disabled adults," "non-disabled adults," "non-disabled unaccompanied youth," "non-disabled children," and "Total Number of Households" for each household in the project. The system will auto-populate the remaining fields in this column.

Next, identify the appropriate subpopulation (Chronically Homeless, Severely Mentally Ill, Chronic Substance Abuser, Veterans, Persons with HIV/AIDS, and Victims of Domestic Violence) for each person in the project. If the individuals are dually-diagnosed and fit into more than one subpopulation (i.e. severely mentally ill with chronic substance abuse), make sure to indicate these individuals in all appropriate subpopulations (it is possible to have overlapping information). The system will auto-calculate all totals based on the values entered for each subpopulation.

Notice that information can only be entered into certain fields. Chronically Homeless persons must be disabled adults in households without children, so no entry is allowed in the "non-disabled adult" fields. Also, Veterans must be adults; therefore, no entry is allowed for unaccompanied youth. All severely mentally ill persons and persons living with HIV/AIDS are automatically considered disabled; therefore, there can be no entry for non-disabled persons. For homeless assistance programs, chronic substance abuse, by itself, may constitute as a disability.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Indicate the total number of households that include a homeless adult without dependent children. Also identify the number of persons and subpopulations within each household in the project.**

### Instructions:

Chronically Homeless must be disabled adults in households without children (so no entry allowed in non-disabled adult or children/youth)

Severely Mentally Ill are all considered disabled (so no entry allowed in non-disabled)

Chronic Substance Abuse may not constitute a disability on its own

Veterans must be adults (so no entry allowed in children/youth)

Persons living with HIV/AIDS are all considered disabled (so no entry allowed in non-disabled)

Total Number of Households	5
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Steadfast Housing Development Corporation						EX2_005918	
	Total Persons	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Adults	5		5				
Non-Disabled Adults							
Disabled Unaccompanied Youth							
Non-Disabled Unaccompanied Youth							
<b>Total Persons (select "Save" to auto-calculate)</b>	5	0	5	0	0	0	0
<b>Total Number of Adults (select "Save" to auto-calculate)</b>	5						
<b>Total Number of Unaccompanied Youth (select "Save" to auto-calculate)</b>	0						

## Outreach for Participants

### Instructions:

To help determine the eligibility of homeless participants served by the project, as well as the project's eligibility to apply for homeless assistance funding, indicate where the homeless participants are coming from (streets, emergency shelters, safe havens, transitional housing who came directly from the street, or other places). Also, describe how the applicant/sponsor plans to bring these participants into the project.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields related to the outreach plans to bring participants into the project.**

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

**Note: this includes persons who ordinarily sleep in one of the places listed below but are spending a short time (30 consecutive days or less) in a jail, hospital, or other institution.**

	Persons who came from the street or other locations not meant for human habitation.
	Person who came from Emergency Shelters.
	Persons who came from Safe Havens.
100%	Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens.
100%	Total of above percentages

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

## Housing for Participants

### Instructions:

The purpose of this form is to determine the ability of the project to meet the housing standards as described in the NOFA. While this form may be visible by all projects, it only applies to specific housing activities. All renewal projects and new SHP-SSO, SHP-HMIS, SHP-SH, S+C-SRA, and S+C-PRA projects do not have to complete this form and may move to the next form.

The maximum allowable length of stay for participants in SHP-TH projects is 24 months. However, Rapid Re-housing participants must not be housed longer than 18 months. HUD does not impose a length of stay restriction on participants in permanent housing projects (S+C, SHP permanent housing, and Section 8 SRO).

All SHP-PH, S+C-TRA, and S+C-SRA projects must describe the reason for selecting the proposed housing structure.

All S+C-PRAR, S+C-SRO, Section 8 SRO projects and SHP projects that are requesting funds for rehabilitation must describe the rehabilitation activities that will be undertaken for housing the participants in the project.

All other project types are not required to complete this form and may move to the next form.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

## Discharge Planning Policy

**The following question must be completed by project applicants that are State or Local government agencies.**

**Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs?**

Not Applicable

## Project Leveraging

The following list summarizes the leveraging funds for the project. To add information to this list, click on the icon and enter the requested information.

**Total value of written commitment** \$113,849

Contributor	Source	Date of Commitment	Value of Commitment
Steadfast Housing...	Private	08/25/2008	\$8,849
State of Hawaii, ...	Government	08/28/2008	\$105,000

## Project Leveraging Detail

### Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

**Select the Type of Contribution** Cash  
**Name the Source of the Contribution** Steadfast Housing Development Corporation  
**Select Type of Source** Private  
**Date of Written Commitment** 08/25/2008  
**Value of Written Commitment** \$8,849

## Project Leveraging Detail

### Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

**Select the Type of Contribution** In Kind

**Name the Source of the Contribution** State of Hawaii, Dept. of Health, Adult Mental Health Division

**Select Type of Source** Government

**Date of Written Commitment** 08/28/2008

**Value of Written Commitment** \$105,000

# Homeless Management Information System (HMIS) Participation

## Instructions:

The data entered into this form will be used to determine the percentage of clients reported in the CoC's HMIS for this project.

Indicate whether or not the project is participating in the HMIS. If the project is participating in the HMIS, enter additional information about the project's participation in the HMIS, including the total number of clients served by the project, the total number of clients reported in the HMIS, and the percentage of values that are missing ("Null or Missing Values") and/or unknown ("Don't Know or Refused") for all client records reported. If there were no unknown value, enter "0" in any field within the chart, and select "Save & Next" to move to the next form.

If the project is not participating in the HMIS, indicate the reason(s) for non-participation.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA for additional program requirements.

**All projects must indicate their level of participation in the CoC's HMIS.**

**Does this project provide client level data to HMIS at least annually?** Yes

**Select the "Save" button to enter additional information.**

**Indicate the number of clients served from 1/1/2007 - 12/31/2007** 7

**Of the clients served from 1/1/2007 - 12/31/2007, indicate the number reported in the HMIS** 1

**Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.'**

Data Quality	Null or Missing Values (%)	Don't Know or Refused (%)
Name		
Social Security Number		
Date of Birth		
Ethnicity		
Race		
Gender		
Veteran Status		
Disabling Condition		
Residence Prior to Prog. Entry		
Zip Code of Last Permanent Address		100%

## Renewal Performance

### Instructions:

The fields on this form will assess the progress of the renewal project and identify any significant changes from the prior grant. Indicate whether or not the project has unresolved monitoring findings, or outstanding audit findings, and whether or not amendments have been made to the project since the last funding approval.

If amendments have occurred, indicate and explain the reason(s) for the change(s). Also, indicate the specific change in the project, by noting the previous information (before the amendment) and new information (after the amendment).

Contact the local HUD Field Office for amendment requirements, and/or any unresolved monitoring or outstanding audit findings: <http://www.hud.gov/offices/cpd/about/local/index.cfm>. For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

**The following fields must be completed by all renewal projects.**

**Are there any unresolved monitoring or audit findings on HUD McKinney-Vento Act grants, excluding ESG?** No

**Were there any amendments executed since the last funding approval?** No

# SHP Operating Budget

## Instructions:

Enter the quantity and total dollar amount of SHP funds requested for each operating cost in the project for each year of the grant term. Enter only the portion of the costs DIRECTLY related to providing day-to-day operations of the project for which SHP funds are being requested. Refer to the SHP Desk Guide for details on eligible operations costs:

<http://www.hudhre.info/index.cfm?do=viewShpDeskguideD>. For detailed instructions and examples on completing this budget, reference the online training modules at: <http://esnaps.hudhre.info/training>.

By law, SHP funds may be used to pay for up to 75% of the total operations budget for each year of the grant term. This means that the grantee or project sponsor must make cash payment for at least 25% of the project's total operations budget for each year. Although documentation of matching funds is not required in this application, if the project is awarded grant funds, documentation for Year 1 must be presented before grant agreement and entered in the Annual Performance Report (APR) at the end of the operating year. Documentation of cash match for Years 2 and 3, if applicable, must be met by the end of each of those years and entered in the corresponding APR.

**Complete the following budget fields detailing how SHP funds will be used for operating costs related to serving project participants.**

Eligible Costs	Quantity (limit 200 characters)	SHP Request Year 1	Total
1.Maintenance/Repair	Property Maintenance and Vendor Repair Services: 315 x .75 = 236	\$236	\$236
2.Staff	Resident Manager: Salary \$18,720 x .75 = \$14,040. Payroll Taxes: 18,720 x .1315 x .75 = 1,846. Health Insurance: 4,764 x .75 = 3,573. Fringe: 18720 x .05 x .75 = 702	\$20,161	\$20,161
3.Utilities	Electricity, Water, Telephone: 4,500 x .75 = 3,375	\$3,375	\$3,375
4.Equipment (lease/buy)		\$0	\$0
5.Supplies		\$0	\$0
6.Insurance	Property Insurance: 2,424 x .75 = 1,818. Liability Insurance: 1,174 x .75 = 881	\$2,700	\$2,700
7.Furnishings		\$0	\$0
8.Relocation		\$0	\$0
9.Other (must specify *)			
	Property Taxes	100 x .75 = 75	\$75
		\$0	\$0
10.Total SHP Request		\$26,547	\$26,547
11.Cash Match		\$8,849	\$8,849
12.Total SHP Operating Budget		\$35,396	\$35,396
13.Other Resources (cash and in-kind)		\$105,000	\$105,000

**\* If not specified, the costs will be removed from the budget.**

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

# Supportive Housing Program (SHP) Summary Budget

## Instructions:

To update the individual budget activities (acquisition, new construction, rehabilitation, leasing, supportive services, operations, or HMIS), use the left menu bar to go back to the appropriate budget. Refer to the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewShpDeskguideD> for details on funding limitations, cash match, and eligible budget activities.

**The following information summarizes the SHP funding request and the available cash match for the total term of the project. Enter the appropriate amount of administrative costs for the project.**

**Selected Grant Term 1 Year**

SHP Activities	SHP Dollars Request	Cash Match	Totals
1. Acquisition			\$0
2. Rehabilitation			\$0
3. New Construction			\$0
4. Subtotal (Lines 1 - 3)	\$0	\$0	\$0
5. Real Property Leasing From Leasing Budget Chart	\$0		\$0
6. Supportive Services From Supportive Services Budget Chart	\$0	\$0	\$0
7. Operations From Operating Budget Chart	\$26,547	\$8,849	\$35,396
8. HMIS From HMIS Budget Chart	\$0	\$0	\$0
9. SHP Request (Subtotal lines 4-8)	\$26,547		
10. Administrative Costs (Up to 5% of line 9)	\$1,327	Max. Admin. Allowed	\$1,327
	<b>Total SHP Request (Total lines 9 and 10)</b>	<b>Total Cash Match</b>	<b>Total Budget (Total SHP Request + Total Cash Match)</b>
	\$27,874	\$8,849	\$36,723

# Public Housing Authority (PHA) Certification Attachment Detail

## Document Description:

## Program Outcome Logic Model (HUD 96010) Attachment

Document Type	Required?	Document Description	Date Attached
Logic Model for Program Outcome (HUD 96010)	Yes	2008 eLogic Model...	08/29/2008

# Program Outcome Logic Model (HUD 96010) Attachment Detail

**Document Description:** 2008 eLogic Model - Ahukini

## Submission Summary

Part	Last Updated
<b>Project Information</b>	
Page 1	8/21/08 11:26 PM
Page 2	8/21/08 7:04 PM
Grant Consolidation	Please Complete
Project Location(s)	8/21/08 7:06 PM
Project Expansion	Please Complete
Sponsor Information	8/21/08 7:10 PM
Attachment - Org	Please Complete
Sponsor Contact	8/21/08 7:10 PM
Experience of Partners	Please Complete
Special Housing Project	No Input Required
Assessment Tool	Please Complete
Housing Type & Scale	8/21/08 7:13 PM
Project Participants	
With Children	8/21/08 7:16 PM
Without Children	8/21/08 8:33 PM
Services for Participants	No Input Required
Outreach for Participants	8/21/08 7:25 PM
Housing for Participants	No Input Required
Discharge Policy	8/21/08 9:19 PM
Project Leveraging	8/29/08 5:32 PM
HMIS Participation	10/1/08 7:48 PM
HMIS Dedicated Information	Please Complete
HMIS Implementation Timetable	Please Complete
HMIS Implementation Progress	Please Complete
Renewal Performance	8/21/08 7:42 PM
SHP Project Budgets	
Operating Budget	No Input Required
Leasing	Please Complete
Leased Structure(s)	No Input Required
Supportive Services Budget	Please Complete

<b>Acquisition/Rehabilitation/New Construction Budget</b>	Please Complete
<b>SHP HMIS Budget</b>	
<b>Equipment</b>	8/21/08 7:02 PM
<b>Software</b>	8/21/08 7:02 PM
<b>Services</b>	No Input Required
<b>Personnel</b>	8/21/08 7:02 PM
<b>Space &amp; Operations</b>	No Input Required
<b>Summary</b>	Please Complete
<b>SHP Summary Budget</b>	8/28/08 9:46 PM
<b>Shelter Plus Care</b>	
<b>Rental Assistance Budget</b>	Please Complete
<b>Rental Assistance Budget</b>	Please Complete
<b>Rental Assistance Budget</b>	Please Complete
<b>Estimated Development Costs</b>	Please Complete
<b>PHA Cert. Attachment</b>	No Input Required
<b>Logic Model Attachment</b>	8/29/08 3:50 PM
<b>Supportive Services the Participants Will Receive</b>	
<b>Page 1</b>	Please Complete
<b>Targeted Subpopulations</b>	No Input Required

**Notes:**

Grant Consolidation list must include at least 1 item(s).

Leasing list must include at least 1 item(s).

Cash match does not meet minimum requirements

Acquisition/Rehabilitation/New Construction Budget list must include at least 1 item(s).

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Rental Assistance Budget list must include at least 1 item(s).

Values cannot be greater than published FMRs

## Project Information - Page 1

### Instructions:

Select the appropriate Continuum of Care (CoC) name and number from the drop-down menu. The system will auto-populate the "Project Name" field.

Identify the appropriate "Project Type" from the drop-down menu (new or renewal project). Renewal projects are defined as those HUD McKinney-Vento grants that have received prior funding and are eligible to renew during the current competition.

Identify the project's "Program Type" and "Component Type." These selections must be made in the order of appearance (i.e. component type cannot be selected before selecting program type or project type). Depending on the program type selected, indicate the appropriate component type for the project.

Select the state(s) and the congressional district(s) in which the project is located. This information will be used to list the available geography codes on the next screen, and to send correspondence to the appropriate Congressional Representative(s).

In the last field on this form, provide a general description of the project. The description should include information on the homeless needs that are addressed by the project, the type of housing and number of units being proposed, and the target population that the project will serve. This information is required of all new and renewal projects. Rapid Re-housing projects must review the detailed instructions attached to the left menu and must reference the 2008 NOFA for detailed program requirements. Additional program requirements for all project types are also available at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements. As well, additional training for completing this page is available online at: <http://esnaps.hudhre.info/training>.

**The following fields must be completed for every project application.**

**CoC Number and Name** HI-501 - Honolulu CoC

**Project Name** Kalaeloa Permanent Housing for Homeless Veterans with Disabilities

**Project Type** Renewal Project

**Program Type**  
Content depends on "Project Type" selection

**Component Type**  
Content depends on "Program Type" selection

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

**In which Congressional District(s) is the project located?** HI-002  
(for multiple selections hold CTRL + Key)

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

The Kalaeloa Permanent Housing for Homeless Veterans with Disabilities operated by the United States Veterans Initiative provides chronically homeless veterans (male and female) with independent, permanent housing coupled with long-term supportive case management services. The project serves 12 homeless military veterans (male or female) who qualify based on chronic homeless status.

The project provides outreach, housing placement, landlord liaison services, meals (up to 2 per day), skills training, employment placement, health care services in partnership with the VA, transportation (bus passes) and case management services. Case Managers develop a client-driven Individualized Recovery Plan that identifies short-term and long-term goals of the participant in the areas of residential stability, self-determination, and increased income/skills, and other areas identified by the participant and works to eliminate barriers to achieving these goals.

Progress during the initial year of implementation (year ending August 31, 2007) included reaching 83% (5 out of 6) of stated objectives. The one objective not met related to outreach and referral to housing and fell short by only 1% (goal of 50%, actual 49%). During the initial year, 5 individuals were served with permanent housing. At the time of this renewal application, 11 individuals were placed in the permanent housing program. Delays due to slow housing renovations were addressed with recent grant modifications providing more funds for housing subsidies and allowing off-site, scattered site placements in addition to placement at studio apartment of the Kalaeloa facility.

The location of the housing includes studio units at the Kalaeloa facility in addition to scattered site housing on Oahu (e.g. Weinberg Hale). The primary target population is chronically homeless veterans with serious mental illness and/or significant physical disabilities. Project participants typically have multiple disabilities including substance abuse and other physical disabilities. The project serves individuals representing the diverse ethnic population of Oahu including Caucasian, Asian, African-American, and Native Hawaiian.

Individuals selected for this program have completed U.S. VETS Veterans-in-Progress Transitional Housing Program. Required matching funds are provided by non-federal state funds and private foundation grant funds.

## Project Information - Page 2

### Instructions:

#### New projects:

There are two types of special housing projects for the 2008 competition, Samaritan Housing and Rapid Re-Housing. All new SHP-PH, SHP-TH, S+C, and Section 8 SRO projects must identify whether or not special housing funds are being requested. Only new SHP-PH, S+C, and Section 8 SRO projects may request Samaritan Housing funds. Rapid Re-housing funds can be requested by new SHP-TH projects only.

#### Renewal projects:

Indicate whether or not the project previously received funds under the Samaritan Housing Initiative. If the project received Samaritan funds, the project must continue to meet the requirements of the initiative for the life of the project. Renewal SHP projects must also indicate whether or not it is a consolidated grant. All grant consolidations must be HUD approved prior to application submission. Each consolidated grant must be listed on the "Grant Consolidation" page.

#### New and renewal projects:

Indicate whether or not the project is:

- using Energy Star;
- located in a rural area (reference the definition in 2008 NOFA before answering this question);
- and
- located on land previously owned by the military.

All new and renewal projects must also indicate the geographic area(s) that will be served by the project.

#### Budget Activities:

All SHP projects must identify the budget activities being requested for the project. Depending on the project type, these budget activities may include acquisition, new construction, rehabilitation, leasing (units or structures), supportive services, operations, and/or HMIS. All S+C and Section 8 SRO projects must only complete the rental assistance budget and the estimated development cost budget, if applicable.

For additional instructions and examples on completing this form, reference the detailed instructions document on the left menu and the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**The following fields must be completed for every project application.**

**Was the original project awarded as Samaritan Housing project?** No

**Were one or more projects consolidated with this project?** No

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

**Grant Term** 1 Year

**NOTE: New projects must be 2 or 3 years, except new HMIS projects and new hold harmless reallocation projects, which can be 1, 2 or 3 years.**

**Does the project use Energy Star?** No

**Is the project located in a rural area?** Yes

**Is the project located on land previously owned by the military?** Yes

**Select the geographic code(s) for area(s) served by the project (for multiple selections hold CTRL + Key)** 150144 HONOLULU

**\*Select all applicable budget activities that the project is requesting:**

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

## Project Location(s)

The following list summarizes the project location(s) that have been entered. To add a location to this list, click on the  symbol.

Location Name	Street Address 1	Street Address 2	City	State	Zip
Kalaeloa/Barbers ...	Bldg 34, Shangrila	P.O. Box 75329	Kapolei	Hawaii	96707
Weinberg Hale	2734 S. King Street	--	Honolulu	Hawaii	96826

## Project Location Detail

### Instructions:

Location Name (Optional - except for SRA project): Identify the name of the location(s) being used for housing project participants. If the project includes leased or rental units in more than 4 locations, only enter "Scattered Site" in this field. All other project types should enter the name of the project location in this field.

Project Ownership (Required): Indicate whether the location (including all scattered sites locations) is owned or leased by the applicant, sponsor, or a parent organization. If the project contains units that house project participants using SHP funds, under no circumstances may SHP leasing funds be used to lease units or structures owned by the grantee (the applicant), the project sponsor, or the parent organization(s) of either entity.

Location Address (Optional - except for SRA project): Indicate the Street Address, City, State, and Zip Code of the units being used for housing project participants. If the project includes leased or rental units in more than 4 locations, enter the address of the project sponsor in these fields.

For additional instructions and examples related to completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

**Enter the physical address of the project and indicate the ownership of the location. Scattered site projects should refer to the instructions for details on completing the field on this screen.**

**Location Name** Kalaeloa/Barbers Point  
**Property Ownership** Lease  
**Street Address 1** Bldg 34, Shangrila  
**Street Address 2** P.O. Box 75329  
**City** Kapolei  
**State** Hawaii  
**Zip Code** 96707  
**Format: (12345 or 12345-1234)**

## Project Location Detail

### Instructions:

Location Name (Optional - except for SRA project): Identify the name of the location(s) being used for housing project participants. If the project includes leased or rental units in more than 4 locations, only enter "Scattered Site" in this field. All other project types should enter the name of the project location in this field.

Project Ownership (Required): Indicate whether the location (including all scattered sites locations) is owned or leased by the applicant, sponsor, or a parent organization. If the project contains units that house project participants using SHP funds, under no circumstances may SHP leasing funds be used to lease units or structures owned by the grantee (the applicant), the project sponsor, or the parent organization(s) of either entity.

Location Address (Optional - except for SRA project): Indicate the Street Address, City, State, and Zip Code of the units being used for housing project participants. If the project includes leased or rental units in more than 4 locations, enter the address of the project sponsor in these fields.

For additional instructions and examples related to completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

**Enter the physical address of the project and indicate the ownership of the location. Scattered site projects should refer to the instructions for details on completing the field on this screen.**

**Location Name** Weinberg Hale  
**Property Ownership** Lease  
**Street Address 1** 2734 S. King Street  
**Street Address 2**  
**City** Honolulu  
**State** Hawaii  
**Zip Code** 96826  
**Format: (12345 or 12345-1234)**

## Project Sponsor Information

### Instructions:

The project sponsor is usually the entity that will be carrying out the project. If the sponsor is the same entity as the project applicant, select "yes" in the first drop-down box and enter "save" at the bottom of the page, and the system will auto-populate the fields on this form based on the information entered in the SF-424. Simply verify that the correct information has been populated. If the information is incorrect, correct the applicant information on the SF-424.

If the project sponsor and applicant are separate entities, manually enter the information for the project sponsor. All non-profit sponsors will need to attach proper documentation to verify their non-profit status, if the documentation is not attached to the SF 424. All projects can identify only one sponsor. If multiple sponsors have been identified on past funding applications, the project applicant must identify a "lead" sponsor.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields to identify the project sponsor, including its legal name, type of organization, DUNS number, employer/taxpayer number, and physical address.**

**Is the project applicant the same as the project sponsor?** Yes  
(If yes select the "Save" button to auto-fill the fields below)

**Organization Name** United States Veterans Initiative, Inc  
**Organization Type** M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:

**DUNS Number** 303609129  
**Format: xxxxxxxxx or xxxxxxxxxxxxxx**

**Tax ID or EIN** 95-4382752  
**Format: 12-3456789**

**Street Address 1** Bldg 37, Shangrila Road

**Street Address 2**

**City** Kapolei

**State** Hawaii

**Zip Code** 96707  
**Format: 12345 or 12345-1234**

**Is the sponsor a Faith-Based Organization?** No

# Non-Profit Documentation Attachment Detail

## Document Description:

## Project Sponsor Contact Information

### Instructions:

The project sponsor is usually the entity that will be carrying out the project. If the sponsor is the same entity as the project applicant, the system will auto-populate the fields on this form based on the information entered in the SF-424. Simply verify that the correct information has been populated. If the information is incorrect, correct the applicant information on the SF-424.

If the project sponsor and applicant are separate entities, manually enter the information for the project sponsor. All non-profit sponsors will need to attach proper documentation to verify their non-profit status, if the documentation is not attached to the SF 424. All projects can identify only one sponsor. If multiple sponsors have been identified on past funding applications, the project applicant must identify a "lead" sponsor.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Provide the name and contact information of the person to be contacted for matters regarding project operations. If the sponsor is the same entity as the applicant, the system will auto-populate the fields below.**

**Prefix** Mr  
**First Name** Darryl  
**Middle Name**  
**Last Name** Vincent  
**Suffix**  
**Title** Site Director  
**E-mail Address** dvincent@usvetsinc.org  
**Confirm E-mail Address** dvincent@usvetsinc.org  
**Phone Number** 808-330-2825  
**Format: 123-456-7890**  
**Extension**  
**Fax Number** 808-682-9006  
**Format: 123-456-7890**

# Assessment Tool Attachment Detail

## Document Description:

## Type and Scale of Housing

The following list summarizes all housing units that will be used for participants in the project. To add information to this list, click on the icon and enter the requested information.

Housing Type	Units	Beds	Bedrooms
Scattered-site apartments (...)	12	12	12

## Type and Scale of Housing Detail

### Instructions:

For the 2008 competition, the available housing type selections have been re-defined. Refer to the detailed instructions located on the left menu for additional instructions on completing this page.

If the project is funded, the applicant/sponsor will be responsible for operating the project as indicated here. Entering incorrect information may result in the reduction or withdrawal of the conditional award. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields related to the number of units, beds, and bedrooms for each housing type in the project.**

**Housing Type:** Scattered-site apartments (including efficiencies)

### Total for Selected Housing Type

**Units:** 12

**Beds:** 12

**Bedrooms:** 12

# Project Participants - Households with Dependent Children

## Instructions:

The purpose of this form is to capture the total number of homeless persons served by the project at a point in time, as well as the subpopulations/disabilities for each household. If the project is not serving households with dependent children, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form. .

Rapid Re-housing projects: 100% of the adults served by the project must be accompanied by children and should be reflected in the fields below.

Samaritan Housing, Safe Haven, and SRO housing projects: 100% of the households served by the project must not be accompanied by children. Therefore, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

All projects: in the "Total Persons" column indicate the total number of "disabled adults," "non-disabled adults," "disabled children," "non-disabled children," and "Total Number of Households" for each household in the project. The system will auto-populate the remaining fields in this column.

Next, identify the appropriate subpopulation (Severely Mentally Ill, Chronic Substance Abuser, Veterans, Persons with HIV/AIDS, and Victims of Domestic Violence) for each person in the project. If the participants are dually-diagnosed and fit into more than one subpopulation (i.e. severely mentally ill with chronic substance abuse), make sure to indicate these individuals in all appropriate subpopulations (it is possible to have overlapping information). The system will auto-calculate all totals based on the values entered for each subpopulation.

Notice that information cannot be entered into certain fields. Persons with a severe mental illness and/or HIV/AIDS constitute disabled adults; therefore, no entry is allowed in the "non-disabled adult" fields. Also, no values can be entered for any children under the Veterans columns. For homeless assistance programs, chronic substance abuse, by itself, may constitute as a disability.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Indicate the total number of households that include a homeless adult with dependent children. Also identify the number of persons and subpopulations within each household in the project.**

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



# Project Participants - Households without Dependent Children

## Instructions:

The purpose of this form is to capture the total number of homeless persons served by the project at a point in time, as well as the subpopulations for each household. If the project is serving households with dependent children, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

Samaritan Housing, Safe Haven, and SRO housing projects: 100% of the adults served by the project must be unaccompanied by children and should be reflected in the fields below.

Rapid Re-housing projects: 100% of the adults served by the project must be accompanied by children. Therefore, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

All projects: in the "Total Persons" column indicate the total number of "disabled adults," "non-disabled adults," "non-disabled unaccompanied youth," "non-disabled children," and "Total Number of Households" for each household in the project. The system will auto-populate the remaining fields in this column.

Next, identify the appropriate subpopulation (Chronically Homeless, Severely Mentally Ill, Chronic Substance Abuser, Veterans, Persons with HIV/AIDS, and Victims of Domestic Violence) for each person in the project. If the individuals are dually-diagnosed and fit into more than one subpopulation (i.e. severely mentally ill with chronic substance abuse), make sure to indicate these individuals in all appropriate subpopulations (it is possible to have overlapping information). The system will auto-calculate all totals based on the values entered for each subpopulation.

Notice that information can only be entered into certain fields. Chronically Homeless persons must be disabled adults in households without children, so no entry is allowed in the "non-disabled adult" fields. Also, Veterans must be adults; therefore, no entry is allowed for unaccompanied youth. All severely mentally ill persons and persons living with HIV/AIDS are automatically considered disabled; therefore, there can be no entry for non-disabled persons. For homeless assistance programs, chronic substance abuse, by itself, may constitute as a disability.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Indicate the total number of households that include a homeless adult without dependent children. Also identify the number of persons and subpopulations within each household in the project.**

## Instructions:

Chronically Homeless must be disabled adults in households without children (so no entry allowed in non-disabled adult or children/youth)

Severely Mentally Ill are all considered disabled (so no entry allowed in non-disabled)

Chronic Substance Abuse may not constitute a disability on its own

Veterans must be adults (so no entry allowed in children/youth)

Persons living with HIV/AIDS are all considered disabled (so no entry allowed in non-disabled)

Total Number of Households	12
----------------------------	----

United States Veterans Initiative						EX2_006479	
	Total Persons	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Adults	12	12	10	2	12	0	0
Non-Disabled Adults	0			0	0		0
Disabled Unaccompanied Youth	0		0	0		0	0
Non-Disabled Unaccompanied Youth	0			0			0
<b>Total Persons (select "Save" to auto-calculate)</b>	<b>12</b>	<b>12</b>	<b>10</b>	<b>2</b>	<b>12</b>	<b>0</b>	<b>0</b>
<b>Total Number of Adults (select "Save" to auto-calculate)</b>	<b>12</b>						
<b>Total Number of Unaccompanied Youth (select "Save" to auto-calculate)</b>	<b>0</b>						

## Outreach for Participants

### Instructions:

To help determine the eligibility of homeless participants served by the project, as well as the project's eligibility to apply for homeless assistance funding, indicate where the homeless participants are coming from (streets, emergency shelters, safe havens, transitional housing who came directly from the street, or other places). Also, describe how the applicant/sponsor plans to bring these participants into the project.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields related to the outreach plans to bring participants into the project.**

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

**Note: this includes persons who ordinarily sleep in one of the places listed below but are spending a short time (30 consecutive days or less) in a jail, hospital, or other institution.**

0%	Persons who came from the street or other locations not meant for human habitation.
0%	Person who came from Emergency Shelters.
0%	Persons who came from Safe Havens.
100%	Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens.
100%	Total of above percentages

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

## Housing for Participants

### Instructions:

The purpose of this form is to determine the ability of the project to meet the housing standards as described in the NOFA. While this form may be visible by all projects, it only applies to specific housing activities. All renewal projects and new SHP-SSO, SHP-HMIS, SHP-SH, S+C-SRA, and S+C-PRA projects do not have to complete this form and may move to the next form.

The maximum allowable length of stay for participants in SHP-TH projects is 24 months. However, Rapid Re-housing participants must not be housed longer than 18 months. HUD does not impose a length of stay restriction on participants in permanent housing projects (S+C, SHP permanent housing, and Section 8 SRO).

All SHP-PH, S+C-TRA, and S+C-SRA projects must describe the reason for selecting the proposed housing structure.

All S+C-PRAR, S+C-SRO, Section 8 SRO projects and SHP projects that are requesting funds for rehabilitation must describe the rehabilitation activities that will be undertaken for housing the participants in the project.

All other project types are not required to complete this form and may move to the next form.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

## Discharge Planning Policy

**The following question must be completed by project applicants that are State or Local government agencies.**

**Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs?**

Not Applicable

## Project Leveraging

The following list summarizes the leveraging funds for the project. To add information to this list, click on the icon and enter the requested information.

**Total value of written commitment** \$84,000

Contributor	Source	Date of Commitment	Value of Commitment
Atherton Foundation	Private	04/16/2008	\$7,500
United States Vet...	Private	09/01/2008	\$4,500
Department of Vet...	Government	07/01/2008	\$72,000

## Project Leveraging Detail

### Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

**Select the Type of Contribution** Cash  
**Name the Source of the Contribution** Atherton Foundation  
**Select Type of Source** Private  
**Date of Written Commitment** 04/16/2008  
**Value of Written Commitment** \$7,500

## Project Leveraging Detail

### Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

**Select the Type of Contribution** Cash  
**Name the Source of the Contribution** United States Veterans Initiative  
**Select Type of Source** Private  
**Date of Written Commitment** 09/01/2008  
**Value of Written Commitment** \$4,500

## Project Leveraging Detail

### Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

**Select the Type of Contribution** In Kind  
**Name the Source of the Contribution** Department of Veteran Affairs  
**Select Type of Source** Government  
**Date of Written Commitment** 07/01/2008  
**Value of Written Commitment** \$72,000

# Homeless Management Information System (HMIS) Participation

## Instructions:

The data entered into this form will be used to determine the percentage of clients reported in the CoC's HMIS for this project.

Indicate whether or not the project is participating in the HMIS. If the project is participating in the HMIS, enter additional information about the project's participation in the HMIS, including the total number of clients served by the project, the total number of clients reported in the HMIS, and the percentage of values that are missing ("Null or Missing Values") and/or unknown ("Don't Know or Refused") for all client records reported. If there were no unknown value, enter "0" in any field within the chart, and select "Save & Next" to move to the next form.

If the project is not participating in the HMIS, indicate the reason(s) for non-participation.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA for additional program requirements.

**All projects must indicate their level of participation in the CoC's HMIS.**

**Does this project provide client level data to HMIS at least annually?** Yes

**Select the "Save" button to enter additional information.**

**Indicate the number of clients served from 1/1/2007 - 12/31/2007** 6

**Of the clients served from 1/1/2007 - 12/31/2007, indicate the number reported in the HMIS** 6

**Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.'**

Data Quality	Null or Missing Values (%)	Don't Know or Refused (%)
Name	0%	0%
Social Security Number	0%	0%
Date of Birth	0%	0%
Ethnicity	0%	0%
Race	0%	0%
Gender	0%	0%
Veteran Status	0%	0%
Disabling Condition	0%	0%
Residence Prior to Prog. Entry	0%	0%
Zip Code of Last Permanent Address	0%	0%

## Renewal Performance

### Instructions:

The fields on this form will assess the progress of the renewal project and identify any significant changes from the prior grant. Indicate whether or not the project has unresolved monitoring findings, or outstanding audit findings, and whether or not amendments have been made to the project since the last funding approval.

If amendments have occurred, indicate and explain the reason(s) for the change(s). Also, indicate the specific change in the project, by noting the previous information (before the amendment) and new information (after the amendment).

Contact the local HUD Field Office for amendment requirements, and/or any unresolved monitoring or outstanding audit findings: <http://www.hud.gov/offices/cpd/about/local/index.cfm>. For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

**The following fields must be completed by all renewal projects.**

**Are there any unresolved monitoring or audit findings on HUD McKinney-Vento Act grants, excluding ESG?** No

**Were there any amendments executed since the last funding approval?** Yes

**Select the reason(s) for the project amendment (s).** Location of project sites, More than 10% shifted between eligible activities (i.e. leasing, operations, etc.)  
(for multiple selections hold CTRL + Key)

**Explain the reason(s) for the amendment?**

Shifted more money into leasing dollars from supportive services and added off-site units outside of the Kalaeloa facilities for project locations due to on-going delays in completing renovations at Kalaeloa locations.

	Previous	New
Indicate change in the number of persons served	12	12
Indicate change in the number of units	12	12
Indicate change in project site location	1	4
Indicate change in target population	NA	NA
Indicate change in the project sponsor	NA	NA
Indicate change in the component type		
Indicate change in the grantee/applicant	NA	NA
Indicate change in the number of beds	12	12

## SHP Leasing Budget

The following information summarizes the SHP leasing request for the project.

To add information to this list, click on the icon and enter the requested information.

**Summary SHP Leased Budgets** \$86,256

## SHP Supportive Services Budget

**Complete the following budget fields detailing how SHP funds will be used to provide supportive services project participants.**

### Instructions:

Enter the quantity and total dollar amount of SHP funds requested for each supportive service in the project for each year of the grant term. Enter only the portion of the costs DIRECTLY related to providing services to project participants who are eligible for SHP funding. Refer to the SHP Desk Guide for details on eligible supportive services costs:

<http://www.hudhre.info/index.cfm?do=viewShpDeskguide> For detailed instructions and examples on completing this budget, reference the online training modules at: <http://esnaps.hudhre.info/training>.

By law, SHP funds may be used to pay for up to 80% of the total supportive services budget for each year of the grant term. This means that the grantee or project sponsor must make cash payment for at least 20% of the project's total supportive services annual budget. Although documentation of matching funds is not required in this application; if the project is awarded grant funds, documentation for Year 1 must be presented before grant agreement and entered in the Annual Performance Report (APR) at the end of the operating year. Documentation of cash match for Years 2 and 3, if applicable, must be met by the end of each of those years and entered in the corresponding APR.

Rapid Re-housing projects - If the applicant is applying for a Rapid Re-housing Demonstration Project and will be providing housing placement, legal assistance and literacy training these items should be listed under "other" costs.

Supportive Services Costs	Quantity (limit 200 characters)	SHP Request Year 1	Total	
1. Outreach	0.05 FTE Outreach Coordinator	\$1,890	\$1,890	
2. Case Management	0.50 FTE Case Manager; Outreach mileage	\$18,528	\$18,528	
3. Life Skills (outside of case management)	0.05 Site Director	\$5,457	\$5,457	
4. Alcohol and Drug Abuse Services	Drug Testing	\$1,000	\$1,000	
5. Mental Health and Counseling Services	NA	\$0	\$0	
6. HIV/AIDS Services	NA	\$0	\$0	
7. Health Related and Home Health Services	NA	\$0	\$0	
8. Education and Instruction	NA	\$0	\$0	
9. Employment Services	NA	\$0	\$0	
10. Child Care	NA	\$0	\$0	
11. Transportation	Bus Passes	\$750	\$750	
13. Other (must specify )				
	Food, Supplies	2x meals per day	\$10,983	\$10,983
	Telephone, Insurance, salary fringes	2.33%, 1.68%, 25.7% of salaries	\$7,357	\$7,357
14. Total SHP dollars requested		\$45,965	\$45,965	
15. Cash Match		\$11,492	\$11,492	
16. Total SHP Supportive Services Budget		\$57,457	\$57,457	
17. Other resources (cash and in-kind)		\$0	\$0	



## Supportive Housing Program (SHP) Summary Budget

### Instructions:

To update the individual budget activities (acquisition, new construction, rehabilitation, leasing, supportive services, operations, or HMIS), use the left menu bar to go back to the appropriate budget. Refer to the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewShpDeskguideD> for details on funding limitations, cash match, and eligible budget activities.

**The following information summarizes the SHP funding request and the available cash match for the total term of the project. Enter the appropriate amount of administrative costs for the project.**

**Selected Grant Term 1 Year**

SHP Activities	SHP Dollars Request	Cash Match	Totals
1. Acquisition			\$0
2. Rehabilitation			\$0
3. New Construction			\$0
4. Subtotal (Lines 1 - 3)	\$0	\$0	\$0
5. Real Property Leasing From Leasing Budget Chart	\$86,256		\$86,256
6. Supportive Services From Supportive Services Budget Chart	\$45,965	\$11,492	\$57,457
7. Operations From Operating Budget Chart	\$0	\$0	\$0
8. HMIS From HMIS Budget Chart	\$0	\$0	\$0
9. SHP Request (Subtotal lines 4-8)	\$132,221		
10. Administrative Costs (Up to 5% of line 9)	\$6,611	Max. Admin. Allowed	\$6,611
	<b>Total SHP Request (Total lines 9 and 10)</b>	<b>Total Cash Match</b>	<b>Total Budget (Total SHP Request + Total Cash Match)</b>
	\$138,832	\$11,492	\$150,324

# Public Housing Authority (PHA) Certification Attachment Detail

## Document Description:

## Program Outcome Logic Model (HUD 96010) Attachment

Document Type	Required?	Document Description	Date Attached
Logic Model for Program Outcome (HUD 96010)	Yes	Logic Model VETS ...	09/03/2008

# Program Outcome Logic Model (HUD 96010) Attachment Detail

**Document Description:** Logic Model VETS PH Kalaeloa

## Submission Summary

Part	Last Updated
<b>Project Information</b>	
Page 1	9/1/08 5:20 PM
Page 2	9/1/08 5:21 PM
Grant Consolidation	Please Complete
Project Location(s)	9/1/08 5:32 PM
Project Expansion	Please Complete
Sponsor Information	9/1/08 5:36 PM
Attachment - Org	Please Complete
Sponsor Contact	9/3/08 2:15 PM
Experience of Partners	Please Complete
Special Housing Project	No Input Required
Assessment Tool	Please Complete
Housing Type & Scale	9/1/08 5:50 PM
Project Participants	
With Children	9/1/08 5:37 PM
Without Children	9/1/08 5:38 PM
Services for Participants	No Input Required
Outreach for Participants	9/1/08 5:39 PM
Housing for Participants	No Input Required
Discharge Policy	9/3/08 2:16 PM
Project Leveraging	9/26/08 9:21 PM
HMIS Participation	9/1/08 6:06 PM
HMIS Dedicated Information	Please Complete
HMIS Implementation Timetable	Please Complete
HMIS Implementation Progress	Please Complete
Renewal Performance	9/1/08 6:16 PM
SHP Project Budgets	
Operating Budget	No Input Required
Leasing	9/1/08 5:46 PM
Leased Structure(s)	No Input Required
Supportive Services Budget	No Input Required

<b>Acquisition/Rehabilitation/New Construction Budget</b>	Please Complete
<b>SHP HMIS Budget</b>	
<b>Equipment</b>	9/1/08 5:10 PM
<b>Software</b>	9/1/08 5:10 PM
<b>Services</b>	No Input Required
<b>Personnel</b>	9/1/08 5:10 PM
<b>Space &amp; Operations</b>	No Input Required
<b>Summary</b>	Please Complete
<b>SHP Summary Budget</b>	9/28/08 1:18 PM
<b>Shelter Plus Care</b>	
<b>Rental Assistance Budget</b>	Please Complete
<b>Rental Assistance Budget</b>	Please Complete
<b>Rental Assistance Budget</b>	Please Complete
<b>Estimated Development Costs</b>	Please Complete
<b>PHA Cert. Attachment</b>	No Input Required
<b>Logic Model Attachment</b>	9/3/08 3:53 PM
<b>Supportive Services the Participants Will Receive</b>	
<b>Page 1</b>	Please Complete
<b>Targeted Subpopulations</b>	No Input Required

**Notes:**

Grant Consolidation list must include at least 1 item(s).

Acquisition/Rehabilitation/New Construction Budget list must include at least 1 item(s).

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Rental Assistance Budget list must include at least 1 item(s).

Values cannot be greater than published FMRs

## Project Information - Page 1

### Instructions:

Select the appropriate Continuum of Care (CoC) name and number from the drop-down menu. The system will auto-populate the "Project Name" field.

Identify the appropriate "Project Type" from the drop-down menu (new or renewal project). Renewal projects are defined as those HUD McKinney-Vento grants that have received prior funding and are eligible to renew during the current competition.

Identify the project's "Program Type" and "Component Type." These selections must be made in the order of appearance (i.e. component type cannot be selected before selecting program type or project type). Depending on the program type selected, indicate the appropriate component type for the project.

Select the state(s) and the congressional district(s) in which the project is located. This information will be used to list the available geography codes on the next screen, and to send correspondence to the appropriate Congressional Representative(s).

In the last field on this form, provide a general description of the project. The description should include information on the homeless needs that are addressed by the project, the type of housing and number of units being proposed, and the target population that the project will serve. This information is required of all new and renewal projects. Rapid Re-housing projects must review the detailed instructions attached to the left menu and must reference the 2008 NOFA for detailed program requirements. Additional program requirements for all project types are also available at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements. As well, additional training for completing this page is available online at: <http://esnaps.hudhre.info/training>.

**The following fields must be completed for every project application.**

**CoC Number and Name** HI-501 - Honolulu CoC

**Project Name** Barbers Point Veterans-in-Progress

**Project Type** Renewal Project

**Program Type**

**Content depends on "Project Type" selection**

**Component Type**

**Content depends on "Program Type" selection**

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

**In which Congressional District(s) is the project located?** HI-002  
(for multiple selections hold CTRL + Key)

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

The United States Veterans Initiative (U.S. VETS) Veterans-in-Progress (VIP) Supportive Housing Program (SHP) provides transitional housing and supportive services (including street and shelter outreach) to homeless male and female military veterans living on Oahu, Hawaii. Supportive services funded by this SHP proposal are directly linked with 118 beds of transitional housing provided by U.S. VETS at its Kalaeloa, HI (Barbers Point) location.

Supportive services delivered to homeless veterans include substance abuse treatment, mental health services, employment placement, case management, peer mentoring, legal assistance, benefits assistance, skills training, community service, cultural-based activities, meals, hygiene, and other necessary supportive services coordinated with other community-based providers. Outreach services engage homeless veterans from over 60 unsheltered and sheltered locations throughout Oahu for recruitment into the program.

Key project partners include the Department of Veteran Affairs (VA) who provide complimentary per diem funding that provides approximately 60% of total project. The VA determines eligibility based on veteran status and HUD homelessness eligibility rules in addition to primary care, mental health and dual diagnosis treatment at the VA hospital. Big Island Substance Abuse Council (BISAC) provides on-site Intensive Outpatient Treatment to veterans with substance abuse (approximately 70% of program participants).

The VIP program focuses on residential stability, sobriety maintenance, mental health and medical services, employment reintegration, social integration, and transition to permanent housing. Veterans interested in program services are engaged by outreach staff and approved for eligibility by the Department of Veterans Affairs. Services are typically provided for a period of three to six months, on average, depending on individual needs, with a maximum stay of up to two years. Upon completion of the VIP program, participants are assisted in finding permanent housing including access to U.S. VETS on-site long-term, permanent housing options.

Project funds requested through the HUD 2008 Continuum of Care Homeless Assistance NOFA will be matched with State of Hawaii homeless funding. Department of Labor funding also compliments funding for employment reintegration services delivered within the program

## Project Information - Page 2

### Instructions:

#### New projects:

There are two types of special housing projects for the 2008 competition, Samaritan Housing and Rapid Re-Housing. All new SHP-PH, SHP-TH, S+C, and Section 8 SRO projects must identify whether or not special housing funds are being requested. Only new SHP-PH, S+C, and Section 8 SRO projects may request Samaritan Housing funds. Rapid Re-housing funds can be requested by new SHP-TH projects only.

#### Renewal projects:

Indicate whether or not the project previously received funds under the Samaritan Housing Initiative. If the project received Samaritan funds, the project must continue to meet the requirements of the initiative for the life of the project. Renewal SHP projects must also indicate whether or not it is a consolidated grant. All grant consolidations must be HUD approved prior to application submission. Each consolidated grant must be listed on the "Grant Consolidation" page.

#### New and renewal projects:

Indicate whether or not the project is:

- using Energy Star;
- located in a rural area (reference the definition in 2008 NOFA before answering this question);
- and
- located on land previously owned by the military.

All new and renewal projects must also indicate the geographic area(s) that will be served by the project.

#### Budget Activities:

All SHP projects must identify the budget activities being requested for the project. Depending on the project type, these budget activities may include acquisition, new construction, rehabilitation, leasing (units or structures), supportive services, operations, and/or HMIS. All S+C and Section 8 SRO projects must only complete the rental assistance budget and the estimated development cost budget, if applicable.

For additional instructions and examples on completing this form, reference the detailed instructions document on the left menu and the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**The following fields must be completed for every project application.**

**Were one or more projects consolidated with this project?** No

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

**Grant Term** 1 Year

**NOTE: New projects must be 2 or 3 years, except new HMIS projects and new hold harmless reallocation projects, which can be 1, 2 or 3 years.**

**Does the project use Energy Star?** No

**Is the project located in a rural area?** Yes

**Is the project located on land previously owned by the military?** Yes

**Select the geographic code(s) for area(s) served by the project (for multiple selections hold CTRL + Key)** 150144 HONOLULU

**\*Select all applicable budget activities that the project is requesting:**

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

## Project Location(s)

The following list summarizes the project location(s) that have been entered. To add a location to this list, click on the  symbol.

Location Name	Street Address 1	Street Address 2	City	State	Zip
Barbers Point/Kal...	Bldg 37, Shangril...	PO Box 75327	Kapolei	Hawaii	96707

## Project Location Detail

### Instructions:

Location Name (Optional - except for SRA project): Identify the name of the location(s) being used for housing project participants. If the project includes leased or rental units in more than 4 locations, only enter "Scattered Site" in this field. All other project types should enter the name of the project location in this field.

Project Ownership (Required): Indicate whether the location (including all scattered sites locations) is owned or leased by the applicant, sponsor, or a parent organization. If the project contains units that house project participants using SHP funds, under no circumstances may SHP leasing funds be used to lease units or structures owned by the grantee (the applicant), the project sponsor, or the parent organization(s) of either entity.

Location Address (Optional - except for SRA project): Indicate the Street Address, City, State, and Zip Code of the units being used for housing project participants. If the project includes leased or rental units in more than 4 locations, enter the address of the project sponsor in these fields.

For additional instructions and examples related to completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

**Enter the physical address of the project and indicate the ownership of the location. Scattered site projects should refer to the instructions for details on completing the field on this screen.**

**Location Name** Barbers Point/Kalaeloa  
**Property Ownership** Lease  
**Street Address 1** Bldg 37, Shangrila Rd  
**Street Address 2** PO Box 75327  
**City** Kapolei  
**State** Hawaii  
**Zip Code** 96707  
**Format: (12345 or 12345-1234)**

## Project Sponsor Information

### Instructions:

The project sponsor is usually the entity that will be carrying out the project. If the sponsor is the same entity as the project applicant, select "yes" in the first drop-down box and enter "save" at the bottom of the page, and the system will auto-populate the fields on this form based on the information entered in the SF-424. Simply verify that the correct information has been populated. If the information is incorrect, correct the applicant information on the SF-424.

If the project sponsor and applicant are separate entities, manually enter the information for the project sponsor. All non-profit sponsors will need to attach proper documentation to verify their non-profit status, if the documentation is not attached to the SF 424. All projects can identify only one sponsor. If multiple sponsors have been identified on past funding applications, the project applicant must identify a "lead" sponsor.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields to identify the project sponsor, including its legal name, type of organization, DUNS number, employer/taxpayer number, and physical address.**

**Is the project applicant the same as the project sponsor?** Yes  
(If yes select the "Save" button to auto-fill the fields below)

**Organization Name** United States Veterans Initiative, Inc  
**Organization Type** M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:

**DUNS Number** 303609129  
**Format: xxxxxxxxx or xxxxxxxxxxxxxx**

**Tax ID or EIN** 95-4382752  
**Format: 12-3456789**

**Street Address 1** Bldg 37, Shangrila Road

**Street Address 2**

**City** Kapolei

**State** Hawaii

**Zip Code** 96707  
**Format: 12345 or 12345-1234**

**Is the sponsor a Faith-Based Organization?** No

# Non-Profit Documentation Attachment Detail

## Document Description:

## Project Sponsor Contact Information

### Instructions:

The project sponsor is usually the entity that will be carrying out the project. If the sponsor is the same entity as the project applicant, the system will auto-populate the fields on this form based on the information entered in the SF-424. Simply verify that the correct information has been populated. If the information is incorrect, correct the applicant information on the SF-424.

If the project sponsor and applicant are separate entities, manually enter the information for the project sponsor. All non-profit sponsors will need to attach proper documentation to verify their non-profit status, if the documentation is not attached to the SF 424. All projects can identify only one sponsor. If multiple sponsors have been identified on past funding applications, the project applicant must identify a "lead" sponsor.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Provide the name and contact information of the person to be contacted for matters regarding project operations. If the sponsor is the same entity as the applicant, the system will auto-populate the fields below.**

**Prefix** Mr  
**First Name** Darryl  
**Middle Name**  
**Last Name** Vincent  
**Suffix**  
**Title** Hawaii Site Director  
**E-mail Address** dvincent@usvetsinc.org  
**Confirm E-mail Address** dvincent@usvetsinc.org  
**Phone Number** 808-330-2825  
**Format: 123-456-7890**  
**Extension**  
**Fax Number** 808-682-9006  
**Format: 123-456-7890**

# Assessment Tool Attachment Detail

## Document Description:

## Type and Scale of Housing

The following list summarizes all housing units that will be used for participants in the project. To add information to this list, click on the icon and enter the requested information.

Housing Type	Units	Beds	Bedrooms
Dormitory, shared or privat...	25	98	25
Dormitory, shared or privat...	10	20	10

## Type and Scale of Housing Detail

### Instructions:

For the 2008 competition, the available housing type selections have been re-defined. Refer to the detailed instructions located on the left menu for additional instructions on completing this page.

If the project is funded, the applicant/sponsor will be responsible for operating the project as indicated here. Entering incorrect information may result in the reduction or withdrawal of the conditional award. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields related to the number of units, beds, and bedrooms for each housing type in the project.**

**Housing Type:** Dormitory, shared or private rooms

### Total for Selected Housing Type

**Units:** 25

**Beds:** 98

**Bedrooms:** 25

## Type and Scale of Housing Detail

### Instructions:

For the 2008 competition, the available housing type selections have been re-defined. Refer to the detailed instructions located on the left menu for additional instructions on completing this page.

If the project is funded, the applicant/sponsor will be responsible for operating the project as indicated here. Entering incorrect information may result in the reduction or withdrawal of the conditional award. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields related to the number of units, beds, and bedrooms for each housing type in the project.**

**Housing Type:** Dormitory, shared or private rooms

### Total for Selected Housing Type

**Units:** 10

**Beds:** 20

**Bedrooms:** 10

# Project Participants - Households with Dependent Children

## Instructions:

The purpose of this form is to capture the total number of homeless persons served by the project at a point in time, as well as the subpopulations/disabilities for each household. If the project is not serving households with dependent children, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form. .

Rapid Re-housing projects: 100% of the adults served by the project must be accompanied by children and should be reflected in the fields below.

Samaritan Housing, Safe Haven, and SRO housing projects: 100% of the households served by the project must not be accompanied by children. Therefore, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

All projects: in the "Total Persons" column indicate the total number of "disabled adults," "non-disabled adults," "disabled children," "non-disabled children," and "Total Number of Households" for each household in the project. The system will auto-populate the remaining fields in this column.

Next, identify the appropriate subpopulation (Severely Mentally Ill, Chronic Substance Abuser, Veterans, Persons with HIV/AIDS, and Victims of Domestic Violence) for each person in the project. If the participants are dually-diagnosed and fit into more than one subpopulation (i.e. severely mentally ill with chronic substance abuse), make sure to indicate these individuals in all appropriate subpopulations (it is possible to have overlapping information). The system will auto-calculate all totals based on the values entered for each subpopulation.

Notice that information cannot be entered into certain fields. Persons with a severe mental illness and/or HIV/AIDS constitute disabled adults; therefore, no entry is allowed in the "non-disabled adult" fields. Also, no values can be entered for any children under the Veterans columns. For homeless assistance programs, chronic substance abuse, by itself, may constitute as a disability.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Indicate the total number of households that include a homeless adult with dependent children. Also identify the number of persons and subpopulations within each household in the project.**

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



# Project Participants - Households without Dependent Children

## Instructions:

The purpose of this form is to capture the total number of homeless persons served by the project at a point in time, as well as the subpopulations for each household. If the project is serving households with dependent children, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

Samaritan Housing, Safe Haven, and SRO housing projects: 100% of the adults served by the project must be unaccompanied by children and should be reflected in the fields below.

Rapid Re-housing projects: 100% of the adults served by the project must be accompanied by children. Therefore, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

All projects: in the "Total Persons" column indicate the total number of "disabled adults," "non-disabled adults," "non-disabled unaccompanied youth," "non-disabled children," and "Total Number of Households" for each household in the project. The system will auto-populate the remaining fields in this column.

Next, identify the appropriate subpopulation (Chronically Homeless, Severely Mentally Ill, Chronic Substance Abuser, Veterans, Persons with HIV/AIDS, and Victims of Domestic Violence) for each person in the project. If the individuals are dually-diagnosed and fit into more than one subpopulation (i.e. severely mentally ill with chronic substance abuse), make sure to indicate these individuals in all appropriate subpopulations (it is possible to have overlapping information). The system will auto-calculate all totals based on the values entered for each subpopulation.

Notice that information can only be entered into certain fields. Chronically Homeless persons must be disabled adults in households without children, so no entry is allowed in the "non-disabled adult" fields. Also, Veterans must be adults; therefore, no entry is allowed for unaccompanied youth. All severely mentally ill persons and persons living with HIV/AIDS are automatically considered disabled; therefore, there can be no entry for non-disabled persons. For homeless assistance programs, chronic substance abuse, by itself, may constitute as a disability.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Indicate the total number of households that include a homeless adult without dependent children. Also identify the number of persons and subpopulations within each household in the project.**

## Instructions:

Chronically Homeless must be disabled adults in households without children (so no entry allowed in non-disabled adult or children/youth)

Severely Mentally Ill are all considered disabled (so no entry allowed in non-disabled)

Chronic Substance Abuse may not constitute a disability on its own

Veterans must be adults (so no entry allowed in children/youth)

Persons living with HIV/AIDS are all considered disabled (so no entry allowed in non-disabled)

Total Number of Households	118
----------------------------	-----

United States Veterans Initiative						EX2_006478	
	Total Persons	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Adults	100	40	30	80	100	1	2
Non-Disabled Adults	18			0	18		1
Disabled Unaccompanied Youth	0		0	0		0	0
Non-Disabled Unaccompanied Youth	0			0			0
<b>Total Persons (select "Save" to auto-calculate)</b>	<b>118</b>	<b>40</b>	<b>30</b>	<b>80</b>	<b>118</b>	<b>1</b>	<b>3</b>
<b>Total Number of Adults (select "Save" to auto-calculate)</b>	<b>118</b>						
<b>Total Number of Unaccompanied Youth (select "Save" to auto-calculate)</b>	<b>0</b>						

## Outreach for Participants

### Instructions:

To help determine the eligibility of homeless participants served by the project, as well as the project's eligibility to apply for homeless assistance funding, indicate where the homeless participants are coming from (streets, emergency shelters, safe havens, transitional housing who came directly from the street, or other places). Also, describe how the applicant/sponsor plans to bring these participants into the project.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields related to the outreach plans to bring participants into the project.**

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

**Note: this includes persons who ordinarily sleep in one of the places listed below but are spending a short time (30 consecutive days or less) in a jail, hospital, or other institution.**

85%	Persons who came from the street or other locations not meant for human habitation.
15%	Person who came from Emergency Shelters.
0%	Persons who came from Safe Havens.
	Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens.
100%	Total of above percentages

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

## Housing for Participants

### Instructions:

The purpose of this form is to determine the ability of the project to meet the housing standards as described in the NOFA. While this form may be visible by all projects, it only applies to specific housing activities. All renewal projects and new SHP-SSO, SHP-HMIS, SHP-SH, S+C-SRA, and S+C-PRA projects do not have to complete this form and may move to the next form.

The maximum allowable length of stay for participants in SHP-TH projects is 24 months. However, Rapid Re-housing participants must not be housed longer than 18 months. HUD does not impose a length of stay restriction on participants in permanent housing projects (S+C, SHP permanent housing, and Section 8 SRO).

All SHP-PH, S+C-TRA, and S+C-SRA projects must describe the reason for selecting the proposed housing structure.

All S+C-PRAR, S+C-SRO, Section 8 SRO projects and SHP projects that are requesting funds for rehabilitation must describe the rehabilitation activities that will be undertaken for housing the participants in the project.

All other project types are not required to complete this form and may move to the next form.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

## Discharge Planning Policy

**The following question must be completed by project applicants that are State or Local government agencies.**

**Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs?**

Not Applicable

## Project Leveraging

The following list summarizes the leveraging funds for the project. To add information to this list, click on the icon and enter the requested information.

**Total value of written commitment** \$1,200,000

Contributor	Source	Date of Commitment	Value of Commitment
State of Hawaii S...	Government	07/01/2008	\$150,000
Department of Labor	Government	07/01/2008	\$200,000
Department of Vet...	Private	07/01/2008	\$850,000

## Project Leveraging Detail

### Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

**Select the Type of Contribution** Cash  
**Name the Source of the Contribution** State of Hawaii Stipend Funding  
**Select Type of Source** Government  
**Date of Written Commitment** 07/01/2008  
**Value of Written Commitment** \$150,000

## Project Leveraging Detail

### Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

**Select the Type of Contribution** Cash  
**Name the Source of the Contribution** Department of Labor  
**Select Type of Source** Government  
**Date of Written Commitment** 07/01/2008  
**Value of Written Commitment** \$200,000

## Project Leveraging Detail

### Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

**Select the Type of Contribution** Cash  
**Name the Source of the Contribution** Department of Veteran Affairs  
**Select Type of Source** Private  
**Date of Written Commitment** 07/01/2008  
**Value of Written Commitment** \$850,000

# Homeless Management Information System (HMIS) Participation

## Instructions:

The data entered into this form will be used to determine the percentage of clients reported in the CoC's HMIS for this project.

Indicate whether or not the project is participating in the HMIS. If the project is participating in the HMIS, enter additional information about the project's participation in the HMIS, including the total number of clients served by the project, the total number of clients reported in the HMIS, and the percentage of values that are missing ("Null or Missing Values") and/or unknown ("Don't Know or Refused") for all client records reported. If there were no unknown value, enter "0" in any field within the chart, and select "Save & Next" to move to the next form.

If the project is not participating in the HMIS, indicate the reason(s) for non-participation.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA for additional program requirements.

**All projects must indicate their level of participation in the CoC's HMIS.**

**Does this project provide client level data to HMIS at least annually?** Yes

**Select the "Save" button to enter additional information.**

**Indicate the number of clients served from 1/1/2007 - 12/31/2007** 266

**Of the clients served from 1/1/2007 - 12/31/2007, indicate the number reported in the HMIS** 266

**Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.'**

Data Quality	Null or Missing Values (%)	Don't Know or Refused (%)
Name	0%	0%
Social Security Number	0%	0%
Date of Birth	0%	0%
Ethnicity	0%	0%
Race	0%	0%
Gender	0%	0%
Veteran Status	0%	0%
Disabling Condition	0%	0%
Residence Prior to Prog. Entry	0%	2%
Zip Code of Last Permanent Address	40%	0%

## Renewal Performance

### Instructions:

The fields on this form will assess the progress of the renewal project and identify any significant changes from the prior grant. Indicate whether or not the project has unresolved monitoring findings, or outstanding audit findings, and whether or not amendments have been made to the project since the last funding approval.

If amendments have occurred, indicate and explain the reason(s) for the change(s). Also, indicate the specific change in the project, by noting the previous information (before the amendment) and new information (after the amendment).

Contact the local HUD Field Office for amendment requirements, and/or any unresolved monitoring or outstanding audit findings: <http://www.hud.gov/offices/cpd/about/local/index.cfm>. For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

**The following fields must be completed by all renewal projects.**

**Are there any unresolved monitoring or audit findings on HUD McKinney-Vento Act grants, excluding ESG?** No

**Were there any amendments executed since the last funding approval?** No

## SHP Supportive Services Budget

**Complete the following budget fields detailing how SHP funds will be used to provide supportive services project participants.**

### Instructions:

Enter the quantity and total dollar amount of SHP funds requested for each supportive service in the project for each year of the grant term. Enter only the portion of the costs DIRECTLY related to providing services to project participants who are eligible for SHP funding. Refer to the SHP Desk Guide for details on eligible supportive services costs:

<http://www.hudhre.info/index.cfm?do=viewShpDeskguideD> For detailed instructions and examples on completing this budget, reference the online training modules at:  
<http://esnaps.hudhre.info/training>.

By law, SHP funds may be used to pay for up to 80% of the total supportive services budget for each year of the grant term. This means that the grantee or project sponsor must make cash payment for at least 20% of the project's total supportive services annual budget. Although documentation of matching funds is not required in this application; if the project is awarded grant funds, documentation for Year 1 must be presented before grant agreement and entered in the Annual Performance Report (APR) at the end of the operating year. Documentation of cash match for Years 2 and 3, if applicable, must be met by the end of each of those years and entered in the corresponding APR.

Rapid Re-housing projects - If the applicant is applying for a Rapid Re-housing Demonstration Project and will be providing housing placement, legal assistance and literacy training these items should be listed under "other" costs.

Supportive Services Costs	Quantity (limit 200 characters)	SHP Request Year 1	Total
1. Outreach	0.50 FTE Outreach Coordinator	\$16,650	\$16,650
2. Case Management	3.0 FTE Case Managers	\$118,463	\$118,463
3. Life Skills (outside of case management)		\$0	\$0
4. Alcohol and Drug Abuse Services		\$0	\$0
5. Mental Health and Counseling Services		\$0	\$0
6. HIV/AIDS Services		\$0	\$0
7. Health Related and Home Health Services		\$0	\$0
8. Education and Instruction		\$0	\$0
9. Employment Services		\$0	\$0
10. Child Care		\$0	\$0
11. Transportation	Mileage (22,763 at \$0.485)	\$11,040	\$11,040
13. Other (must specify )			
	Food (3 meals per day)	33,646 meals @\$4.00 per meal	\$134,584
	Insurance and Telephone	Insurance (1.96% of salaries); Telephone (3.19% of salaries)	\$6,958
	Salary Fringes and Benefits	27.62 of salaries	\$37,318
14. Total SHP dollars requested		\$325,013	\$325,013
15. Cash Match		\$81,253	\$81,253
16. Total SHP Supportive Services Budget		\$406,266	\$406,266
17. Other resources (cash and in-kind)		\$0	\$0



# Supportive Housing Program (SHP) Summary Budget

## Instructions:

To update the individual budget activities (acquisition, new construction, rehabilitation, leasing, supportive services, operations, or HMIS), use the left menu bar to go back to the appropriate budget. Refer to the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewShpDeskguideD> for details on funding limitations, cash match, and eligible budget activities.

**The following information summarizes the SHP funding request and the available cash match for the total term of the project. Enter the appropriate amount of administrative costs for the project.**

**Selected Grant Term 1 Year**

SHP Activities	SHP Dollars Request	Cash Match	Totals
1. Acquisition			\$0
2. Rehabilitation			\$0
3. New Construction			\$0
4. Subtotal (Lines 1 - 3)	\$0	\$0	\$0
5. Real Property Leasing From Leasing Budget Chart	\$0		\$0
6. Supportive Services From Supportive Services Budget Chart	\$325,013	\$81,253	\$406,266
7. Operations From Operating Budget Chart	\$0	\$0	\$0
8. HMIS From HMIS Budget Chart	\$0	\$0	\$0
9. SHP Request (Subtotal lines 4-8)	\$325,013		
10. Administrative Costs (Up to 5% of line 9)	\$16,250	Max. Admin. Allowed	\$16,251
	<b>Total SHP Request (Total lines 9 and 10)</b>	<b>Total Cash Match</b>	<b>Total Budget (Total SHP Request + Total Cash Match)</b>
	\$341,263	\$81,253	\$422,516

# Public Housing Authority (PHA) Certification Attachment Detail

## Document Description:

## Program Outcome Logic Model (HUD 96010) Attachment

Document Type	Required?	Document Description	Date Attached
Logic Model for Program Outcome (HUD 96010)	Yes	USVETS SHP Vetera...	09/03/2008

# Program Outcome Logic Model (HUD 96010) Attachment Detail

**Document Description:** USVETS SHP Veterans in Progress Logic Model

## Submission Summary

Part	Last Updated
<b>Project Information</b>	
Page 1	9/1/08 12:09 PM
Page 2	8/29/08 3:22 PM
Grant Consolidation	Please Complete
Project Location(s)	8/29/08 3:23 PM
Project Expansion	Please Complete
Sponsor Information	8/29/08 3:26 PM
Attachment - Org	Please Complete
Sponsor Contact	9/3/08 1:28 PM
Experience of Partners	Please Complete
Special Housing Project	No Input Required
Assessment Tool	Please Complete
Housing Type & Scale	8/29/08 3:29 PM
Project Participants	
With Children	8/29/08 3:32 PM
Without Children	8/29/08 3:33 PM
Services for Participants	No Input Required
Outreach for Participants	8/29/08 3:41 PM
Housing for Participants	No Input Required
Discharge Policy	9/3/08 1:21 PM
Project Leveraging	9/26/08 9:19 PM
HMIS Participation	9/2/08 1:35 AM
HMIS Dedicated Information	Please Complete
HMIS Implementation Timetable	Please Complete
HMIS Implementation Progress	Please Complete
Renewal Performance	9/1/08 12:06 PM
SHP Project Budgets	
Operating Budget	No Input Required
Leasing	Please Complete
Leased Structure(s)	No Input Required
Supportive Services Budget	No Input Required

<b>Acquisition/Rehabilitation/New Construction Budget</b>	Please Complete
<b>SHP HMIS Budget</b>	
<b>Equipment</b>	8/29/08 3:21 PM
<b>Software</b>	8/29/08 3:21 PM
<b>Services</b>	No Input Required
<b>Personnel</b>	8/29/08 3:21 PM
<b>Space &amp; Operations</b>	No Input Required
<b>Summary</b>	Please Complete
<b>SHP Summary Budget</b>	9/26/08 9:14 PM
<b>Shelter Plus Care</b>	
<b>Rental Assistance Budget</b>	Please Complete
<b>Rental Assistance Budget</b>	Please Complete
<b>Rental Assistance Budget</b>	Please Complete
<b>Estimated Development Costs</b>	Please Complete
<b>PHA Cert. Attachment</b>	No Input Required
<b>Logic Model Attachment</b>	9/3/08 3:23 PM
<b>Supportive Services the Participants Will Receive</b>	
<b>Page 1</b>	Please Complete
<b>Targeted Subpopulations</b>	No Input Required

**Notes:**

Grant Consolidation list must include at least 1 item(s).

Leasing list must include at least 1 item(s).

Acquisition/Rehabilitation/New Construction Budget list must include at least 1 item(s).

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Rental Assistance Budget list must include at least 1 item(s).

Values cannot be greater than published FMRs

## Project Information - Page 1

### Instructions:

Select the appropriate Continuum of Care (CoC) name and number from the drop-down menu. The system will auto-populate the "Project Name" field.

Identify the appropriate "Project Type" from the drop-down menu (new or renewal project). Renewal projects are defined as those HUD McKinney-Vento grants that have received prior funding and are eligible to renew during the current competition.

Identify the project's "Program Type" and "Component Type." These selections must be made in the order of appearance (i.e. component type cannot be selected before selecting program type or project type). Depending on the program type selected, indicate the appropriate component type for the project.

Select the state(s) and the congressional district(s) in which the project is located. This information will be used to list the available geography codes on the next screen, and to send correspondence to the appropriate Congressional Representative(s).

In the last field on this form, provide a general description of the project. The description should include information on the homeless needs that are addressed by the project, the type of housing and number of units being proposed, and the target population that the project will serve. This information is required of all new and renewal projects. Rapid Re-housing projects must review the detailed instructions attached to the left menu and must reference the 2008 NOFA for detailed program requirements. Additional program requirements for all project types are also available at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements. As well, additional training for completing this page is available online at: <http://esnaps.hudhre.info/training>.

**The following fields must be completed for every project application.**

**CoC Number and Name** HI-501 - Honolulu CoC

**Project Name** Shelter Plus Care 9

**Project Type** New Project

**Program Type**

**Content depends on "Project Type" selection**

**Component Type**

**Content depends on "Program Type" selection**

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

**In which Congressional District(s) is the project located?** HI-001  
(for multiple selections hold CTRL + Key)

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

The Shelter Plus Care program provides permanent supportive housing on a long-term basis to homeless individuals with a serious mental illness, or co-occurring serious mental illness and substance abuse or other disabling condition. Diagnoses of schizophrenia, bipolar and paranoid disorders result in symptoms of extreme paranoia, anxiety, depression or active hallucinations and delusions in which disruptive thought patterns may abate, then recur, with stress bringing on a recurrence of symptoms. This projects population group demonstrates impaired functioning in thought and emotion and without permanent affordable housing and long-term supportive treatment or services will continue to be homeless.

Tenant-based Rental Assistance (TRA) will provide rental assistance to four (4) individuals in market-based studio housing units, previously vacant, located in the City and County of Honolulu. The State of Hawaii, Department of Health, Adult Mental Health Division (AMHD) will provide supportive services in the amount \$271,440 including outreach, psychiatric treatment, intensive case management, psycho-social rehabilitation, and housing support services to participants and landlords.

The Shelter Plus Care rental subsidies will fill a gap in the City and County of Honolulu Continuum of Care system by providing an additional integrated housing and supportive services program.

## Project Information - Page 2

### Instructions:

#### New projects:

There are two types of special housing projects for the 2008 competition, Samaritan Housing and Rapid Re-Housing. All new SHP-PH, SHP-TH, S+C, and Section 8 SRO projects must identify whether or not special housing funds are being requested. Only new SHP-PH, S+C, and Section 8 SRO projects may request Samaritan Housing funds. Rapid Re-housing funds can be requested by new SHP-TH projects only.

#### Renewal projects:

Indicate whether or not the project previously received funds under the Samaritan Housing Initiative. If the project received Samaritan funds, the project must continue to meet the requirements of the initiative for the life of the project. Renewal SHP projects must also indicate whether or not it is a consolidated grant. All grant consolidations must be HUD approved prior to application submission. Each consolidated grant must be listed on the "Grant Consolidation" page.

#### New and renewal projects:

Indicate whether or not the project is:

- using Energy Star;
  - located in a rural area (reference the definition in 2008 NOFA before answering this question);
- and
- located on land previously owned by the military.

All new and renewal projects must also indicate the geographic area(s) that will be served by the project.

#### Budget Activities:

All SHP projects must identify the budget activities being requested for the project. Depending on the project type, these budget activities may include acquisition, new construction, rehabilitation, leasing (units or structures), supportive services, operations, and/or HMIS. All S+C and Section 8 SRO projects must only complete the rental assistance budget and the estimated development cost budget, if applicable.

For additional instructions and examples on completing this form, reference the detailed instructions document on the left menu and the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

### The following fields must be completed for every project application.

**Is the project requesting funding under a Special Initiative?** No  
**Select the "Save" button to identify Rapid Re-housing or Samaritan Housing**

**Grant Term:** 5 Years

**Does the project use Energy Star?** Yes

**Is the project located in a rural area?** No

**Is the project located on land previously owned by the military?** No

**Select the geographic code(s) for area(s) served by the project (for multiple selections hold CTRL + Key)** 150144 HONOLULU

## Project Location(s)

The following list summarizes the project location(s) that have been entered. To add a location to this list, click on the  symbol.

Location Name	Street Address 1	Street Address 2	City	State	Zip
Scattered Site	677 Ala Moana Blv...	--	Honolulu	Hawaii	96813

## Project Location Detail

### Instructions:

Location Name (Optional - except for SRA project): Identify the name of the location(s) being used for housing project participants. If the project includes leased or rental units in more than 4 locations, only enter "Scattered Site" in this field. All other project types should enter the name of the project location in this field.

Project Ownership (Required): Indicate whether the location (including all scattered sites locations) is owned or leased by the applicant, sponsor, or a parent organization. If the project contains units that house project participants using SHP funds, under no circumstances may SHP leasing funds be used to lease units or structures owned by the grantee (the applicant), the project sponsor, or the parent organization(s) of either entity.

Location Address (Optional - except for SRA project): Indicate the Street Address, City, State, and Zip Code of the units being used for housing project participants. If the project includes leased or rental units in more than 4 locations, enter the address of the project sponsor in these fields.

For additional instructions and examples related to completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

**Enter the physical address of the project and indicate the ownership of the location. Scattered site projects should refer to the instructions for details on completing the field on this screen.**

**Location Name** Scattered Site  
**Property Ownership** Lease  
**Street Address 1** 677 Ala Moana Blvd., Suite 713  
**Street Address 2**  
**City** Honolulu  
**State** Hawaii  
**Zip Code** 96813  
**Format: (12345 or 12345-1234)**

## Project Sponsor Information

### Instructions:

The project sponsor is usually the entity that will be carrying out the project. If the sponsor is the same entity as the project applicant, select "yes" in the first drop-down box and enter "save" at the bottom of the page, and the system will auto-populate the fields on this form based on the information entered in the SF-424. Simply verify that the correct information has been populated. If the information is incorrect, correct the applicant information on the SF-424.

If the project sponsor and applicant are separate entities, manually enter the information for the project sponsor. All non-profit sponsors will need to attach proper documentation to verify their non-profit status, if the documentation is not attached to the SF 424. All projects can identify only one sponsor. If multiple sponsors have been identified on past funding applications, the project applicant must identify a "lead" sponsor.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields to identify the project sponsor, including its legal name, type of organization, DUNS number, employer/taxpayer number, and physical address.**

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

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

If "Other" specify:

**DUNS Number** 148976884  
**Format: xxxxxxxxx or xxxxxxxxxxxxxx**

**Tax ID or EIN** 99-0272190  
**Format: 12-3456789**

**Street Address 1** 677 Ala Moana Blvd., Suite 713

**Street Address 2**

**City** Honolulu

**State** Hawaii

**Zip Code** 96813  
**Format: 12345 or 12345-1234**

**Is the sponsor a Faith-Based Organization?** No

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

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

## Non-Profit Documentation Attachment

Document Type	Required?	Document Description	Date Attached
Proof of non-profit status	Yes	Steadfast 501c3 l...	10/02/2008

# Non-Profit Documentation Attachment Detail

**Document Description:** Steadfast 501c3 letter

## Project Sponsor Contact Information

### Instructions:

The project sponsor is usually the entity that will be carrying out the project. If the sponsor is the same entity as the project applicant, the system will auto-populate the fields on this form based on the information entered in the SF-424. Simply verify that the correct information has been populated. If the information is incorrect, correct the applicant information on the SF-424.

If the project sponsor and applicant are separate entities, manually enter the information for the project sponsor. All non-profit sponsors will need to attach proper documentation to verify their non-profit status, if the documentation is not attached to the SF 424. All projects can identify only one sponsor. If multiple sponsors have been identified on past funding applications, the project applicant must identify a "lead" sponsor.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Provide the name and contact information of the person to be contacted for matters regarding project operations. If the sponsor is the same entity as the applicant, the system will auto-populate the fields below.**

**Prefix** Ms  
**First Name** Linda  
**Middle Name** S.  
**Last Name** Ahue  
**Suffix** MSW  
**Title** Mental Health Services Director  
**E-mail Address** lahue@steadfast-hawaii.org  
**Confirm E-mail Address** lahue@steadfast-hawaii.org  
**Phone Number** 808-599-6230  
**Format: 123-456-7890**  
**Extension** 630  
**Fax Number** 808-599-1821  
**Format: 123-456-7890**

## Experience of Project Applicant, Sponsor, and Partners

### Instructions:

The purpose of this screen is to determine the ability of the project partners to operate and carry-out the housing and/or supportive service activities of the project.

All projects - describe the specific type and length of experience for the applicant, project sponsor, housing and supportive service providers, and if applicable, key subcontractors involved in implementing the project. In addition, describe the experience in working with homeless persons, and the experience directly related to the proposed activities being carried out, including housing development, housing management, housing families (especially for Rapid Re-housing projects), service delivery, and HMIS activities (for new HMIS projects).

Rapid Re-housing projects - must also describe specific experience serving homeless households with dependent children and include a description of the performance for previous Rapid Re-housing for Families and/or households with dependent children projects. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

**Describe how the project applicant, sponsor, and partners meet the experience standards outlined in the NOFA.**

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

Steadfast Housing Development Corporation (SHDC), project sponsor, incorporated as a Hawaii private nonprofit entity on May 4, 1989 to combine private sector housing expertise with the Community Mental Health Centers (CMHC) mental health expertise to provide housing and mental health supportive services to individuals with a Serious and Persistent Mental Illness (SPMI).

SHDC possesses the skills, knowledge and experience and has demonstrated the ability to successfully operate the Shelter Plus Care Program.

The acquisition, development, management, and operations of forty-five (45) group homes, condominium apartments and a single room occupancy facility, as well as seven (7) Shelter Plus Care contracts and a Supported Housing Program contract, spanning nineteen (19) years and serving over a two thousand (2000) Consumers annually, have given SHDC the necessary skills and experience to be in the forefront on housing development, management, operations, and services to Consumers in the State of Hawaii.

SHDCs key management personnel are college graduates; possess real estate and social work licenses, and federal housing certificates. They have attended numerous Federal, State and private workshops and training on housing and construction issues, Fair Housing Laws, ADA laws, Consumer homelessness issues, employer/employee relationships, Drug Free Workplace issues, Federal and State housing standards and social and Consumer support programs. They also attended countless meetings with community lenders and leaders with regards to housing finance and support service issues. The varied background of its personnel has given SHDC the skills necessary to undertake the task of providing Supported Housing and social services to Consumers of the State of Hawaii.

**Describe applicable experience relating to the administration of rental assistance.**

SHDCs personnel are experienced and qualified in providing professional management and social services. The Housing Support Team (HST) currently consists of twenty-five (25) field staff (Residential Specialist Supervisors & Residential Specialists) under the direct supervision of the Supported Housing Program Manager with overall supervision by the Mental Health Services Director.

HST staff possesses skills necessary to the proper functioning of the Shelter Plus Care Program. They are trained to promote a culture of recovery and rehabilitation in the community, guided by the basic philosophy that persons with disabilities need skills and environmental supports to achieve their goals of living. They are also trained to perform inspections using HUDS Housing Quality Standards, manage a housing wait list, verify income and family composition of participants, calculate participants share of rent, negotiate with landlords, provide information and referrals to fund access modifications, make rent payments to a landlord on behalf of a participants, locate appropriate housing and provide tenancy assistance to maintain Consumers in the homes of their choice. They also have the ability to provide in-vivo response coverage to recipients and landlords twenty-four hours daily/seven days a week.

SHDC skills, experience, and background in housing development and services have resulted in being awarded numerous Department of Health POS contracts, contractual agreements with State Housing Agencies and other community nonprofit organizations, received 20 year leases on 28 properties owned by the State for the purpose of providing housing and support services to Consumers and being awarded thirteen Federal HUD program grants.

SHDC uniquely possesses professional real estate and property management capabilities with the expertise, knowledge and staff capable of providing necessary supportive services to Consumers is a rare combination. SHDC goal is to pursue Federal, State, County and Private Funds necessary to continue and improve statewide housing opportunities and support services to Consumers. SHDC background and expertise in housing related matters, makes it uniquely suited to carry out the scope of the Shelter Plus Care Program.

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

# Assessment Tool Attachment Detail

## Document Description:

# Type and Scale of Housing

The following list summarizes all housing units that will be used for participants in the project. To add information to this list, click on the icon and enter the requested information.

Housing Type	Units	Beds	Bedrooms
Scattered-site apartments (...)	4	4	4

## Type and Scale of Housing Detail

### Instructions:

For the 2008 competition, the available housing type selections have been re-defined. Refer to the detailed instructions located on the left menu for additional instructions on completing this page.

If the project is funded, the applicant/sponsor will be responsible for operating the project as indicated here. Entering incorrect information may result in the reduction or withdrawal of the conditional award. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields related to the number of units, beds, and bedrooms for each housing type in the project.**

**Housing Type:** Scattered-site apartments (including efficiencies)

### Total for Selected Housing Type

**Units:** 4

**Beds:** 4

**Bedrooms:** 4

# Project Participants - Households with Dependent Children

## Instructions:

The purpose of this form is to capture the total number of homeless persons served by the project at a point in time, as well as the subpopulations/disabilities for each household. If the project is not serving households with dependent children, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form. .

Rapid Re-housing projects: 100% of the adults served by the project must be accompanied by children and should be reflected in the fields below.

Samaritan Housing, Safe Haven, and SRO housing projects: 100% of the households served by the project must not be accompanied by children. Therefore, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

All projects: in the "Total Persons" column indicate the total number of "disabled adults," "non-disabled adults," "disabled children," "non-disabled children," and "Total Number of Households" for each household in the project. The system will auto-populate the remaining fields in this column.

Next, identify the appropriate subpopulation (Severely Mentally Ill, Chronic Substance Abuser, Veterans, Persons with HIV/AIDS, and Victims of Domestic Violence) for each person in the project. If the participants are dually-diagnosed and fit into more than one subpopulation (i.e. severely mentally ill with chronic substance abuse), make sure to indicate these individuals in all appropriate subpopulations (it is possible to have overlapping information). The system will auto-calculate all totals based on the values entered for each subpopulation.

Notice that information cannot be entered into certain fields. Persons with a severe mental illness and/or HIV/AIDS constitute disabled adults; therefore, no entry is allowed in the "non-disabled adult" fields. Also, no values can be entered for any children under the Veterans columns. For homeless assistance programs, chronic substance abuse, by itself, may constitute as a disability.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Indicate the total number of households that include a homeless adult with dependent children. Also identify the number of persons and subpopulations within each household in the project.**

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



## Project Participants - Households without Dependent Children

### Instructions:

The purpose of this form is to capture the total number of homeless persons served by the project at a point in time, as well as the subpopulations for each household. If the project is serving households with dependent children, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

Samaritan Housing, Safe Haven, and SRO housing projects: 100% of the adults served by the project must be unaccompanied by children and should be reflected in the fields below.

Rapid Re-housing projects: 100% of the adults served by the project must be accompanied by children. Therefore, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

All projects: in the "Total Persons" column indicate the total number of "disabled adults," "non-disabled adults," "non-disabled unaccompanied youth," "non-disabled children," and "Total Number of Households" for each household in the project. The system will auto-populate the remaining fields in this column.

Next, identify the appropriate subpopulation (Chronically Homeless, Severely Mentally Ill, Chronic Substance Abuser, Veterans, Persons with HIV/AIDS, and Victims of Domestic Violence) for each person in the project. If the individuals are dually-diagnosed and fit into more than one subpopulation (i.e. severely mentally ill with chronic substance abuse), make sure to indicate these individuals in all appropriate subpopulations (it is possible to have overlapping information). The system will auto-calculate all totals based on the values entered for each subpopulation.

Notice that information can only be entered into certain fields. Chronically Homeless persons must be disabled adults in households without children, so no entry is allowed in the "non-disabled adult" fields. Also, Veterans must be adults; therefore, no entry is allowed for unaccompanied youth. All severely mentally ill persons and persons living with HIV/AIDS are automatically considered disabled; therefore, there can be no entry for non-disabled persons. For homeless assistance programs, chronic substance abuse, by itself, may constitute as a disability.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Indicate the total number of households that include a homeless adult without dependent children. Also identify the number of persons and subpopulations within each household in the project.**

### Instructions:

Chronically Homeless must be disabled adults in households without children (so no entry allowed in non-disabled adult or children/youth)

Severely Mentally Ill are all considered disabled (so no entry allowed in non-disabled)

Chronic Substance Abuse may not constitute a disability on its own

Veterans must be adults (so no entry allowed in children/youth)

Persons living with HIV/AIDS are all considered disabled (so no entry allowed in non-disabled)

Total Number of Households	4
----------------------------	---

City and County of Honolulu						EX2_008193	
	Total Persons	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Adults	4	4	4	0	0	0	0
Non-Disabled Adults							
Disabled Unaccompanied Youth							
Non-Disabled Unaccompanied Youth							
<b>Total Persons (select "Save" to auto-calculate)</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Number of Adults (select "Save" to auto-calculate)</b>	<b>4</b>						
<b>Total Number of Unaccompanied Youth (select "Save" to auto-calculate)</b>	<b>0</b>						

## Supportive Services for Participants

### Instructions:

The information entered in this form will help determine the project's capacity to provide services or access to services for participants. If the project is requesting supportive services funding, the level of services must be reflected here.

Describe supportive services being offered - all new projects must describe the supportive services that will help participants obtain and remain in permanent housing, access mainstream resources, and/or obtain employment.

Frequency of supportive services - Each new project must also indicate the frequency (daily, weekly, bi-weekly, monthly, quarterly, does not apply) at which these basic supportive services are provided to project participants.

Rapid Re-housing projects- in the "other" boxes, indicate the frequency at which housing placement, literacy training, and legal assistance services will be provided to participants.

Indicate the level of accessibility of community amenities for project participants - basic community amenities include medical facilities, grocery stores, recreation facilities, schools, etc, and should be accessible to participants via walking, public transportation, driving, or transportation provided by the project. For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**In the fields below, provide information about the type of supportive services that will be provided to participants in the project as well as the frequency in which they are provided. In addition, describe how participants will be assisted to increase self-sufficiency.**

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

Supportive services include: Community Based Case Management (CBCM) and Supported Housing services based on the consumers needs and preferences that are ongoing and permanent.

Mental health services will include:

1. A minimum of once monthly home visits providing skills development in areas of money management, social development and grooming, operation of the household, and medication education.

HST services will include:

1. Assistance to the consumer to locate and retain housing of choice, secure rental deposits, utilities, and furnishing.
2. Communication/mediation with consumers, CBCM case managers and landlords to resolve housing related issues.

Assistance to participants to increase self-sufficiency will include:

Monthly home visits to provide in-vivo training to maximize independent living skills and to prepare consumers who are able to assume the lease for tenancy to move into supported housing in which the consumer holds the rights of tenancy.

**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 be offered options to increase their incomes through participation in the Clubhouse with activities centered on the work ordered day, transitional or supported employment and referrals to the Division of Vocational Rehabilitation. Also through the Clubhouse, consumers may explore innovative asset building through savings accounts for rental deposits, training or housing.

SHDC will also provide employment and employment training opportunities through the Supported Employment Program and a Restaurant Training Program, the Kau Kau Café, located on the grounds of Hawaii State Hospital. The Supported Employment Program has secured full or part-time competitive employment positions for over 300 consumers statewide, annually.

Supportive Service	Select frequency
Outreach	Monthly
Case Management	Monthly
Life Skills	Monthly
Job Training	Does not apply
Alcohol and Drug Abuse Services	Does not apply
Mental Health and Counseling	Monthly
HIV/AIDS Services	Does not apply
Health/Home Health Services	Does not apply
Education and Instruction	Does not apply
Employment Services	Does not apply
Child Care	Does not apply
Transportation	Does not apply
Other (Specify Below)	
	Does not apply
Other (Specify Below)	
	Does not apply
Other (Specify Below)	
	Does not apply

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

## Outreach for Participants

### Instructions:

To help determine the eligibility of homeless participants served by the project, as well as the project's eligibility to apply for homeless assistance funding, indicate where the homeless participants are coming from (streets, emergency shelters, safe havens, transitional housing who came directly from the street, or other places). Also, describe how the applicant/sponsor plans to bring these participants into the project.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields related to the outreach plans to bring participants into the project.**

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

**Note: this includes persons who ordinarily sleep in one of the places listed below but are spending a short time (30 consecutive days or less) in a jail, hospital, or other institution.**

80%	Persons who came from the street or other locations not meant for human habitation.
10%	Person who came from Emergency Shelters.
5%	Persons who came from Safe Havens.
5%	Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens.
100%	Total of above percentages

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

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

Outreach teams comprised of an Advanced Practice Registered Nurse (APRN) and outreach workers will proactively approach the homeless persons in unsheltered locations i.e. streets, beaches, cars, park, and homeless shelters. During the outreach and engagement phase, as trust is developed, housing options will be offered to the consumer at the earliest point possible. As soon as the homeless persons indicate interest in looking at places to live, the outreach worker will arrange to take the consumer to view apartments coordinated by the SHDCs Housing Support Team (HST). The HSTs role includes assisting the consumer in securing housing of choice, marketing the program to landlords and property managers, negotiating leases, mediating landlord/tenant issues, coordinating start up activities i.e., rental deposit, furnishings and utility hookup and ongoing support to assure satisfaction with tenancy.

Their respective case managers/social workers will refer persons residing in Shelters, the Hawaii State Hospital and transitional housing, to SHDC.

## Housing for Participants

### Instructions:

The purpose of this form is to determine the ability of the project to meet the housing standards as described in the NOFA. While this form may be visible by all projects, it only applies to specific housing activities. All renewal projects and new SHP-SSO, SHP-HMIS, SHP-SH, S+C-SRA, and S+C-PRA projects do not have to complete this form and may move to the next form.

The maximum allowable length of stay for participants in SHP-TH projects is 24 months. However, Rapid Re-housing participants must not be housed longer than 18 months. HUD does not impose a length of stay restriction on participants in permanent housing projects (S+C, SHP permanent housing, and Section 8 SRO).

All SHP-PH, S+C-TRA, and S+C-SRA projects must describe the reason for selecting the proposed housing structure.

All S+C-PRAR, S+C-SRO, Section 8 SRO projects and SHP projects that are requesting funds for rehabilitation must describe the rehabilitation activities that will be undertaken for housing the participants in the project.

All other project types are not required to complete this form and may move to the next form.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

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

**Will participants be required to live in particular structures or units during the first year and in a particular area within the locality in subsequent years, or to live in a particular area for the entire period of participation?** No

### Explain how and why the project will implement this requirement (use less than one-half page)

Tenant-based Rental Assistance (TRA) will provide rental assistance to four (4) individuals in 4 studio market-based housing units, previously vacant, located in the City and County of Honolulu. No more than two to three apartments will be located in one building in order to insure integration of persons with psychiatric disabilities into the neighborhood. Apartment units will be screened to insure they meet HUD standards for decent, safe and sanitary housing.

## Discharge Planning Policy

**The following question must be completed by project applicants that are State or Local government agencies.**

**Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs?**

Yes

## Project Leveraging

The following list summarizes the leveraging funds for the project. To add information to this list, click on the icon and enter the requested information.

**Total value of written commitment** \$271,440

Contributor	Source	Date of Commitment	Value of Commitment
Department of Hea...	Government	08/28/2008	\$271,440

## Project Leveraging Detail

### Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Department of Health, Adult Mental Health Division
<b>Select Type of Source</b>	Government
<b>Date of Written Commitment</b>	08/28/2008
<b>Value of Written Commitment</b>	\$271,440

# Homeless Management Information System (HMIS) Participation

## Instructions:

The data entered into this form will be used to determine the percentage of clients reported in the CoC's HMIS for this project.

Indicate whether or not the project is participating in the HMIS. If the project is participating in the HMIS, enter additional information about the project's participation in the HMIS, including the total number of clients served by the project, the total number of clients reported in the HMIS, and the percentage of values that are missing ("Null or Missing Values") and/or unknown ("Don't Know or Refused") for all client records reported. If there were no unknown value, enter "0" in any field within the chart, and select "Save & Next" to move to the next form.

If the project is not participating in the HMIS, indicate the reason(s) for non-participation.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA for additional program requirements.

**All projects must indicate their level of participation in the CoC's HMIS.**

**Does this project provide client level data to HMIS at least annually?** No

**Select the "Save" button to enter additional information.**

**Indicate the reason for non-participation in the HMIS** New project not yet operational

**For Federal/State prohibition, cite applicable law. For "Other", provide explanation.**

## Shelter Plus Care Rental Assistance Budget

The following information summarizes the S+C rental assistance funding request for the total term of the project. To add information to this list, click on the icon and enter the requested information.

**Total Shelter Plus Care Rental Assistance** \$271,440

FMR_Area	Total Units	Total Requested
HI - Honolulu, HI MSA (1500399999)	4	271440

# Shelter Plus Care Rental Assistance Budget Detail

## Instructions:

The rent requested for each unit size must not exceed the published Fair Market Rent (FMR) for the project area. Rent requests that exceed 100% of the published FMR for a given area are no longer an option. Use either the actual negotiated rent of the units or the most recent FMRs as published in the Federal Register, whichever is less. The most recent FMRs are available online at: <http://www.huduser.org/datasets/fmr.html>.

If the rent requested is equal to 100% of the published FMR, the award amount will be that in effect at the time when all grants are conditionally approved, which may be higher or lower than the FMRs listed here.

If the requested rent is less than 100% of the published FMR, the grant award will be funded at the amounts requested here and will not receive an FMR update.

S+C/SRO and Section 8 SRO projects may not request assistance for more than 100 units per project.

For this form, values cannot be entered into fields in the "Total Rent (per unit size)" or "Number of Months" columns, or the "Total" row; the system will auto-calculate the fields based on the information entered in the other fields. SElect the "Save" button at the bottom of the form to initiate the auto-calculations.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the Shelter Plus Care desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndeHousingProgramInfo> for detailed program requirements.

**Complete the following fields related to the S+C rental assistance funds being requested under the project.**

**Type of Program** S+C

**Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area** HI - Honolulu, HI MSA (1500399999)

**Indicate if the rent is at or below the published FMR** 100% of FMR  
(select "Save" before completing the budget below)

**Do not enter amounts greater than 100% of FMR. If an amount over 100% of FMR is entered, the budget will be reduced.**

Size of Units	Number of Units	FMR or Actual Rent **	Number of Months	Total
SRO	x	\$848	x 60 =	\$0
0 Bedroom	4 x	\$1,131	x 60 =	\$271,440
1 Bedroom	x	\$1,348	x 60 =	\$0
2 Bedrooms	x	\$1,630	x 60 =	\$0
3 Bedrooms	x	\$2,377	x 60 =	\$0
4 Bedrooms	x	\$2,799	x 60 =	\$0
5 Bedrooms	x	\$3,219	x 60 =	\$0
6 Bedrooms	x	\$3,639	x 60 =	\$0

City and County of Honolulu						EX2_008193	
7 Bedrooms		x	\$4,059	x	60	=	\$0
8 Bedrooms		x	\$4,478	x	60	=	\$0
9 Bedrooms		x	\$4,898	x	60	=	\$0
Total	4					=	\$271,440

**For projects that select "1-99% of FMR" above: the table below shows 100% of the FMR amounts for zero to four bedrooms for the FMR area selected above. Do not enter more than the FMR amount listed, or the budget will be reduced.**

Unit	FMR
0 Bedroom	\$1,131
1 Bedroom	\$1,348
2 Bedroom	\$1,630
3 Bedroom	\$2,377
4 Bedroom	\$2,799

# Public Housing Authority (PHA) Certification Attachment Detail

## Document Description:

## Program Outcome Logic Model (HUD 96010) Attachment

Document Type	Required?	Document Description	Date Attached
Logic Model for Program Outcome (HUD 96010)	Yes	Steadfast SPC9 Lo...	10/02/2008

# Program Outcome Logic Model (HUD 96010) Attachment Detail

**Document Description:** Steadfast SPC9 Logic Model

## Submission Summary

Part	Last Updated
<b>Project Information</b>	
Page 1	10/2/08 5:26 PM
Page 2	10/2/08 5:34 PM
<b>Grant Consolidation</b>	Please Complete
<b>Project Location(s)</b>	10/2/08 7:16 PM
<b>Project Expansion</b>	Please Complete
<b>Sponsor Information</b>	10/2/08 7:18 PM
<b>Attachment - Org</b>	10/2/08 7:18 PM
<b>Sponsor Contact</b>	10/2/08 7:19 PM
<b>Experience of Partners</b>	10/2/08 7:21 PM
<b>Special Housing Project</b>	Please Complete
<b>Assessment Tool</b>	Please Complete
<b>Housing Type &amp; Scale</b>	10/2/08 7:22 PM
<b>Project Participants</b>	
With Children	10/2/08 7:22 PM
Without Children	10/2/08 7:22 PM
<b>Services for Participants</b>	10/2/08 7:26 PM
<b>Outreach for Participants</b>	10/2/08 7:28 PM
<b>Housing for Participants</b>	10/2/08 7:29 PM
<b>Discharge Policy</b>	10/2/08 7:29 PM
<b>Project Leveraging</b>	10/2/08 7:39 PM
<b>HMIS Participation</b>	10/2/08 7:39 PM
<b>HMIS Dedicated Information</b>	Please Complete
<b>HMIS Implementation Timetable</b>	Please Complete
<b>HMIS Implementation Progress</b>	Please Complete
<b>Renewal Performance</b>	Please Complete
<b>SHP Project Budgets</b>	
<b>Operating Budget</b>	Please Complete
<b>Leasing</b>	Please Complete
<b>Leased Structure(s)</b>	No Input Required
<b>Supportive Services Budget</b>	Please Complete

<b>Acquisition/Rehabilitation/New Construction Budget</b>	Please Complete
<b>SHP HMIS Budget</b>	
<b>Equipment</b>	10/2/08 5:26 PM
<b>Software</b>	10/2/08 5:26 PM
<b>Services</b>	No Input Required
<b>Personnel</b>	10/2/08 5:26 PM
<b>Space &amp; Operations</b>	No Input Required
<b>Summary</b>	Please Complete
<b>SHP Summary Budget</b>	10/2/08 5:26 PM
<b>Shelter Plus Care</b>	
<b>Rental Assistance Budget</b>	10/2/08 7:41 PM
<b>Rental Assistance Budget</b>	Please Complete
<b>Rental Assistance Budget</b>	Please Complete
<b>Estimated Development Costs</b>	Please Complete
<b>PHA Cert. Attachment</b>	No Input Required
<b>Logic Model Attachment</b>	10/2/08 7:59 PM
<b>Supportive Services the Participants Will Receive</b>	
<b>Page 1</b>	Please Complete
<b>Targeted Subpopulations</b>	No Input Required

**Notes:**

Grant Consolidation list must include at least 1 item(s).

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Leasing list must include at least 1 item(s).

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Acquisition/Rehabilitation/New Construction Budget list must include at least 1 item(s).

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Values cannot be greater than published FMRs



## Project Information - Page 1

### Instructions:

Select the appropriate Continuum of Care (CoC) name and number from the drop-down menu. The system will auto-populate the "Project Name" field.

Identify the appropriate "Project Type" from the drop-down menu (new or renewal project). Renewal projects are defined as those HUD McKinney-Vento grants that have received prior funding and are eligible to renew during the current competition.

Identify the project's "Program Type" and "Component Type." These selections must be made in the order of appearance (i.e. component type cannot be selected before selecting program type or project type). Depending on the program type selected, indicate the appropriate component type for the project.

Select the state(s) and the congressional district(s) in which the project is located. This information will be used to list the available geography codes on the next screen, and to send correspondence to the appropriate Congressional Representative(s).

In the last field on this form, provide a general description of the project. The description should include information on the homeless needs that are addressed by the project, the type of housing and number of units being proposed, and the target population that the project will serve. This information is required of all new and renewal projects. Rapid Re-housing projects must review the detailed instructions attached to the left menu and must reference the 2008 NOFA for detailed program requirements. Additional program requirements for all project types are also available at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements. As well, additional training for completing this page is available online at: <http://esnaps.hudhre.info/training>.

**The following fields must be completed for every project application.**

**CoC Number and Name** HI-501 - Honolulu CoC

**Project Name** Shelter Plus Care 8

**Project Type** New Project

**Program Type**

Content depends on "Project Type" selection

**Component Type**

Content depends on "Program Type" selection

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

**In which Congressional District(s) is the project located?** HI-001  
(for multiple selections hold CTRL + Key)

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

The Shelter Plus Care program provides permanent supportive housing on a long-term basis to homeless individuals with a serious mental illness, or co-occurring serious mental illness and substance abuse or other disabling condition. Diagnoses of schizophrenia, bipolar and paranoid disorders result in symptoms of extreme paranoia, anxiety, depression or active hallucinations and delusions in which disruptive thought patterns may abate, then recur, with stress bringing on a recurrence of symptoms. This projects population group demonstrates impaired functioning in thought and emotion and without permanent affordable housing and long-term supportive treatment or services will continue to be homeless.

Tenant-based Rental Assistance (TRA) will provide rental assistance to seven (7) individuals in market-based studio housing units, previously vacant, located in the City and County of Honolulu. The State of Hawaii, Department of Health, Adult Mental Health Division (AMHD) will provide supportive services in the amount \$475,020 including outreach, psychiatric treatment, intensive case management, psycho-social rehabilitation, and housing support services to participants and landlords.

The Shelter Plus Care rental subsidies will fill a gap in the City and County of Honolulu Continuum of Care system by providing an additional integrated housing and supportive services program.

## Project Information - Page 2

### Instructions:

#### New projects:

There are two types of special housing projects for the 2008 competition, Samaritan Housing and Rapid Re-Housing. All new SHP-PH, SHP-TH, S+C, and Section 8 SRO projects must identify whether or not special housing funds are being requested. Only new SHP-PH, S+C, and Section 8 SRO projects may request Samaritan Housing funds. Rapid Re-housing funds can be requested by new SHP-TH projects only.

#### Renewal projects:

Indicate whether or not the project previously received funds under the Samaritan Housing Initiative. If the project received Samaritan funds, the project must continue to meet the requirements of the initiative for the life of the project. Renewal SHP projects must also indicate whether or not it is a consolidated grant. All grant consolidations must be HUD approved prior to application submission. Each consolidated grant must be listed on the "Grant Consolidation" page.

#### New and renewal projects:

Indicate whether or not the project is:

- using Energy Star;
- located in a rural area (reference the definition in 2008 NOFA before answering this question);
- and
- located on land previously owned by the military.

All new and renewal projects must also indicate the geographic area(s) that will be served by the project.

#### Budget Activities:

All SHP projects must identify the budget activities being requested for the project. Depending on the project type, these budget activities may include acquisition, new construction, rehabilitation, leasing (units or structures), supportive services, operations, and/or HMIS. All S+C and Section 8 SRO projects must only complete the rental assistance budget and the estimated development cost budget, if applicable.

For additional instructions and examples on completing this form, reference the detailed instructions document on the left menu and the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

### The following fields must be completed for every project application.

**Is the project requesting funding under a Special Initiative?** Yes

**Select the "Save" button to identify Rapid Re-housing or Samaritan Housing Special Initiative Applicable:** Samaritan Housing

**Grant Term:** 5 Years

**Does the project use Energy Star?** Yes

**Is the project located in a rural area?** No

**Is the project located on land previously owned by the military?** No

**Select the geographic code(s) for area(s) served by the project (for multiple selections hold CTRL + Key)** 150144 HONOLULU



## Project Location(s)

The following list summarizes the project location(s) that have been entered. To add a location to this list, click on the  symbol.

Location Name	Street Address 1	Street Address 2	City	State	Zip
Scattered Site	677 Ala Moana Blv...	--	Honolulu	Hawaii	96813

## Project Location Detail

### Instructions:

Location Name (Optional - except for SRA project): Identify the name of the location(s) being used for housing project participants. If the project includes leased or rental units in more than 4 locations, only enter "Scattered Site" in this field. All other project types should enter the name of the project location in this field.

Project Ownership (Required): Indicate whether the location (including all scattered sites locations) is owned or leased by the applicant, sponsor, or a parent organization. If the project contains units that house project participants using SHP funds, under no circumstances may SHP leasing funds be used to lease units or structures owned by the grantee (the applicant), the project sponsor, or the parent organization(s) of either entity.

Location Address (Optional - except for SRA project): Indicate the Street Address, City, State, and Zip Code of the units being used for housing project participants. If the project includes leased or rental units in more than 4 locations, enter the address of the project sponsor in these fields.

For additional instructions and examples related to completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

**Enter the physical address of the project and indicate the ownership of the location. Scattered site projects should refer to the instructions for details on completing the field on this screen.**

<b>Location Name</b>	Scattered Site
<b>Property Ownership</b>	Lease
<b>Street Address 1</b>	677 Ala Moana Blvd., Suite 713
<b>Street Address 2</b>	
<b>City</b>	Honolulu
<b>State</b>	Hawaii
<b>Zip Code</b>	96813
<b>Format: (12345 or 12345-1234)</b>	

## Project Sponsor Information

### Instructions:

The project sponsor is usually the entity that will be carrying out the project. If the sponsor is the same entity as the project applicant, select "yes" in the first drop-down box and enter "save" at the bottom of the page, and the system will auto-populate the fields on this form based on the information entered in the SF-424. Simply verify that the correct information has been populated. If the information is incorrect, correct the applicant information on the SF-424.

If the project sponsor and applicant are separate entities, manually enter the information for the project sponsor. All non-profit sponsors will need to attach proper documentation to verify their non-profit status, if the documentation is not attached to the SF 424. All projects can identify only one sponsor. If multiple sponsors have been identified on past funding applications, the project applicant must identify a "lead" sponsor.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields to identify the project sponsor, including its legal name, type of organization, DUNS number, employer/taxpayer number, and physical address.**

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

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

If "Other" specify:

**DUNS Number** 148976884  
**Format: xxxxxxxxx or xxxxxxxxxxxxxx**

**Tax ID or EIN** 99-0272190  
**Format: 12-3456789**

**Street Address 1** 677 Ala Moana Blvd., Suite 713

**Street Address 2**

**City** Honolulu

**State** Hawaii

**Zip Code** 96813  
**Format: 12345 or 12345-1234**

**Is the sponsor a Faith-Based Organization?** No

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

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

## Non-Profit Documentation Attachment

Document Type	Required?	Document Description	Date Attached
Proof of non-profit status	Yes	Steadfast 501c3 l...	10/02/2008

# Non-Profit Documentation Attachment Detail

**Document Description:** Steadfast 501c3 letter

## Project Sponsor Contact Information

### Instructions:

The project sponsor is usually the entity that will be carrying out the project. If the sponsor is the same entity as the project applicant, the system will auto-populate the fields on this form based on the information entered in the SF-424. Simply verify that the correct information has been populated. If the information is incorrect, correct the applicant information on the SF-424.

If the project sponsor and applicant are separate entities, manually enter the information for the project sponsor. All non-profit sponsors will need to attach proper documentation to verify their non-profit status, if the documentation is not attached to the SF 424. All projects can identify only one sponsor. If multiple sponsors have been identified on past funding applications, the project applicant must identify a "lead" sponsor.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Provide the name and contact information of the person to be contacted for matters regarding project operations. If the sponsor is the same entity as the applicant, the system will auto-populate the fields below.**

**Prefix** Ms  
**First Name** Linda  
**Middle Name** S.  
**Last Name** Ahue  
**Suffix** MSW  
**Title** Mental Health Services Director  
**E-mail Address** lahue@steadfast-hawaii.org  
**Confirm E-mail Address** lahue@steadfast-hawaii.org  
**Phone Number** 808-599-6230  
**Format: 123-456-7890**  
**Extension** 630  
**Fax Number** 808-599-1821  
**Format: 123-456-7890**

# Experience of Project Applicant, Sponsor, and Partners

## Instructions:

The purpose of this screen is to determine the ability of the project partners to operate and carry-out the housing and/or supportive service activities of the project.

All projects - describe the specific type and length of experience for the applicant, project sponsor, housing and supportive service providers, and if applicable, key subcontractors involved in implementing the project. In addition, describe the experience in working with homeless persons, and the experience directly related to the proposed activities being carried out, including housing development, housing management, housing families (especially for Rapid Re-housing projects), service delivery, and HMIS activities (for new HMIS projects).

Rapid Re-housing projects - must also describe specific experience serving homeless households with dependent children and include a description of the performance for previous Rapid Re-housing for Families and/or households with dependent children projects. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

**Describe how the project applicant, sponsor, and partners meet the experience standards outlined in the NOFA.**

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

Steadfast Housing Development Corporation (SHDC), project sponsor, incorporated as a Hawaii private nonprofit entity on May 4, 1989 to combine private sector housing expertise with the Community Mental Health Centers (CMHC) mental health expertise to provide housing and mental health supportive services to individuals with a Serious and Persistent Mental Illness (SPMI).

SHDC possesses the skills, knowledge and experience and has demonstrated the ability to successfully operate the Shelter Plus Care Program.

The acquisition, development, management, and operations of forty-five (45) group homes, condominium apartments and a single room occupancy facility, as well as seven (7) Shelter Plus Care contracts and a Supported Housing Program contract, spanning nineteen (19) years and serving over a two thousand (2000) Consumers annually, have given SHDC the necessary skills and experience to be in the forefront on housing development, management, operations, and services to Consumers in the State of Hawaii.

SHDCs key management personnel are college graduates; possess real estate and social work licenses, and federal housing certificates. They have attended numerous Federal, State and private workshops and training on housing and construction issues, Fair Housing Laws, ADA laws, Consumer homelessness issues, employer/employee relationships, Drug Free Workplace issues, Federal and State housing standards and social and Consumer support programs. They also attended countless meetings with community lenders and leaders with regards to housing finance and support service issues. The varied background of its personnel has given SHDC the skills necessary to undertake the task of providing Supported Housing and social services to Consumers of the State of Hawaii.

**Describe applicable experience relating to the administration of rental assistance.**

SHDCs personnel are experienced and qualified in providing professional management and social services. The Housing Support Team (HST) currently consists of twenty-five (25) field staff (Residential Specialist Supervisors & Residential Specialists) under the direct supervision of the Supported Housing Program Manager with overall supervision by the Mental Health Services Director.

HST staff possesses skills necessary to the proper functioning of the Shelter Plus Care Program. They are trained to promote a culture of recovery and rehabilitation in the community, guided by the basic philosophy that persons with disabilities need skills and environmental supports to achieve their goals of living. They are also trained to perform inspections using HUDS Housing Quality Standards, manage a housing wait list, verify income and family composition of participants, calculate participants share of rent, negotiate with landlords, provide information and referrals to fund access modifications, make rent payments to a landlord on behalf of a participants, locate appropriate housing and provide tenancy assistance to maintain Consumers in the homes of their choice. They also have the ability to provide in-vivo response coverage to recipients and landlords twenty-four hours daily/seven days a week.

SHDC skills, experience, and background in housing development and services have resulted in being awarded numerous Department of Health POS contracts, contractual agreements with State Housing Agencies and other community nonprofit organizations, received 20 year leases on 28 properties owned by the State for the purpose of providing housing and support services to Consumers and being awarded thirteen Federal HUD program grants.

SHDC uniquely possesses professional real estate and property management capabilities with the expertise, knowledge and staff capable of providing necessary supportive services to Consumers is a rare combination. SHDC goal is to pursue Federal, State, County and Private Funds necessary to continue and improve statewide housing opportunities and support services to Consumers. SHDC background and expertise in housing related matters, makes it uniquely suited to carry out the scope of the Shelter Plus Care Program.

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

## Special Housing Project

**All new projects requesting special housing funds (Samaritan Housing or Rapid Re-housing for Families) must address all mandatory fields below. It is imperative that applicants carefully review the 2008 NOFA for program eligibility requirements.**

### **How will the project address the specific case management needs of chronically homeless participants?**

The model of service delivery includes evidencebased practices of Community Based Case Management (CBCM) and Supported Housing. They have the commonality of one-stop shopping to decrease fragmented service delivery. In addition, the best practice for integrating persons into substance abuse treatment when they are in the pre-contemplative stage of recovery will be utilized at all stages of treatment.

Supportive services to be provided by CBCM case managers and SHDCs HST is based upon the consumers needs and preferences and is ongoing and permanent. Supportive services to be provided include those relative to both mental health and housing.

Mental health services will include:

1. CBCM case manager home visits to the consumer a minimum of once monthly, providing in-vivo assistance in the home regarding skills development in areas of money management, social development and grooming, operation of the household, and medication education.
2. CBCM case manager assistance to the consumer in identifying needs, planning objectives, developing a contract for independence and accessing services through the authorization of AMHDs array of 39 mental health and substance abuse services.

HST services will include:

1. Assistance to the consumer to locate and retain housing of choice, secure rental deposits, utilities, and furnishing.
2. Development, marketing of program to landlords and property managers and maintenance of relationships with landlords.
3. Communication/mediation with consumers, ICM case managers and landlords to resolve housing related issues.

As soon as the homeless persons indicate interest in looking at places to live, the outreach worker will arrange to take the consumer to view apartments coordinated by the SHDCs Housing Support Team (HST). The HSTs role includes assisting the consumer in securing housing of choice, marketing the program to landlords and property managers, negotiating leases, mediating landlord/tenant issues, coordinating start up activities i.e., rental deposit, furnishings and utility hookup and ongoing support to assure satisfaction with tenancy.

**Describe the contingency plan that the project will implement if the project experiences difficulty in meeting the 100% chronically homeless requirement for Samaritan Housing projects.  
(This may include re-evaluating the intake assessment procedures or outreach plan.)**

SHDC currently has 250 homeless individuals on our waitlist of which 20% meet the criterion for chronic homelessness. Should we deplete our waitlist, outreach teams comprised of an Advanced Practice Registered Nurse (APRN) and outreach workers will proactively approach the homeless persons in unsheltered locations i.e. streets, beaches, cars, park, and homeless shelters to offer services. During the outreach and engagement phase, as trust is developed, housing options will be offered to the consumer at the earliest point possible.

# Assessment Tool Attachment Detail

## Document Description:

## Type and Scale of Housing

The following list summarizes all housing units that will be used for participants in the project. To add information to this list, click on the icon and enter the requested information.

Housing Type	Units	Beds	Bedrooms
Scattered-site apartments (...)	7	7	7

## Type and Scale of Housing Detail

### Instructions:

For the 2008 competition, the available housing type selections have been re-defined. Refer to the detailed instructions located on the left menu for additional instructions on completing this page.

If the project is funded, the applicant/sponsor will be responsible for operating the project as indicated here. Entering incorrect information may result in the reduction or withdrawal of the conditional award. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields related to the number of units, beds, and bedrooms for each housing type in the project.**

**Housing Type:** Scattered-site apartments (including efficiencies)

### Total for Selected Housing Type

**Units:** 7

**Beds:** 7

**Bedrooms:** 7

# Project Participants - Households with Dependent Children

## Instructions:

The purpose of this form is to capture the total number of homeless persons served by the project at a point in time, as well as the subpopulations/disabilities for each household. If the project is not serving households with dependent children, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form. .

Rapid Re-housing projects: 100% of the adults served by the project must be accompanied by children and should be reflected in the fields below.

Samaritan Housing, Safe Haven, and SRO housing projects: 100% of the households served by the project must not be accompanied by children. Therefore, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

All projects: in the "Total Persons" column indicate the total number of "disabled adults," "non-disabled adults," "disabled children," "non-disabled children," and "Total Number of Households" for each household in the project. The system will auto-populate the remaining fields in this column.

Next, identify the appropriate subpopulation (Severely Mentally Ill, Chronic Substance Abuser, Veterans, Persons with HIV/AIDS, and Victims of Domestic Violence) for each person in the project. If the participants are dually-diagnosed and fit into more than one subpopulation (i.e. severely mentally ill with chronic substance abuse), make sure to indicate these individuals in all appropriate subpopulations (it is possible to have overlapping information). The system will auto-calculate all totals based on the values entered for each subpopulation.

Notice that information cannot be entered into certain fields. Persons with a severe mental illness and/or HIV/AIDS constitute disabled adults; therefore, no entry is allowed in the "non-disabled adult" fields. Also, no values can be entered for any children under the Veterans columns. For homeless assistance programs, chronic substance abuse, by itself, may constitute as a disability.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Indicate the total number of households that include a homeless adult with dependent children. Also identify the number of persons and subpopulations within each household in the project.**

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



## Project Participants - Households without Dependent Children

### Instructions:

The purpose of this form is to capture the total number of homeless persons served by the project at a point in time, as well as the subpopulations for each household. If the project is serving households with dependent children, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

Samaritan Housing, Safe Haven, and SRO housing projects: 100% of the adults served by the project must be unaccompanied by children and should be reflected in the fields below.

Rapid Re-housing projects: 100% of the adults served by the project must be accompanied by children. Therefore, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

All projects: in the "Total Persons" column indicate the total number of "disabled adults," "non-disabled adults," "non-disabled unaccompanied youth," "non-disabled children," and "Total Number of Households" for each household in the project. The system will auto-populate the remaining fields in this column.

Next, identify the appropriate subpopulation (Chronically Homeless, Severely Mentally Ill, Chronic Substance Abuser, Veterans, Persons with HIV/AIDS, and Victims of Domestic Violence) for each person in the project. If the individuals are dually-diagnosed and fit into more than one subpopulation (i.e. severely mentally ill with chronic substance abuse), make sure to indicate these individuals in all appropriate subpopulations (it is possible to have overlapping information). The system will auto-calculate all totals based on the values entered for each subpopulation.

Notice that information can only be entered into certain fields. Chronically Homeless persons must be disabled adults in households without children, so no entry is allowed in the "non-disabled adult" fields. Also, Veterans must be adults; therefore, no entry is allowed for unaccompanied youth. All severely mentally ill persons and persons living with HIV/AIDS are automatically considered disabled; therefore, there can be no entry for non-disabled persons. For homeless assistance programs, chronic substance abuse, by itself, may constitute as a disability.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Indicate the total number of households that include a homeless adult without dependent children. Also identify the number of persons and subpopulations within each household in the project.**

### Instructions:

Chronically Homeless must be disabled adults in households without children (so no entry allowed in non-disabled adult or children/youth)

Severely Mentally Ill are all considered disabled (so no entry allowed in non-disabled)

Chronic Substance Abuse may not constitute a disability on its own

Veterans must be adults (so no entry allowed in children/youth)

Persons living with HIV/AIDS are all considered disabled (so no entry allowed in non-disabled)

Total Number of Households	7
----------------------------	---

City and County of Honolulu						EX2_008192	
	Total Persons	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Adults	7	7	7	0	0	0	0
Non-Disabled Adults	0						
Disabled Unaccompanied Youth	0						
Non-Disabled Unaccompanied Youth	0						
<b>Total Persons (select "Save" to auto-calculate)</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Number of Adults (select "Save" to auto-calculate)</b>	<b>7</b>						
<b>Total Number of Unaccompanied Youth (select "Save" to auto-calculate)</b>	<b>0</b>						

## Supportive Services for Participants

### Instructions:

The information entered in this form will help determine the project's capacity to provide services or access to services for participants. If the project is requesting supportive services funding, the level of services must be reflected here.

Describe supportive services being offered - all new projects must describe the supportive services that will help participants obtain and remain in permanent housing, access mainstream resources, and/or obtain employment.

Frequency of supportive services - Each new project must also indicate the frequency (daily, weekly, bi-weekly, monthly, quarterly, does not apply) at which these basic supportive services are provided to project participants.

Rapid Re-housing projects- in the "other" boxes, indicate the frequency at which housing placement, literacy training, and legal assistance services will be provided to participants.

Indicate the level of accessibility of community amenities for project participants - basic community amenities include medical facilities, grocery stores, recreation facilities, schools, etc, and should be accessible to participants via walking, public transportation, driving, or transportation provided by the project. For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**In the fields below, provide information about the type of supportive services that will be provided to participants in the project as well as the frequency in which they are provided. In addition, describe how participants will be assisted to increase self-sufficiency.**

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

Supportive services include: Community Based Case Management (CBCM) and Supported Housing services based on the consumers needs and preferences that are ongoing and permanent.

Mental health services will include:

1. A minimum of once monthly home visits providing skills development in areas of money management, social development and grooming, operation of the household, and medication education.

HST services will include:

1. Assistance to the consumer to locate and retain housing of choice, secure rental deposits, utilities, and furnishing.
2. Communication/mediation with consumers, CBCM case managers and landlords to resolve housing related issues.

Assistance to participants to increase self-sufficiency will include:  
Monthly home visits to provide in-vivo training to maximize independent living skills and to prepare consumers who are able to assume the lease for tenancy to move into supported housing in which the consumer holds the rights of tenancy.

**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 be offered options to increase their incomes through participation in the Clubhouse with activities centered on the work ordered day, transitional or supported employment and referrals to the Division of Vocational Rehabilitation. Also through the Clubhouse, consumers may explore innovative asset building through savings accounts for rental deposits, training or housing.

SHDC will also provide employment and employment training opportunities through the Supported Employment Program and a Restaurant Training Program, the Kau Kau Café, located on the grounds of Hawaii State Hospital. The Supported Employment Program has secured full or part-time competitive employment positions for over 300 consumers statewide, annually.

Supportive Service	Select frequency
Outreach	Monthly
Case Management	Monthly
Life Skills	Monthly
Job Training	Does not apply
Alcohol and Drug Abuse Services	Does not apply
Mental Health and Counseling	Monthly
HIV/AIDS Services	Does not apply
Health/Home Health Services	Does not apply
Education and Instruction	Does not apply
Employment Services	Does not apply
Child Care	Does not apply
Transportation	Does not apply
Other (Specify Below)	
	Does not apply
Other (Specify Below)	
	Does not apply
Other (Specify Below)	
	Does not apply

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

## Outreach for Participants

### Instructions:

To help determine the eligibility of homeless participants served by the project, as well as the project's eligibility to apply for homeless assistance funding, indicate where the homeless participants are coming from (streets, emergency shelters, safe havens, transitional housing who came directly from the street, or other places). Also, describe how the applicant/sponsor plans to bring these participants into the project.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields related to the outreach plans to bring participants into the project.**

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

**Note: this includes persons who ordinarily sleep in one of the places listed below but are spending a short time (30 consecutive days or less) in a jail, hospital, or other institution.**

80%	Persons who came from the street or other locations not meant for human habitation.
10%	Person who came from Emergency Shelters.
5%	Persons who came from Safe Havens.
5%	Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens.
100%	Total of above percentages

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

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

Outreach teams comprised of an Advanced Practice Registered Nurse (APRN) and outreach workers will proactively approach the homeless persons in unsheltered locations i.e. streets, beaches, cars, park, and homeless shelters. During the outreach and engagement phase, as trust is developed, housing options will be offered to the consumer at the earliest point possible. As soon as the homeless persons indicate interest in looking at places to live, the outreach worker will arrange to take the consumer to view apartments coordinated by the SHDCs Housing Support Team (HST). The HSTs role includes assisting the consumer in securing housing of choice, marketing the program to landlords and property managers, negotiating leases, mediating landlord/tenant issues, coordinating start up activities i.e., rental deposit, furnishings and utility hookup and ongoing support to assure satisfaction with tenancy.

Their respective case managers/social workers will refer persons residing in Shelters, the Hawaii State Hospital and transitional housing, to SHDC.

## Housing for Participants

### Instructions:

The purpose of this form is to determine the ability of the project to meet the housing standards as described in the NOFA. While this form may be visible by all projects, it only applies to specific housing activities. All renewal projects and new SHP-SSO, SHP-HMIS, SHP-SH, S+C-SRA, and S+C-PRA projects do not have to complete this form and may move to the next form.

The maximum allowable length of stay for participants in SHP-TH projects is 24 months. However, Rapid Re-housing participants must not be housed longer than 18 months. HUD does not impose a length of stay restriction on participants in permanent housing projects (S+C, SHP permanent housing, and Section 8 SRO).

All SHP-PH, S+C-TRA, and S+C-SRA projects must describe the reason for selecting the proposed housing structure.

All S+C-PRAR, S+C-SRO, Section 8 SRO projects and SHP projects that are requesting funds for rehabilitation must describe the rehabilitation activities that will be undertaken for housing the participants in the project.

All other project types are not required to complete this form and may move to the next form.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

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

**Will participants be required to live in particular structures or units during the first year and in a particular area within the locality in subsequent years, or to live in a particular area for the entire period of participation?** No

### Explain how and why the project will implement this requirement (use less than one-half page)

Tenant-based Rental Assistance (TRA) will provide rental assistance to seven (7) individuals in 7 studio market-based housing units, previously vacant, located in the City and County of Honolulu. No more than four to five apartments will be located in one building in order to insure integration of persons with psychiatric disabilities into the neighborhood. Apartment units will be screened to insure they meet HUD standards for decent, safe and sanitary housing.

## Discharge Planning Policy

**The following question must be completed by project applicants that are State or Local government agencies.**

**Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs?**

Yes

## Project Leveraging

The following list summarizes the leveraging funds for the project. To add information to this list, click on the icon and enter the requested information.

**Total value of written commitment** \$475,020

Contributor	Source	Date of Commitment	Value of Commitment
Department of Hea...	Government	09/02/2008	\$475,020

## Project Leveraging Detail

### Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Department of Health
<b>Select Type of Source</b>	Government
<b>Date of Written Commitment</b>	09/02/2008
<b>Value of Written Commitment</b>	\$475,020

# Homeless Management Information System (HMIS) Participation

## Instructions:

The data entered into this form will be used to determine the percentage of clients reported in the CoC's HMIS for this project.

Indicate whether or not the project is participating in the HMIS. If the project is participating in the HMIS, enter additional information about the project's participation in the HMIS, including the total number of clients served by the project, the total number of clients reported in the HMIS, and the percentage of values that are missing ("Null or Missing Values") and/or unknown ("Don't Know or Refused") for all client records reported. If there were no unknown value, enter "0" in any field within the chart, and select "Save & Next" to move to the next form.

If the project is not participating in the HMIS, indicate the reason(s) for non-participation.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA for additional program requirements.

**All projects must indicate their level of participation in the CoC's HMIS.**

**Does this project provide client level data to HMIS at least annually?** No

**Select the "Save" button to enter additional information.**

**Indicate the reason for non-participation in the HMIS** New project not yet operational

**For Federal/State prohibition, cite applicable law. For "Other", provide explanation.**

## Shelter Plus Care Rental Assistance Budget

The following information summarizes the S+C rental assistance funding request for the total term of the project. To add information to this list, click on the icon and enter the requested information.

**Total Shelter Plus Care Rental Assistance** \$475,020

FMR_Area	Total Units	Total Requested
HI - Honolulu, HI MSA (1500399999)	7	475020

# Shelter Plus Care Rental Assistance Budget Detail

## Instructions:

The rent requested for each unit size must not exceed the published Fair Market Rent (FMR) for the project area. Rent requests that exceed 100% of the published FMR for a given area are no longer an option. Use either the actual negotiated rent of the units or the most recent FMRs as published in the Federal Register, whichever is less. The most recent FMRs are available online at: <http://www.huduser.org/datasets/fmr.html>.

If the rent requested is equal to 100% of the published FMR, the award amount will be that in effect at the time when all grants are conditionally approved, which may be higher or lower than the FMRs listed here.

If the requested rent is less than 100% of the published FMR, the grant award will be funded at the amounts requested here and will not receive an FMR update.

S+C/SRO and Section 8 SRO projects may not request assistance for more than 100 units per project.

For this form, values cannot be entered into fields in the "Total Rent (per unit size)" or "Number of Months" columns, or the "Total" row; the system will auto-calculate the fields based on the information entered in the other fields. SElect the "Save" button at the bottom of the form to initiate the auto-calculations.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the Shelter Plus Care desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndeHousingProgramInfo> for detailed program requirements.

**Complete the following fields related to the S+C rental assistance funds being requested under the project.**

**Type of Program** S+C

**Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area** HI - Honolulu, HI MSA (1500399999)

**Indicate if the rent is at or below the published FMR (select "Save" before completing the budget below)** 100% of FMR

**Do not enter amounts greater than 100% of FMR. If an amount over 100% of FMR is entered, the budget will be reduced.**

Size of Units	Number of Units		FMR or Actual Rent **		Number of Months		Total
SRO		x	\$848	x	60	=	\$0
0 Bedroom	7	x	\$1,131	x	60	=	\$475,020
1 Bedroom		x	\$1,348	x	60	=	\$0
2 Bedrooms		x	\$1,630	x	60	=	\$0
3 Bedrooms		x	\$2,377	x	60	=	\$0
4 Bedrooms		x	\$2,799	x	60	=	\$0
5 Bedrooms		x	\$3,219	x	60	=	\$0
6 Bedrooms		x	\$3,639	x	60	=	\$0

City and County of Honolulu						EX2_008192	
7 Bedrooms		x	\$4,059	x	60	=	\$0
8 Bedrooms		x	\$4,478	x	60	=	\$0
9 Bedrooms		x	\$4,898	x	60	=	\$0
Total	7					=	\$475,020

**For projects that select "1-99% of FMR" above: the table below shows 100% of the FMR amounts for zero to four bedrooms for the FMR area selected above. Do not enter more than the FMR amount listed, or the budget will be reduced.**

Unit	FMR
0 Bedroom	\$1,131
1 Bedroom	\$1,348
2 Bedroom	\$1,630
3 Bedroom	\$2,377
4 Bedroom	\$2,799

# Public Housing Authority (PHA) Certification Attachment Detail

## Document Description:

## Program Outcome Logic Model (HUD 96010) Attachment

Document Type	Required?	Document Description	Date Attached
Logic Model for Program Outcome (HUD 96010)	Yes	Steadfast SPC8 Lo...	10/02/2008

# Program Outcome Logic Model (HUD 96010) Attachment Detail

**Document Description:** Steadfast SPC8 Logic Model

## Submission Summary

Part	Last Updated
<b>Project Information</b>	
Page 1	10/2/08 4:34 PM
Page 2	10/2/08 4:37 PM
<b>Grant Consolidation</b>	Please Complete
<b>Project Location(s)</b>	10/2/08 4:39 PM
<b>Project Expansion</b>	Please Complete
<b>Sponsor Information</b>	10/2/08 4:41 PM
<b>Attachment - Org</b>	10/2/08 4:41 PM
<b>Sponsor Contact</b>	10/2/08 4:43 PM
<b>Experience of Partners</b>	10/2/08 5:11 PM
<b>Special Housing Project</b>	10/2/08 4:46 PM
<b>Assessment Tool</b>	Please Complete
<b>Housing Type &amp; Scale</b>	10/2/08 4:47 PM
<b>Project Participants</b>	
With Children	10/2/08 4:48 PM
Without Children	10/2/08 5:12 PM
<b>Services for Participants</b>	10/2/08 4:56 PM
<b>Outreach for Participants</b>	10/2/08 4:58 PM
<b>Housing for Participants</b>	10/2/08 4:58 PM
<b>Discharge Policy</b>	10/2/08 5:03 PM
<b>Project Leveraging</b>	10/2/08 5:04 PM
<b>HMIS Participation</b>	10/2/08 5:05 PM
<b>HMIS Dedicated Information</b>	Please Complete
<b>HMIS Implementation Timetable</b>	Please Complete
<b>HMIS Implementation Progress</b>	Please Complete
<b>Renewal Performance</b>	Please Complete
<b>SHP Project Budgets</b>	
<b>Operating Budget</b>	Please Complete
<b>Leasing</b>	Please Complete
<b>Leased Structure(s)</b>	No Input Required
<b>Supportive Services Budget</b>	Please Complete

<b>Acquisition/Rehabilitation/New Construction Budget</b>	Please Complete
<b>SHP HMIS Budget</b>	
<b>Equipment</b>	10/2/08 4:35 PM
<b>Software</b>	10/2/08 4:35 PM
<b>Services</b>	No Input Required
<b>Personnel</b>	10/2/08 4:34 PM
<b>Space &amp; Operations</b>	No Input Required
<b>Summary</b>	Please Complete
<b>SHP Summary Budget</b>	10/2/08 4:35 PM
<b>Shelter Plus Care</b>	
<b>Rental Assistance Budget</b>	10/2/08 5:07 PM
<b>Rental Assistance Budget</b>	Please Complete
<b>Rental Assistance Budget</b>	Please Complete
<b>Estimated Development Costs</b>	Please Complete
<b>PHA Cert. Attachment</b>	No Input Required
<b>Logic Model Attachment</b>	10/2/08 5:10 PM
<b>Supportive Services the Participants Will Receive</b>	
<b>Page 1</b>	Please Complete
<b>Targeted Subpopulations</b>	No Input Required

**Notes:**

Grant Consolidation list must include at least 1 item(s).

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Leasing list must include at least 1 item(s).

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Acquisition/Rehabilitation/New Construction Budget list must include at least 1 item(s).

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Values cannot be greater than published FMRs



## Project Information - Page 1

### Instructions:

Select the appropriate Continuum of Care (CoC) name and number from the drop-down menu. The system will auto-populate the "Project Name" field.

Identify the appropriate "Project Type" from the drop-down menu (new or renewal project). Renewal projects are defined as those HUD McKinney-Vento grants that have received prior funding and are eligible to renew during the current competition.

Identify the project's "Program Type" and "Component Type." These selections must be made in the order of appearance (i.e. component type cannot be selected before selecting program type or project type). Depending on the program type selected, indicate the appropriate component type for the project.

Select the state(s) and the congressional district(s) in which the project is located. This information will be used to list the available geography codes on the next screen, and to send correspondence to the appropriate Congressional Representative(s).

In the last field on this form, provide a general description of the project. The description should include information on the homeless needs that are addressed by the project, the type of housing and number of units being proposed, and the target population that the project will serve. This information is required of all new and renewal projects. Rapid Re-housing projects must review the detailed instructions attached to the left menu and must reference the 2008 NOFA for detailed program requirements. Additional program requirements for all project types are also available at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements. As well, additional training for completing this page is available online at: <http://esnaps.hudhre.info/training>.

**The following fields must be completed for every project application.**

**CoC Number and Name** HI-501 - Honolulu CoC

**Project Name** Shelter Plus Care 2

**Project Type** Renewal Project

**Program Type**

**Content depends on "Project Type" selection**

**Component Type**

**Content depends on "Program Type" selection**

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

**In which Congressional District(s) is the project located?** HI-001  
(for multiple selections hold CTRL + Key)

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

The Shelter Plus Care program provides permanent supportive housing on a long-term basis to homeless individuals with a serious mental illness, or co-occurring serious mental illness and substance abuse or other disabling condition. Diagnoses of schizophrenia, bipolar and paranoid disorders result in symptoms of extreme paranoia, anxiety, depression or active hallucinations and delusions in which disruptive thought patterns may abate, then recur, with stress bringing on a recurrence of symptoms. This projects population group demonstrates impaired functioning in thought and emotion and without permanent affordable housing and long-term supportive treatment or services will continue to be homeless.

Sponsor-based Rental Assistance (SRA) will provide rental assistance to twenty-five (25) individuals in multiple types of market-based housing units (10 studio, 13 one-bedroom and 2 two-bedroom unit), previously vacant, located in the City and County of Honolulu. No more that four to five apartments will be located in one building in order to insure integration of persons with psychiatric disabilities into the neighborhood. Apartment units will be screened to insure they meet HUD standards for decent, safe and sanitary housing.

The State of Hawaii, Department of Health, Adult Mental Health Division (AMHD) will provide supportive services in the amount \$404,688.00 including outreach, psychiatric treatment, intensive case management, psycho-social rehabilitation, and housing support services to participants and landlords.

The Shelter Plus Care rental subsidies will fill a gap in the City and County of Honolulu Continuum of Care system by providing an additional integrated housing and supportive services program.

## Project Information - Page 2

### Instructions:

#### New projects:

There are two types of special housing projects for the 2008 competition, Samaritan Housing and Rapid Re-Housing. All new SHP-PH, SHP-TH, S+C, and Section 8 SRO projects must identify whether or not special housing funds are being requested. Only new SHP-PH, S+C, and Section 8 SRO projects may request Samaritan Housing funds. Rapid Re-housing funds can be requested by new SHP-TH projects only.

#### Renewal projects:

Indicate whether or not the project previously received funds under the Samaritan Housing Initiative. If the project received Samaritan funds, the project must continue to meet the requirements of the initiative for the life of the project. Renewal SHP projects must also indicate whether or not it is a consolidated grant. All grant consolidations must be HUD approved prior to application submission. Each consolidated grant must be listed on the "Grant Consolidation" page.

#### New and renewal projects:

Indicate whether or not the project is:

- using Energy Star;
- located in a rural area (reference the definition in 2008 NOFA before answering this question); and
- located on land previously owned by the military.

All new and renewal projects must also indicate the geographic area(s) that will be served by the project.

#### Budget Activities:

All SHP projects must identify the budget activities being requested for the project. Depending on the project type, these budget activities may include acquisition, new construction, rehabilitation, leasing (units or structures), supportive services, operations, and/or HMIS. All S+C and Section 8 SRO projects must only complete the rental assistance budget and the estimated development cost budget, if applicable.

For additional instructions and examples on completing this form, reference the detailed instructions document on the left menu and the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**The following fields must be completed for every project application.**

**Was the original project awarded as Samaritan Housing project?** No

**Were one or more projects consolidated with this project?** No  
**If "yes" additional information is required on the following page.**

**Grant Term:** 1 Year

**Does the project use Energy Star?** Yes

**Is the project located in a rural area?** No

**Is the project located on land previously owned by the military?** No

**Select the geographic code(s) for area(s) served by the project**  
**(for multiple selections hold CTRL + Key)** 150144 HONOLULU

## Project Location(s)

The following list summarizes the project location(s) that have been entered. To add a location to this list, click on the  symbol.

Location Name	Street Address 1	Street Address 2	City	State	Zip
Scattered Site	677 Ala Moana Blv...	--	Honolulu	Hawaii	96813

## Project Location Detail

### Instructions:

Location Name (Optional - except for SRA project): Identify the name of the location(s) being used for housing project participants. If the project includes leased or rental units in more than 4 locations, only enter "Scattered Site" in this field. All other project types should enter the name of the project location in this field.

Project Ownership (Required): Indicate whether the location (including all scattered sites locations) is owned or leased by the applicant, sponsor, or a parent organization. If the project contains units that house project participants using SHP funds, under no circumstances may SHP leasing funds be used to lease units or structures owned by the grantee (the applicant), the project sponsor, or the parent organization(s) of either entity.

Location Address (Optional - except for SRA project): Indicate the Street Address, City, State, and Zip Code of the units being used for housing project participants. If the project includes leased or rental units in more than 4 locations, enter the address of the project sponsor in these fields.

For additional instructions and examples related to completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

**Enter the physical address of the project and indicate the ownership of the location. Scattered site projects should refer to the instructions for details on completing the field on this screen.**

<b>Location Name</b>	Scattered Site
<b>Property Ownership</b>	Lease
<b>Street Address 1</b>	677 Ala Moana Blvd., Suite 713
<b>Street Address 2</b>	
<b>City</b>	Honolulu
<b>State</b>	Hawaii
<b>Zip Code</b>	96813
<b>Format: (12345 or 12345-1234)</b>	

## Project Sponsor Information

### Instructions:

The project sponsor is usually the entity that will be carrying out the project. If the sponsor is the same entity as the project applicant, select "yes" in the first drop-down box and enter "save" at the bottom of the page, and the system will auto-populate the fields on this form based on the information entered in the SF-424. Simply verify that the correct information has been populated. If the information is incorrect, correct the applicant information on the SF-424.

If the project sponsor and applicant are separate entities, manually enter the information for the project sponsor. All non-profit sponsors will need to attach proper documentation to verify their non-profit status, if the documentation is not attached to the SF 424. All projects can identify only one sponsor. If multiple sponsors have been identified on past funding applications, the project applicant must identify a "lead" sponsor.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields to identify the project sponsor, including its legal name, type of organization, DUNS number, employer/taxpayer number, and physical address.**

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

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

If "Other" specify:

**DUNS Number** 148976884  
**Format: xxxxxxxxx or xxxxxxxxxxxxxx**

**Tax ID or EIN** 99-0272190  
**Format: 12-3456789**

**Street Address 1** 677 Ala Moana Blvd., Suite 713

**Street Address 2**

**City** Honolulu

**State** Hawaii

**Zip Code** 96813  
**Format: 12345 or 12345-1234**

**Is the sponsor a Faith-Based Organization?** No

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



## Non-Profit Documentation Attachment

Document Type	Required?	Document Description	Date Attached
Proof of non-profit status	Yes	Steadfast 501c3 l...	10/02/2008

# Non-Profit Documentation Attachment Detail

**Document Description:** Steadfast 501c3 letter

## Project Sponsor Contact Information

### Instructions:

The project sponsor is usually the entity that will be carrying out the project. If the sponsor is the same entity as the project applicant, the system will auto-populate the fields on this form based on the information entered in the SF-424. Simply verify that the correct information has been populated. If the information is incorrect, correct the applicant information on the SF-424.

If the project sponsor and applicant are separate entities, manually enter the information for the project sponsor. All non-profit sponsors will need to attach proper documentation to verify their non-profit status, if the documentation is not attached to the SF 424. All projects can identify only one sponsor. If multiple sponsors have been identified on past funding applications, the project applicant must identify a "lead" sponsor.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Provide the name and contact information of the person to be contacted for matters regarding project operations. If the sponsor is the same entity as the applicant, the system will auto-populate the fields below.**

**Prefix** Ms  
**First Name** Linda  
**Middle Name** S.  
**Last Name** Ahue  
**Suffix** MSW  
**Title** Mental Health Services Director  
**E-mail Address** lahue@steadfast-hawaii.org  
**Confirm E-mail Address** lahue@steadfast-hawaii.org  
**Phone Number** 808-599-6230  
**Format: 123-456-7890**  
**Extension** 630  
**Fax Number** 808-599-1821  
**Format: 123-456-7890**

# Assessment Tool Attachment Detail

## Document Description:

## Type and Scale of Housing

The following list summarizes all housing units that will be used for participants in the project. To add information to this list, click on the icon and enter the requested information.

Housing Type	Units	Beds	Bedrooms
Scattered-site apartments (...)	25	27	25

## Type and Scale of Housing Detail

### Instructions:

For the 2008 competition, the available housing type selections have been re-defined. Refer to the detailed instructions located on the left menu for additional instructions on completing this page.

If the project is funded, the applicant/sponsor will be responsible for operating the project as indicated here. Entering incorrect information may result in the reduction or withdrawal of the conditional award. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields related to the number of units, beds, and bedrooms for each housing type in the project.**

**Housing Type:** Scattered-site apartments (including efficiencies)

### Total for Selected Housing Type

**Units:** 25

**Beds:** 27

**Bedrooms:** 25

# Project Participants - Households with Dependent Children

## Instructions:

The purpose of this form is to capture the total number of homeless persons served by the project at a point in time, as well as the subpopulations/disabilities for each household. If the project is not serving households with dependent children, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form. .

Rapid Re-housing projects: 100% of the adults served by the project must be accompanied by children and should be reflected in the fields below.

Samaritan Housing, Safe Haven, and SRO housing projects: 100% of the households served by the project must not be accompanied by children. Therefore, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

All projects: in the "Total Persons" column indicate the total number of "disabled adults," "non-disabled adults," "disabled children," "non-disabled children," and "Total Number of Households" for each household in the project. The system will auto-populate the remaining fields in this column.

Next, identify the appropriate subpopulation (Severely Mentally Ill, Chronic Substance Abuser, Veterans, Persons with HIV/AIDS, and Victims of Domestic Violence) for each person in the project. If the participants are dually-diagnosed and fit into more than one subpopulation (i.e. severely mentally ill with chronic substance abuse), make sure to indicate these individuals in all appropriate subpopulations (it is possible to have overlapping information). The system will auto-calculate all totals based on the values entered for each subpopulation.

Notice that information cannot be entered into certain fields. Persons with a severe mental illness and/or HIV/AIDS constitute disabled adults; therefore, no entry is allowed in the "non-disabled adult" fields. Also, no values can be entered for any children under the Veterans columns. For homeless assistance programs, chronic substance abuse, by itself, may constitute as a disability.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Indicate the total number of households that include a homeless adult with dependent children. Also identify the number of persons and subpopulations within each household in the project.**

Total Number of Households	2					
	<b>Total Persons</b>	<b>Severely Mentally Ill</b>	<b>Chronic Substance Abuse</b>	<b>Veterans</b>	<b>Persons with HIV/AIDS</b>	<b>Victims of Domestic Violence</b>
Disabled Adults	2	2	1	0	0	1
Non-Disabled Adults	0					
Disabled Children	0					
Non-Disabled Children	2		0			1
<b>Total Persons (select "Save" to auto-calculate)</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>2</b>
<b>Total Number of Adults (select "Save" to auto-calculate)</b>	<b>2</b>					
<b>Total Number of Children (select "Save" to auto-calculate)</b>	<b>2</b>					



## Project Participants - Households without Dependent Children

### Instructions:

The purpose of this form is to capture the total number of homeless persons served by the project at a point in time, as well as the subpopulations for each household. If the project is serving households with dependent children, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

Samaritan Housing, Safe Haven, and SRO housing projects: 100% of the adults served by the project must be unaccompanied by children and should be reflected in the fields below.

Rapid Re-housing projects: 100% of the adults served by the project must be accompanied by children. Therefore, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

All projects: in the "Total Persons" column indicate the total number of "disabled adults," "non-disabled adults," "non-disabled unaccompanied youth," "non-disabled children," and "Total Number of Households" for each household in the project. The system will auto-populate the remaining fields in this column.

Next, identify the appropriate subpopulation (Chronically Homeless, Severely Mentally Ill, Chronic Substance Abuser, Veterans, Persons with HIV/AIDS, and Victims of Domestic Violence) for each person in the project. If the individuals are dually-diagnosed and fit into more than one subpopulation (i.e. severely mentally ill with chronic substance abuse), make sure to indicate these individuals in all appropriate subpopulations (it is possible to have overlapping information). The system will auto-calculate all totals based on the values entered for each subpopulation.

Notice that information can only be entered into certain fields. Chronically Homeless persons must be disabled adults in households without children, so no entry is allowed in the "non-disabled adult" fields. Also, Veterans must be adults; therefore, no entry is allowed for unaccompanied youth. All severely mentally ill persons and persons living with HIV/AIDS are automatically considered disabled; therefore, there can be no entry for non-disabled persons. For homeless assistance programs, chronic substance abuse, by itself, may constitute as a disability.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Indicate the total number of households that include a homeless adult without dependent children. Also identify the number of persons and subpopulations within each household in the project.**

### Instructions:

Chronically Homeless must be disabled adults in households without children (so no entry allowed in non-disabled adult or children/youth)

Severely Mentally Ill are all considered disabled (so no entry allowed in non-disabled)

Chronic Substance Abuse may not constitute a disability on its own

Veterans must be adults (so no entry allowed in children/youth)

Persons living with HIV/AIDS are all considered disabled (so no entry allowed in non-disabled)

Total Number of Households	23
----------------------------	----

City and County of Honolulu						EX2_001064	
	Total Persons	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Adults	23	5	23	11	3	0	1
Non-Disabled Adults							
Disabled Unaccompanied Youth							
Non-Disabled Unaccompanied Youth							
<b>Total Persons (select "Save" to auto-calculate)</b>	<b>23</b>	<b>5</b>	<b>23</b>	<b>11</b>	<b>3</b>	<b>0</b>	<b>1</b>
<b>Total Number of Adults (select "Save" to auto-calculate)</b>	<b>23</b>						
<b>Total Number of Unaccompanied Youth (select "Save" to auto-calculate)</b>	<b>0</b>						

## Outreach for Participants

### Instructions:

To help determine the eligibility of homeless participants served by the project, as well as the project's eligibility to apply for homeless assistance funding, indicate where the homeless participants are coming from (streets, emergency shelters, safe havens, transitional housing who came directly from the street, or other places). Also, describe how the applicant/sponsor plans to bring these participants into the project.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields related to the outreach plans to bring participants into the project.**

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

**Note: this includes persons who ordinarily sleep in one of the places listed below but are spending a short time (30 consecutive days or less) in a jail, hospital, or other institution.**

88%	Persons who came from the street or other locations not meant for human habitation.
2%	Person who came from Emergency Shelters.
0%	Persons who came from Safe Havens.
10%	Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens.
100%	Total of above percentages

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

## Housing for Participants

### Instructions:

The purpose of this form is to determine the ability of the project to meet the housing standards as described in the NOFA. While this form may be visible by all projects, it only applies to specific housing activities. All renewal projects and new SHP-SSO, SHP-HMIS, SHP-SH, S+C-SRA, and S+C-PRA projects do not have to complete this form and may move to the next form.

The maximum allowable length of stay for participants in SHP-TH projects is 24 months. However, Rapid Re-housing participants must not be housed longer than 18 months. HUD does not impose a length of stay restriction on participants in permanent housing projects (S+C, SHP permanent housing, and Section 8 SRO).

All SHP-PH, S+C-TRA, and S+C-SRA projects must describe the reason for selecting the proposed housing structure.

All S+C-PRAR, S+C-SRO, Section 8 SRO projects and SHP projects that are requesting funds for rehabilitation must describe the rehabilitation activities that will be undertaken for housing the participants in the project.

All other project types are not required to complete this form and may move to the next form.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

## Discharge Planning Policy

**The following question must be completed by project applicants that are State or Local government agencies.**

**Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs?**

Yes

## Project Leveraging

The following list summarizes the leveraging funds for the project. To add information to this list, click on the icon and enter the requested information.

**Total value of written commitment** \$404,688

Contributor	Source	Date of Commitment	Value of Commitment
Department of Hea...	Government	09/02/2008	\$404,688

## Project Leveraging Detail

### Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Department of Health, Adult Mental Health Division
<b>Select Type of Source</b>	Government
<b>Date of Written Commitment</b>	09/02/2008
<b>Value of Written Commitment</b>	\$404,688

# Homeless Management Information System (HMIS) Participation

## Instructions:

The data entered into this form will be used to determine the percentage of clients reported in the CoC's HMIS for this project.

Indicate whether or not the project is participating in the HMIS. If the project is participating in the HMIS, enter additional information about the project's participation in the HMIS, including the total number of clients served by the project, the total number of clients reported in the HMIS, and the percentage of values that are missing ("Null or Missing Values") and/or unknown ("Don't Know or Refused") for all client records reported. If there were no unknown value, enter "0" in any field within the chart, and select "Save & Next" to move to the next form.

If the project is not participating in the HMIS, indicate the reason(s) for non-participation.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA for additional program requirements.

**All projects must indicate their level of participation in the CoC's HMIS.**

**Does this project provide client level data to HMIS at least annually?** Yes

**Select the "Save" button to enter additional information.**

**Indicate the number of clients served from 1/1/2007 - 12/31/2007** 31

**Of the clients served from 1/1/2007 - 12/31/2007, indicate the number reported in the HMIS** 31

**Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.'**

Data Quality	Null or Missing Values (%)	Don't Know or Refused (%)
Name	0%	0%
Social Security Number	0%	0%
Date of Birth	0%	0%
Ethnicity	0%	0%
Race	0%	0%
Gender	0%	0%
Veteran Status	0%	0%
Disabling Condition	0%	0%
Residence Prior to Prog. Entry	0%	0%
Zip Code of Last Permanent Address	0%	0%

## Renewal Performance

### Instructions:

The fields on this form will assess the progress of the renewal project and identify any significant changes from the prior grant. Indicate whether or not the project has unresolved monitoring findings, or outstanding audit findings, and whether or not amendments have been made to the project since the last funding approval.

If amendments have occurred, indicate and explain the reason(s) for the change(s). Also, indicate the specific change in the project, by noting the previous information (before the amendment) and new information (after the amendment).

Contact the local HUD Field Office for amendment requirements, and/or any unresolved monitoring or outstanding audit findings: <http://www.hud.gov/offices/cpd/about/local/index.cfm>. For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

**The following fields must be completed by all renewal projects.**

**Are there any unresolved monitoring or audit findings on HUD McKinney-Vento Act grants, excluding ESG?** No

**Were there any amendments executed since the last funding approval?** No

## Shelter Plus Care Rental Assistance Budget

The following information summarizes the S+C rental assistance funding request for the total term of the project. To add information to this list, click on the icon and enter the requested information.

**Total Shelter Plus Care Rental Assistance** \$385,128

FMR_Area	Total Units	Total Requested
HI - Honolulu, HI MSA (1500399999)	25	385128

# Shelter Plus Care Rental Assistance Budget Detail

## Instructions:

The rent requested for each unit size must not exceed the published Fair Market Rent (FMR) for the project area. Rent requests that exceed 100% of the published FMR for a given area are no longer an option. Use either the actual negotiated rent of the units or the most recent FMRs as published in the Federal Register, whichever is less. The most recent FMRs are available online at: <http://www.huduser.org/datasets/fmr.html>.

If the rent requested is equal to 100% of the published FMR, the award amount will be that in effect at the time when all grants are conditionally approved, which may be higher or lower than the FMRs listed here.

If the requested rent is less than 100% of the published FMR, the grant award will be funded at the amounts requested here and will not receive an FMR update.

S+C/SRO and Section 8 SRO projects may not request assistance for more than 100 units per project.

For this form, values cannot be entered into fields in the "Total Rent (per unit size)" or "Number of Months" columns, or the "Total" row; the system will auto-calculate the fields based on the information entered in the other fields. SElect the "Save" button at the bottom of the form to initiate the auto-calculations.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the Shelter Plus Care desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndeHousingProgramInfo> for detailed program requirements.

**Complete the following fields related to the S+C rental assistance funds being requested under the project.**

**Type of Program** S+C

**Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area** HI - Honolulu, HI MSA (1500399999)

**Indicate if the rent is at or below the published FMR** 100% of FMR  
(select "Save" before completing the budget below)

**Do not enter amounts greater than 100% of FMR. If an amount over 100% of FMR is entered, the budget will be reduced.**

Size of Units	Number of Units		FMR or Actual Rent **		Number of Months		Total
SRO		x	\$848	x	12	=	\$0
0 Bedroom	10	x	\$1,131	x	12	=	\$135,720
1 Bedroom	13	x	\$1,348	x	12	=	\$210,288
2 Bedrooms	2	x	\$1,630	x	12	=	\$39,120
3 Bedrooms		x	\$2,377	x	12	=	\$0
4 Bedrooms		x	\$2,799	x	12	=	\$0
5 Bedrooms		x	\$3,219	x	12	=	\$0
6 Bedrooms		x	\$3,639	x	12	=	\$0

City and County of Honolulu						EX2_001064	
7 Bedrooms		x	\$4,059	x	12	=	\$0
8 Bedrooms		x	\$4,478	x	12	=	\$0
9 Bedrooms		x	\$4,898	x	12	=	\$0
Total			25			=	\$385,128

**For projects that select "1-99% of FMR" above: the table below shows 100% of the FMR amounts for zero to four bedrooms for the FMR area selected above. Do not enter more than the FMR amount listed, or the budget will be reduced.**

Unit	FMR
0 Bedroom	\$1,131
1 Bedroom	\$1,348
2 Bedroom	\$1,630
3 Bedroom	\$2,377
4 Bedroom	\$2,799

# Public Housing Authority (PHA) Certification Attachment Detail

## Document Description:

## Program Outcome Logic Model (HUD 96010) Attachment

Document Type	Required?	Document Description	Date Attached
Logic Model for Program Outcome (HUD 96010)	Yes	Steadfast SPC2 Lo...	10/02/2008

# Program Outcome Logic Model (HUD 96010) Attachment Detail

**Document Description:** Steadfast SPC2 Logic Model

## Submission Summary

Part	Last Updated
<b>Project Information</b>	
Page 1	10/2/08 3:47 PM
Page 2	10/2/08 3:52 PM
<b>Grant Consolidation</b>	Please Complete
<b>Project Location(s)</b>	10/2/08 3:52 PM
<b>Project Expansion</b>	Please Complete
<b>Sponsor Information</b>	10/2/08 3:59 PM
<b>Attachment - Org</b>	10/2/08 4:00 PM
<b>Sponsor Contact</b>	10/2/08 4:01 PM
<b>Experience of Partners</b>	Please Complete
<b>Special Housing Project</b>	Please Complete
<b>Assessment Tool</b>	Please Complete
<b>Housing Type &amp; Scale</b>	10/2/08 4:01 PM
<b>Project Participants</b>	
With Children	10/2/08 4:03 PM
Without Children	10/2/08 4:04 PM
<b>Services for Participants</b>	No Input Required
<b>Outreach for Participants</b>	10/2/08 4:06 PM
<b>Housing for Participants</b>	No Input Required
<b>Discharge Policy</b>	10/2/08 4:06 PM
<b>Project Leveraging</b>	10/2/08 4:07 PM
<b>HMIS Participation</b>	10/2/08 4:08 PM
<b>HMIS Dedicated Information</b>	Please Complete
<b>HMIS Implementation Timetable</b>	Please Complete
<b>HMIS Implementation Progress</b>	Please Complete
<b>Renewal Performance</b>	10/2/08 4:08 PM
<b>SHP Project Budgets</b>	
Operating Budget	Please Complete
Leasing	Please Complete
Leased Structure(s)	No Input Required
<b>Supportive Services Budget</b>	Please Complete

<b>Acquisition/Rehabilitation/New Construction Budget</b>	Please Complete
<b>SHP HMIS Budget</b>	
<b>Equipment</b>	10/2/08 3:47 PM
<b>Software</b>	10/2/08 3:47 PM
<b>Services</b>	No Input Required
<b>Personnel</b>	10/2/08 3:47 PM
<b>Space &amp; Operations</b>	No Input Required
<b>Summary</b>	Please Complete
<b>SHP Summary Budget</b>	10/2/08 3:47 PM
<b>Shelter Plus Care</b>	
<b>Rental Assistance Budget</b>	10/2/08 4:11 PM
<b>Rental Assistance Budget</b>	Please Complete
<b>Rental Assistance Budget</b>	Please Complete
<b>Estimated Development Costs</b>	Please Complete
<b>PHA Cert. Attachment</b>	No Input Required
<b>Logic Model Attachment</b>	10/2/08 4:12 PM
<b>Supportive Services the Participants Will Receive</b>	
<b>Page 1</b>	Please Complete
<b>Targeted Subpopulations</b>	No Input Required

**Notes:**

Grant Consolidation list must include at least 1 item(s).

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Leasing list must include at least 1 item(s).

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Acquisition/Rehabilitation/New Construction Budget list must include at least 1 item(s).

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Values cannot be greater than published FMRs



## Project Information - Page 1

### Instructions:

Select the appropriate Continuum of Care (CoC) name and number from the drop-down menu. The system will auto-populate the "Project Name" field.

Identify the appropriate "Project Type" from the drop-down menu (new or renewal project). Renewal projects are defined as those HUD McKinney-Vento grants that have received prior funding and are eligible to renew during the current competition.

Identify the project's "Program Type" and "Component Type." These selections must be made in the order of appearance (i.e. component type cannot be selected before selecting program type or project type). Depending on the program type selected, indicate the appropriate component type for the project.

Select the state(s) and the congressional district(s) in which the project is located. This information will be used to list the available geography codes on the next screen, and to send correspondence to the appropriate Congressional Representative(s).

In the last field on this form, provide a general description of the project. The description should include information on the homeless needs that are addressed by the project, the type of housing and number of units being proposed, and the target population that the project will serve. This information is required of all new and renewal projects. Rapid Re-housing projects must review the detailed instructions attached to the left menu and must reference the 2008 NOFA for detailed program requirements. Additional program requirements for all project types are also available at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements. As well, additional training for completing this page is available online at: <http://esnaps.hudhre.info/training>.

**The following fields must be completed for every project application.**

**CoC Number and Name** HI-501 - Honolulu CoC

**Project Name** Shelter Plus Care 1

**Project Type** Renewal Project

**Program Type**

Content depends on "Project Type" selection

**Component Type**

Content depends on "Program Type" selection

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

**In which Congressional District(s) is the project located?** HI-001  
(for multiple selections hold CTRL + Key)

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

The Shelter Plus Care program provides permanent supportive housing on a long-term basis to homeless individuals with a serious mental illness, or co-occurring serious mental illness and substance abuse or other disabling condition. Diagnoses of schizophrenia, bipolar and paranoid disorders result in symptoms of extreme paranoia, anxiety, depression or active hallucinations and delusions in which disruptive thought patterns may abate, then recur, with stress bringing on a recurrence of symptoms. This projects population group demonstrates impaired functioning in thought and emotion and without permanent affordable housing and long-term supportive treatment or services will continue to be homeless.

Tenant-based rental assistance (TRA) will provide rental assistance to thirty-three (33) individuals in multiple types of market-based housing units, previously vacant, located in the City and County of Honolulu.

The State of Hawaii, Department of Health, Adult Mental Health Division (AMHD) will provide supportive services in the amount \$386,823 including outreach, psychiatric treatment, intensive case management, psycho-social rehabilitation, and housing support services to participants and landlords.

The Shelter Plus Care rental subsidies will fill a gap in the City and County of Honolulu Continuum of Care system by providing an additional integrated housing and supportive services program.

## Project Information - Page 2

### Instructions:

#### New projects:

There are two types of special housing projects for the 2008 competition, Samaritan Housing and Rapid Re-Housing. All new SHP-PH, SHP-TH, S+C, and Section 8 SRO projects must identify whether or not special housing funds are being requested. Only new SHP-PH, S+C, and Section 8 SRO projects may request Samaritan Housing funds. Rapid Re-housing funds can be requested by new SHP-TH projects only.

#### Renewal projects:

Indicate whether or not the project previously received funds under the Samaritan Housing Initiative. If the project received Samaritan funds, the project must continue to meet the requirements of the initiative for the life of the project. Renewal SHP projects must also indicate whether or not it is a consolidated grant. All grant consolidations must be HUD approved prior to application submission. Each consolidated grant must be listed on the "Grant Consolidation" page.

#### New and renewal projects:

Indicate whether or not the project is:

- using Energy Star;
- located in a rural area (reference the definition in 2008 NOFA before answering this question);
- and
- located on land previously owned by the military.

All new and renewal projects must also indicate the geographic area(s) that will be served by the project.

#### Budget Activities:

All SHP projects must identify the budget activities being requested for the project. Depending on the project type, these budget activities may include acquisition, new construction, rehabilitation, leasing (units or structures), supportive services, operations, and/or HMIS. All S+C and Section 8 SRO projects must only complete the rental assistance budget and the estimated development cost budget, if applicable.

For additional instructions and examples on completing this form, reference the detailed instructions document on the left menu and the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**The following fields must be completed for every project application.**

**Was the original project awarded as Samaritan Housing project?** No

**Were one or more projects consolidated with this project?** No

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

**Grant Term:** 1 Year

**Does the project use Energy Star?** Yes

**Is the project located in a rural area?** No

**Is the project located on land previously owned by the military?** No

**Select the geographic code(s) for area(s) served by the project**  
**(for multiple selections hold CTRL + Key)** 150144 HONOLULU

## Project Location(s)

The following list summarizes the project location(s) that have been entered. To add a location to this list, click on the  symbol.

Location Name	Street Address 1	Street Address 2	City	State	Zip
Scattered Site	677 Ala Moana Blv...	--	Honolulu	Hawaii	96813

## Project Location Detail

### Instructions:

Location Name (Optional - except for SRA project): Identify the name of the location(s) being used for housing project participants. If the project includes leased or rental units in more than 4 locations, only enter "Scattered Site" in this field. All other project types should enter the name of the project location in this field.

Project Ownership (Required): Indicate whether the location (including all scattered sites locations) is owned or leased by the applicant, sponsor, or a parent organization. If the project contains units that house project participants using SHP funds, under no circumstances may SHP leasing funds be used to lease units or structures owned by the grantee (the applicant), the project sponsor, or the parent organization(s) of either entity.

Location Address (Optional - except for SRA project): Indicate the Street Address, City, State, and Zip Code of the units being used for housing project participants. If the project includes leased or rental units in more than 4 locations, enter the address of the project sponsor in these fields.

For additional instructions and examples related to completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

**Enter the physical address of the project and indicate the ownership of the location. Scattered site projects should refer to the instructions for details on completing the field on this screen.**

<b>Location Name</b>	Scattered Site
<b>Property Ownership</b>	Lease
<b>Street Address 1</b>	677 Ala Moana Blvd., Suite 713
<b>Street Address 2</b>	
<b>City</b>	Honolulu
<b>State</b>	Hawaii
<b>Zip Code</b>	96813
<b>Format: (12345 or 12345-1234)</b>	

## Project Sponsor Information

### Instructions:

The project sponsor is usually the entity that will be carrying out the project. If the sponsor is the same entity as the project applicant, select "yes" in the first drop-down box and enter "save" at the bottom of the page, and the system will auto-populate the fields on this form based on the information entered in the SF-424. Simply verify that the correct information has been populated. If the information is incorrect, correct the applicant information on the SF-424.

If the project sponsor and applicant are separate entities, manually enter the information for the project sponsor. All non-profit sponsors will need to attach proper documentation to verify their non-profit status, if the documentation is not attached to the SF 424. All projects can identify only one sponsor. If multiple sponsors have been identified on past funding applications, the project applicant must identify a "lead" sponsor.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields to identify the project sponsor, including its legal name, type of organization, DUNS number, employer/taxpayer number, and physical address.**

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

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

If "Other" specify:

**DUNS Number** 148976884  
**Format: xxxxxxxxx or xxxxxxxxxxxxxx**

**Tax ID or EIN** 99-0272190  
**Format: 12-3456789**

**Street Address 1** 677 Ala Moana Blvd., Suite 713

**Street Address 2**

**City** Honolulu

**State** Hawaii

**Zip Code** 96813  
**Format: 12345 or 12345-1234**

**Is the sponsor a Faith-Based Organization?** No

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



## Non-Profit Documentation Attachment

Document Type	Required?	Document Description	Date Attached
Proof of non-profit status	Yes	Steadfast 501c3 l...	10/02/2008

# Non-Profit Documentation Attachment Detail

**Document Description:** Steadfast 501c3 letter

## Project Sponsor Contact Information

### Instructions:

The project sponsor is usually the entity that will be carrying out the project. If the sponsor is the same entity as the project applicant, the system will auto-populate the fields on this form based on the information entered in the SF-424. Simply verify that the correct information has been populated. If the information is incorrect, correct the applicant information on the SF-424.

If the project sponsor and applicant are separate entities, manually enter the information for the project sponsor. All non-profit sponsors will need to attach proper documentation to verify their non-profit status, if the documentation is not attached to the SF 424. All projects can identify only one sponsor. If multiple sponsors have been identified on past funding applications, the project applicant must identify a "lead" sponsor.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Provide the name and contact information of the person to be contacted for matters regarding project operations. If the sponsor is the same entity as the applicant, the system will auto-populate the fields below.**

**Prefix** Ms  
**First Name** Linda  
**Middle Name** S  
**Last Name** Ahue  
**Suffix** MSW  
**Title** Mental Health Services Director  
**E-mail Address** lahue@steadfast-hawaii.org  
**Confirm E-mail Address** lahue@steadfast-hawaii.org  
**Phone Number** 808-599-6230  
**Format: 123-456-7890**  
**Extension** 630  
**Fax Number** 808-599-1821  
**Format: 123-456-7890**

# Assessment Tool Attachment Detail

## Document Description:

## Type and Scale of Housing

The following list summarizes all housing units that will be used for participants in the project. To add information to this list, click on the icon and enter the requested information.

Housing Type	Units	Beds	Bedrooms
Scattered-site apartments (...)	26	33	29

## Type and Scale of Housing Detail

### Instructions:

For the 2008 competition, the available housing type selections have been re-defined. Refer to the detailed instructions located on the left menu for additional instructions on completing this page.

If the project is funded, the applicant/sponsor will be responsible for operating the project as indicated here. Entering incorrect information may result in the reduction or withdrawal of the conditional award. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields related to the number of units, beds, and bedrooms for each housing type in the project.**

**Housing Type:** Scattered-site apartments (including efficiencies)

### Total for Selected Housing Type

**Units:** 26

**Beds:** 33

**Bedrooms:** 29

# Project Participants - Households with Dependent Children

## Instructions:

The purpose of this form is to capture the total number of homeless persons served by the project at a point in time, as well as the subpopulations/disabilities for each household. If the project is not serving households with dependent children, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form. .

Rapid Re-housing projects: 100% of the adults served by the project must be accompanied by children and should be reflected in the fields below.

Samaritan Housing, Safe Haven, and SRO housing projects: 100% of the households served by the project must not be accompanied by children. Therefore, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

All projects: in the "Total Persons" column indicate the total number of "disabled adults," "non-disabled adults," "disabled children," "non-disabled children," and "Total Number of Households" for each household in the project. The system will auto-populate the remaining fields in this column.

Next, identify the appropriate subpopulation (Severely Mentally Ill, Chronic Substance Abuser, Veterans, Persons with HIV/AIDS, and Victims of Domestic Violence) for each person in the project. If the participants are dually-diagnosed and fit into more than one subpopulation (i.e. severely mentally ill with chronic substance abuse), make sure to indicate these individuals in all appropriate subpopulations (it is possible to have overlapping information). The system will auto-calculate all totals based on the values entered for each subpopulation.

Notice that information cannot be entered into certain fields. Persons with a severe mental illness and/or HIV/AIDS constitute disabled adults; therefore, no entry is allowed in the "non-disabled adult" fields. Also, no values can be entered for any children under the Veterans columns. For homeless assistance programs, chronic substance abuse, by itself, may constitute as a disability.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Indicate the total number of households that include a homeless adult with dependent children. Also identify the number of persons and subpopulations within each household in the project.**

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



## Project Participants - Households without Dependent Children

### Instructions:

The purpose of this form is to capture the total number of homeless persons served by the project at a point in time, as well as the subpopulations for each household. If the project is serving households with dependent children, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

Samaritan Housing, Safe Haven, and SRO housing projects: 100% of the adults served by the project must be unaccompanied by children and should be reflected in the fields below.

Rapid Re-housing projects: 100% of the adults served by the project must be accompanied by children. Therefore, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

All projects: in the "Total Persons" column indicate the total number of "disabled adults," "non-disabled adults," "non-disabled unaccompanied youth," "non-disabled children," and "Total Number of Households" for each household in the project. The system will auto-populate the remaining fields in this column.

Next, identify the appropriate subpopulation (Chronically Homeless, Severely Mentally Ill, Chronic Substance Abuser, Veterans, Persons with HIV/AIDS, and Victims of Domestic Violence) for each person in the project. If the individuals are dually-diagnosed and fit into more than one subpopulation (i.e. severely mentally ill with chronic substance abuse), make sure to indicate these individuals in all appropriate subpopulations (it is possible to have overlapping information). The system will auto-calculate all totals based on the values entered for each subpopulation.

Notice that information can only be entered into certain fields. Chronically Homeless persons must be disabled adults in households without children, so no entry is allowed in the "non-disabled adult" fields. Also, Veterans must be adults; therefore, no entry is allowed for unaccompanied youth. All severely mentally ill persons and persons living with HIV/AIDS are automatically considered disabled; therefore, there can be no entry for non-disabled persons. For homeless assistance programs, chronic substance abuse, by itself, may constitute as a disability.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Indicate the total number of households that include a homeless adult without dependent children. Also identify the number of persons and subpopulations within each household in the project.**

### Instructions:

Chronically Homeless must be disabled adults in households without children (so no entry allowed in non-disabled adult or children/youth)

Severely Mentally Ill are all considered disabled (so no entry allowed in non-disabled)

Chronic Substance Abuse may not constitute a disability on its own

Veterans must be adults (so no entry allowed in children/youth)

Persons living with HIV/AIDS are all considered disabled (so no entry allowed in non-disabled)

Total Number of Households	33
----------------------------	----

City and County of Honolulu						EX2_001063	
	Total Persons	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Adults	32	4	32	20	3	0	0
Non-Disabled Adults	1			1			
Disabled Unaccompanied Youth	0						
Non-Disabled Unaccompanied Youth	0						
<b>Total Persons (select "Save" to auto-calculate)</b>	<b>33</b>	<b>4</b>	<b>32</b>	<b>21</b>	<b>3</b>	<b>0</b>	<b>0</b>
<b>Total Number of Adults (select "Save" to auto-calculate)</b>	<b>33</b>						
<b>Total Number of Unaccompanied Youth (select "Save" to auto-calculate)</b>	<b>0</b>						

## Outreach for Participants

### Instructions:

To help determine the eligibility of homeless participants served by the project, as well as the project's eligibility to apply for homeless assistance funding, indicate where the homeless participants are coming from (streets, emergency shelters, safe havens, transitional housing who came directly from the street, or other places). Also, describe how the applicant/sponsor plans to bring these participants into the project.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields related to the outreach plans to bring participants into the project.**

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

**Note: this includes persons who ordinarily sleep in one of the places listed below but are spending a short time (30 consecutive days or less) in a jail, hospital, or other institution.**

70%	Persons who came from the street or other locations not meant for human habitation.
17%	Person who came from Emergency Shelters.
0%	Persons who came from Safe Havens.
13%	Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens.
100%	Total of above percentages

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

## Housing for Participants

### Instructions:

The purpose of this form is to determine the ability of the project to meet the housing standards as described in the NOFA. While this form may be visible by all projects, it only applies to specific housing activities. All renewal projects and new SHP-SSO, SHP-HMIS, SHP-SH, S+C-SRA, and S+C-PRA projects do not have to complete this form and may move to the next form.

The maximum allowable length of stay for participants in SHP-TH projects is 24 months. However, Rapid Re-housing participants must not be housed longer than 18 months. HUD does not impose a length of stay restriction on participants in permanent housing projects (S+C, SHP permanent housing, and Section 8 SRO).

All SHP-PH, S+C-TRA, and S+C-SRA projects must describe the reason for selecting the proposed housing structure.

All S+C-PRAR, S+C-SRO, Section 8 SRO projects and SHP projects that are requesting funds for rehabilitation must describe the rehabilitation activities that will be undertaken for housing the participants in the project.

All other project types are not required to complete this form and may move to the next form.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

## Discharge Planning Policy

**The following question must be completed by project applicants that are State or Local government agencies.**

**Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs?**

Yes

## Project Leveraging

The following list summarizes the leveraging funds for the project. To add information to this list, click on the icon and enter the requested information.

**Total value of written commitment** \$386,823

Contributor	Source	Date of Commitment	Value of Commitment
Department of Hea...	Government	09/02/2008	\$386,823

## Project Leveraging Detail

### Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Department of Health, Adult Mental Health Division
<b>Select Type of Source</b>	Government
<b>Date of Written Commitment</b>	09/02/2008
<b>Value of Written Commitment</b>	\$386,823

# Homeless Management Information System (HMIS) Participation

## Instructions:

The data entered into this form will be used to determine the percentage of clients reported in the CoC's HMIS for this project.

Indicate whether or not the project is participating in the HMIS. If the project is participating in the HMIS, enter additional information about the project's participation in the HMIS, including the total number of clients served by the project, the total number of clients reported in the HMIS, and the percentage of values that are missing ("Null or Missing Values") and/or unknown ("Don't Know or Refused") for all client records reported. If there were no unknown value, enter "0" in any field within the chart, and select "Save & Next" to move to the next form.

If the project is not participating in the HMIS, indicate the reason(s) for non-participation.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA for additional program requirements.

**All projects must indicate their level of participation in the CoC's HMIS.**

**Does this project provide client level data to HMIS at least annually?** Yes

**Select the "Save" button to enter additional information.**

**Indicate the number of clients served from 1/1/2007 - 12/31/2007** 28

**Of the clients served from 1/1/2007 - 12/31/2007, indicate the number reported in the HMIS** 28

**Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.'**

Data Quality	Null or Missing Values (%)	Don't Know or Refused (%)
Name	0%	0%
Social Security Number	0%	0%
Date of Birth	0%	0%
Ethnicity	0%	0%
Race	0%	0%
Gender	0%	0%
Veteran Status	0%	0%
Disabling Condition	0%	0%
Residence Prior to Prog. Entry	0%	0%
Zip Code of Last Permanent Address	0%	0%

## Renewal Performance

**Instructions:**

The fields on this form will assess the progress of the renewal project and identify any significant changes from the prior grant. Indicate whether or not the project has unresolved monitoring findings, or outstanding audit findings, and whether or not amendments have been made to the project since the last funding approval.

If amendments have occurred, indicate and explain the reason(s) for the change(s). Also, indicate the specific change in the project, by noting the previous information (before the amendment) and new information (after the amendment).

Contact the local HUD Field Office for amendment requirements, and/or any unresolved monitoring or outstanding audit findings: <http://www.hud.gov/offices/cpd/about/local/index.cfm>. For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

**The following fields must be completed by all renewal projects.**

**Are there any unresolved monitoring or audit findings on HUD McKinney-Vento Act grants, excluding ESG?** No

**Were there any amendments executed since the last funding approval?** Yes

**Select the reason(s) for the project amendment (s).** Change in component type  
 (for multiple selections hold CTRL + Key)

**Explain the reason(s) for the amendment?**

Sponsor requested change of component type from sponsor-based to tenant-based rental assistance.

	Previous	New
Indicate change in the number of persons served		
Indicate change in the number of units		
Indicate change in project site location		
Indicate change in target population		
Indicate change in the project sponsor		
Indicate change in the component type	SRA	TRA
Indicate change in the grantee/applicant		
Indicate change in the number of beds		

## Shelter Plus Care Rental Assistance Budget

The following information summarizes the S+C rental assistance funding request for the total term of the project. To add information to this list, click on the icon and enter the requested information.

**Total Shelter Plus Care Rental Assistance** \$386,832

FMR_Area	Total Units	Total Requested
HI - Honolulu, HI MSA (1500399999)	26	386832

# Shelter Plus Care Rental Assistance Budget Detail

## Instructions:

The rent requested for each unit size must not exceed the published Fair Market Rent (FMR) for the project area. Rent requests that exceed 100% of the published FMR for a given area are no longer an option. Use either the actual negotiated rent of the units or the most recent FMRs as published in the Federal Register, whichever is less. The most recent FMRs are available online at: <http://www.huduser.org/datasets/fmr.html>.

If the rent requested is equal to 100% of the published FMR, the award amount will be that in effect at the time when all grants are conditionally approved, which may be higher or lower than the FMRs listed here.

If the requested rent is less than 100% of the published FMR, the grant award will be funded at the amounts requested here and will not receive an FMR update.

S+C/SRO and Section 8 SRO projects may not request assistance for more than 100 units per project.

For this form, values cannot be entered into fields in the "Total Rent (per unit size)" or "Number of Months" columns, or the "Total" row; the system will auto-calculate the fields based on the information entered in the other fields. SElect the "Save" button at the bottom of the form to initiate the auto-calculations.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the Shelter Plus Care desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndeHousingProgramInfo> for detailed program requirements.

**Complete the following fields related to the S+C rental assistance funds being requested under the project.**

**Type of Program** S+C

**Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area** HI - Honolulu, HI MSA (1500399999)

**Indicate if the rent is at or below the published FMR** 100% of FMR  
(select "Save" before completing the budget below)

**Do not enter amounts greater than 100% of FMR. If an amount over 100% of FMR is entered, the budget will be reduced.**

Size of Units	Number of Units		FMR or Actual Rent **		Number of Months		Total
SRO		x	\$848	x	12	=	\$0
0 Bedroom	19	x	\$1,131	x	12	=	\$257,868
1 Bedroom	5	x	\$1,348	x	12	=	\$80,880
2 Bedrooms	1	x	\$1,630	x	12	=	\$19,560
3 Bedrooms	1	x	\$2,377	x	12	=	\$28,524
4 Bedrooms		x	\$2,799	x	12	=	\$0
5 Bedrooms		x	\$3,219	x	12	=	\$0
6 Bedrooms		x	\$3,639	x	12	=	\$0

City and County of Honolulu						EX2_001063	
7 Bedrooms		x	\$4,059	x	12	=	\$0
8 Bedrooms		x	\$4,478	x	12	=	\$0
9 Bedrooms		x	\$4,898	x	12	=	\$0
Total		26				=	\$386,832

**For projects that select "1-99% of FMR" above: the table below shows 100% of the FMR amounts for zero to four bedrooms for the FMR area selected above. Do not enter more than the FMR amount listed, or the budget will be reduced.**

Unit	FMR
0 Bedroom	\$1,131
1 Bedroom	\$1,348
2 Bedroom	\$1,630
3 Bedroom	\$2,377
4 Bedroom	\$2,799

# Public Housing Authority (PHA) Certification Attachment Detail

**Document Description:**

## Program Outcome Logic Model (HUD 96010) Attachment

Document Type	Required?	Document Description	Date Attached
Logic Model for Program Outcome (HUD 96010)	Yes	Steadfast SPC1 Lo...	10/02/2008

# Program Outcome Logic Model (HUD 96010) Attachment Detail

**Document Description:** Steadfast SPC1 Logic Model

## Submission Summary

Part	Last Updated
<b>Project Information</b>	
Page 1	10/2/08 2:41 PM
Page 2	10/2/08 2:42 PM
Grant Consolidation	Please Complete
Project Location(s)	10/2/08 2:43 PM
Project Expansion	Please Complete
Sponsor Information	10/2/08 3:00 PM
Attachment - Org	10/2/08 3:01 PM
Sponsor Contact	10/2/08 3:03 PM
Experience of Partners	Please Complete
Special Housing Project	Please Complete
Assessment Tool	Please Complete
Housing Type & Scale	10/2/08 3:04 PM
Project Participants	
With Children	10/2/08 3:05 PM
Without Children	10/2/08 3:08 PM
Services for Participants	No Input Required
Outreach for Participants	10/2/08 3:11 PM
Housing for Participants	No Input Required
Discharge Policy	10/2/08 3:14 PM
Project Leveraging	10/2/08 3:15 PM
HMIS Participation	10/2/08 3:16 PM
HMIS Dedicated Information	Please Complete
HMIS Implementation Timetable	Please Complete
HMIS Implementation Progress	Please Complete
Renewal Performance	10/2/08 10:00 PM
SHP Project Budgets	
Operating Budget	Please Complete
Leasing	Please Complete
Leased Structure(s)	No Input Required
Supportive Services Budget	Please Complete

<b>Acquisition/Rehabilitation/New Construction Budget</b>	Please Complete
<b>SHP HMIS Budget</b>	
<b>Equipment</b>	10/2/08 2:42 PM
<b>Software</b>	10/2/08 2:42 PM
<b>Services</b>	No Input Required
<b>Personnel</b>	10/2/08 2:41 PM
<b>Space &amp; Operations</b>	No Input Required
<b>Summary</b>	Please Complete
<b>SHP Summary Budget</b>	10/2/08 2:42 PM
<b>Shelter Plus Care</b>	
<b>Rental Assistance Budget</b>	10/2/08 3:21 PM
<b>Rental Assistance Budget</b>	Please Complete
<b>Rental Assistance Budget</b>	Please Complete
<b>Estimated Development Costs</b>	Please Complete
<b>PHA Cert. Attachment</b>	No Input Required
<b>Logic Model Attachment</b>	10/2/08 3:28 PM
<b>Supportive Services the Participants Will Receive</b>	
<b>Page 1</b>	Please Complete
<b>Targeted Subpopulations</b>	No Input Required

**Notes:**

Grant Consolidation list must include at least 1 item(s).

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Leasing list must include at least 1 item(s).

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Acquisition/Rehabilitation/New Construction Budget list must include at least 1 item(s).

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Values cannot be greater than published FMRs



## Project Information - Page 1

### Instructions:

Select the appropriate Continuum of Care (CoC) name and number from the drop-down menu. The system will auto-populate the "Project Name" field.

Identify the appropriate "Project Type" from the drop-down menu (new or renewal project). Renewal projects are defined as those HUD McKinney-Vento grants that have received prior funding and are eligible to renew during the current competition.

Identify the project's "Program Type" and "Component Type." These selections must be made in the order of appearance (i.e. component type cannot be selected before selecting program type or project type). Depending on the program type selected, indicate the appropriate component type for the project.

Select the state(s) and the congressional district(s) in which the project is located. This information will be used to list the available geography codes on the next screen, and to send correspondence to the appropriate Congressional Representative(s).

In the last field on this form, provide a general description of the project. The description should include information on the homeless needs that are addressed by the project, the type of housing and number of units being proposed, and the target population that the project will serve. This information is required of all new and renewal projects. Rapid Re-housing projects must review the detailed instructions attached to the left menu and must reference the 2008 NOFA for detailed program requirements. Additional program requirements for all project types are also available at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements. As well, additional training for completing this page is available online at: <http://esnaps.hudhre.info/training>.

**The following fields must be completed for every project application.**

**CoC Number and Name** HI-501 - Honolulu CoC

**Project Name** Headway House

**Project Type** Renewal Project

**Program Type**

Content depends on "Project Type" selection

**Component Type**

Content depends on "Program Type" selection

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

**In which Congressional District(s) is the project located?** HI-001  
(for multiple selections hold CTRL + Key)

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

Headway House is a 71 units former military barracks located at 91-1075 Shangrila Street, Kalaheo, Hawaii. The building is named Hale Ulu Pono. HUD's Supportive Housing Program grant provides funds for permanent housing operations and support services to 40 homeless seriously mentally ill adult consumers. The facility is staff 24 hours, 7 days per week. The rent is 30% of the consumer's adjusted gross income. The consumers are registered with the State of Hawaii, Adult Mental Health Division and are 18 years of age and above. Frequently, their disabilities have resulted from schizophrenia, bipolar illness, homelessness and substance abuse. More specifically, this proposal is directed to consumers who are able to benefit from case management services and who desire and/or capable and willing to live in a semi-supervised setting of the least restrictive setting possible.

The consumers served are individuals who share a number of commonalities. These include difficulty communicating and establishing and maintaining social contacts; presentation of a socially unacceptable appearance and behavior; lack of ability to carry out activities of daily living, e.g. using transportation, shopping, cooking, and managing money; lack of employment skills; non-compliance with medical treatment; and difficulties with the law. These difficulties result in withdrawal from daily life; consequently, a comprehensive array of services is required in order to maintain the consumer in the community, thereby decreasing utilization of crisis and inpatient services.

This proposal proposes to help these consumers by providing housing and support services which may include but not be limited to; psychiatric and psycho-social rehabilitation. Assistance may also be in the form of hands-on assistance, such as actually performing a personal care task for a consumer, or cueing so that the consumers perform the task by themselves. The tasks which personal care can assist with may include training with personal hygiene, light housework, laundry, meal preparation, transportation, medication and money management.

## Project Information - Page 2

### Instructions:

#### New projects:

There are two types of special housing projects for the 2008 competition, Samaritan Housing and Rapid Re-Housing. All new SHP-PH, SHP-TH, S+C, and Section 8 SRO projects must identify whether or not special housing funds are being requested. Only new SHP-PH, S+C, and Section 8 SRO projects may request Samaritan Housing funds. Rapid Re-housing funds can be requested by new SHP-TH projects only.

#### Renewal projects:

Indicate whether or not the project previously received funds under the Samaritan Housing Initiative. If the project received Samaritan funds, the project must continue to meet the requirements of the initiative for the life of the project. Renewal SHP projects must also indicate whether or not it is a consolidated grant. All grant consolidations must be HUD approved prior to application submission. Each consolidated grant must be listed on the "Grant Consolidation" page.

#### New and renewal projects:

Indicate whether or not the project is:

- using Energy Star;
- located in a rural area (reference the definition in 2008 NOFA before answering this question); and
- located on land previously owned by the military.

All new and renewal projects must also indicate the geographic area(s) that will be served by the project.

#### Budget Activities:

All SHP projects must identify the budget activities being requested for the project. Depending on the project type, these budget activities may include acquisition, new construction, rehabilitation, leasing (units or structures), supportive services, operations, and/or HMIS. All S+C and Section 8 SRO projects must only complete the rental assistance budget and the estimated development cost budget, if applicable.

For additional instructions and examples on completing this form, reference the detailed instructions document on the left menu and the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**The following fields must be completed for every project application.**

**Was the original project awarded as Samaritan Housing project?** No

**Were one or more projects consolidated with this project?** No

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

**Grant Term** 1 Year

**NOTE: New projects must be 2 or 3 years, except new HMIS projects and new hold harmless reallocation projects, which can be 1, 2 or 3 years.**

**Does the project use Energy Star?** No

**Is the project located in a rural area?** No

**Is the project located on land previously  
owned by the military?** Yes

**Select the geographic code(s) for area(s)  
served by the project  
(for multiple selections hold CTRL + Key)** 150144 HONOLULU

**\*Select all applicable budget activities that the project is requesting:**

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

## Project Location(s)

The following list summarizes the project location(s) that have been entered. To add a location to this list, click on the  symbol.

Location Name	Street Address 1	Street Address 2	City	State	Zip
Kalaeloa	91-1075 Shangrila...	--	Kalaeloa	Hawaii	96707

## Project Location Detail

### Instructions:

Location Name (Optional - except for SRA project): Identify the name of the location(s) being used for housing project participants. If the project includes leased or rental units in more than 4 locations, only enter "Scattered Site" in this field. All other project types should enter the name of the project location in this field.

Project Ownership (Required): Indicate whether the location (including all scattered sites locations) is owned or leased by the applicant, sponsor, or a parent organization. If the project contains units that house project participants using SHP funds, under no circumstances may SHP leasing funds be used to lease units or structures owned by the grantee (the applicant), the project sponsor, or the parent organization(s) of either entity.

Location Address (Optional - except for SRA project): Indicate the Street Address, City, State, and Zip Code of the units being used for housing project participants. If the project includes leased or rental units in more than 4 locations, enter the address of the project sponsor in these fields.

For additional instructions and examples related to completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

**Enter the physical address of the project and indicate the ownership of the location. Scattered site projects should refer to the instructions for details on completing the field on this screen.**

**Location Name** Kalaeloa  
**Property Ownership** Lease  
**Street Address 1** 91-1075 Shangrila Street  
**Street Address 2**  
**City** Kalaeloa  
**State** Hawaii  
**Zip Code** 96707  
**Format: (12345 or 12345-1234)**

## Project Sponsor Information

### Instructions:

The project sponsor is usually the entity that will be carrying out the project. If the sponsor is the same entity as the project applicant, select "yes" in the first drop-down box and enter "save" at the bottom of the page, and the system will auto-populate the fields on this form based on the information entered in the SF-424. Simply verify that the correct information has been populated. If the information is incorrect, correct the applicant information on the SF-424.

If the project sponsor and applicant are separate entities, manually enter the information for the project sponsor. All non-profit sponsors will need to attach proper documentation to verify their non-profit status, if the documentation is not attached to the SF 424. All projects can identify only one sponsor. If multiple sponsors have been identified on past funding applications, the project applicant must identify a "lead" sponsor.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields to identify the project sponsor, including its legal name, type of organization, DUNS number, employer/taxpayer number, and physical address.**

**Is the project applicant the same as the project sponsor?** Yes  
(If yes select the "Save" button to auto-fill the fields below)

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

If "Other" specify:

**DUNS Number** 148976884  
**Format: xxxxxxxxx or xxxxxxxxxxxxxx**

**Tax ID or EIN** 99-0272190  
**Format: 12-3456789**

**Street Address 1** 677 Ala Moana Boulevard, Suite 713

**Street Address 2**

**City** Honolulu

**State** Hawaii

**Zip Code** 96813  
**Format: 12345 or 12345-1234**

**Is the sponsor a Faith-Based Organization?** No

# Non-Profit Documentation Attachment Detail

## Document Description:

## Project Sponsor Contact Information

### Instructions:

The project sponsor is usually the entity that will be carrying out the project. If the sponsor is the same entity as the project applicant, the system will auto-populate the fields on this form based on the information entered in the SF-424. Simply verify that the correct information has been populated. If the information is incorrect, correct the applicant information on the SF-424.

If the project sponsor and applicant are separate entities, manually enter the information for the project sponsor. All non-profit sponsors will need to attach proper documentation to verify their non-profit status, if the documentation is not attached to the SF 424. All projects can identify only one sponsor. If multiple sponsors have been identified on past funding applications, the project applicant must identify a "lead" sponsor.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Provide the name and contact information of the person to be contacted for matters regarding project operations. If the sponsor is the same entity as the applicant, the system will auto-populate the fields below.**

**Prefix**

**First Name** Stephen

**Middle Name** K

**Last Name** Kawahara

**Suffix**

**Title** Housing Director

**E-mail Address** skawahara@steadfast-hawaii.org

**Confirm E-mail Address** skawahara@steadfast-hawaii.org

**Phone Number** 808-599-6230  
**Format: 123-456-7890**

**Extension** 620

**Fax Number** 808-599-1821  
**Format: 123-456-7890**

# Assessment Tool Attachment Detail

**Document Description:**

## Type and Scale of Housing

The following list summarizes all housing units that will be used for participants in the project. To add information to this list, click on the icon and enter the requested information.

Housing Type	Units	Beds	Bedrooms
Single Room Occupancy (SRO)...	1	40	40

## Type and Scale of Housing Detail

### Instructions:

For the 2008 competition, the available housing type selections have been re-defined. Refer to the detailed instructions located on the left menu for additional instructions on completing this page.

If the project is funded, the applicant/sponsor will be responsible for operating the project as indicated here. Entering incorrect information may result in the reduction or withdrawal of the conditional award. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields related to the number of units, beds, and bedrooms for each housing type in the project.**

**Housing Type:** Single Room Occupancy (SRO) units

### Total for Selected Housing Type

**Units:** 1

**Beds:** 40

**Bedrooms:** 40

# Project Participants - Households with Dependent Children

## Instructions:

The purpose of this form is to capture the total number of homeless persons served by the project at a point in time, as well as the subpopulations/disabilities for each household. If the project is not serving households with dependent children, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form. .

Rapid Re-housing projects: 100% of the adults served by the project must be accompanied by children and should be reflected in the fields below.

Samaritan Housing, Safe Haven, and SRO housing projects: 100% of the households served by the project must not be accompanied by children. Therefore, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

All projects: in the "Total Persons" column indicate the total number of "disabled adults," "non-disabled adults," "disabled children," "non-disabled children," and "Total Number of Households" for each household in the project. The system will auto-populate the remaining fields in this column.

Next, identify the appropriate subpopulation (Severely Mentally Ill, Chronic Substance Abuser, Veterans, Persons with HIV/AIDS, and Victims of Domestic Violence) for each person in the project. If the participants are dually-diagnosed and fit into more than one subpopulation (i.e. severely mentally ill with chronic substance abuse), make sure to indicate these individuals in all appropriate subpopulations (it is possible to have overlapping information). The system will auto-calculate all totals based on the values entered for each subpopulation.

Notice that information cannot be entered into certain fields. Persons with a severe mental illness and/or HIV/AIDS constitute disabled adults; therefore, no entry is allowed in the "non-disabled adult" fields. Also, no values can be entered for any children under the Veterans columns. For homeless assistance programs, chronic substance abuse, by itself, may constitute as a disability.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Indicate the total number of households that include a homeless adult with dependent children. Also identify the number of persons and subpopulations within each household in the project.**

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



# Project Participants - Households without Dependent Children

## Instructions:

The purpose of this form is to capture the total number of homeless persons served by the project at a point in time, as well as the subpopulations for each household. If the project is serving households with dependent children, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

Samaritan Housing, Safe Haven, and SRO housing projects: 100% of the adults served by the project must be unaccompanied by children and should be reflected in the fields below.

Rapid Re-housing projects: 100% of the adults served by the project must be accompanied by children. Therefore, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

All projects: in the "Total Persons" column indicate the total number of "disabled adults," "non-disabled adults," "non-disabled unaccompanied youth," "non-disabled children," and "Total Number of Households" for each household in the project. The system will auto-populate the remaining fields in this column.

Next, identify the appropriate subpopulation (Chronically Homeless, Severely Mentally Ill, Chronic Substance Abuser, Veterans, Persons with HIV/AIDS, and Victims of Domestic Violence) for each person in the project. If the individuals are dually-diagnosed and fit into more than one subpopulation (i.e. severely mentally ill with chronic substance abuse), make sure to indicate these individuals in all appropriate subpopulations (it is possible to have overlapping information). The system will auto-calculate all totals based on the values entered for each subpopulation.

Notice that information can only be entered into certain fields. Chronically Homeless persons must be disabled adults in households without children, so no entry is allowed in the "non-disabled adult" fields. Also, Veterans must be adults; therefore, no entry is allowed for unaccompanied youth. All severely mentally ill persons and persons living with HIV/AIDS are automatically considered disabled; therefore, there can be no entry for non-disabled persons. For homeless assistance programs, chronic substance abuse, by itself, may constitute as a disability.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Indicate the total number of households that include a homeless adult without dependent children. Also identify the number of persons and subpopulations within each household in the project.**

## Instructions:

Chronically Homeless must be disabled adults in households without children (so no entry allowed in non-disabled adult or children/youth)

Severely Mentally Ill are all considered disabled (so no entry allowed in non-disabled)

Chronic Substance Abuse may not constitute a disability on its own

Veterans must be adults (so no entry allowed in children/youth)

Persons living with HIV/AIDS are all considered disabled (so no entry allowed in non-disabled)

Total Number of Households	40
----------------------------	----

Steadfast Housing Development Corporation						EX2_005919	
	Total Persons	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Adults	40		40				
Non-Disabled Adults							
Disabled Unaccompanied Youth							
Non-Disabled Unaccompanied Youth							
<b>Total Persons (select "Save" to auto-calculate)</b>	40	0	40	0	0	0	0
<b>Total Number of Adults (select "Save" to auto-calculate)</b>	40						
<b>Total Number of Unaccompanied Youth (select "Save" to auto-calculate)</b>	0						

## Outreach for Participants

### Instructions:

To help determine the eligibility of homeless participants served by the project, as well as the project's eligibility to apply for homeless assistance funding, indicate where the homeless participants are coming from (streets, emergency shelters, safe havens, transitional housing who came directly from the street, or other places). Also, describe how the applicant/sponsor plans to bring these participants into the project.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields related to the outreach plans to bring participants into the project.**

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

**Note: this includes persons who ordinarily sleep in one of the places listed below but are spending a short time (30 consecutive days or less) in a jail, hospital, or other institution.**

100%	Persons who came from the street or other locations not meant for human habitation.
	Person who came from Emergency Shelters.
	Persons who came from Safe Havens.
	Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens.
100%	Total of above percentages

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

## Housing for Participants

### Instructions:

The purpose of this form is to determine the ability of the project to meet the housing standards as described in the NOFA. While this form may be visible by all projects, it only applies to specific housing activities. All renewal projects and new SHP-SSO, SHP-HMIS, SHP-SH, S+C-SRA, and S+C-PRA projects do not have to complete this form and may move to the next form.

The maximum allowable length of stay for participants in SHP-TH projects is 24 months. However, Rapid Re-housing participants must not be housed longer than 18 months. HUD does not impose a length of stay restriction on participants in permanent housing projects (S+C, SHP permanent housing, and Section 8 SRO).

All SHP-PH, S+C-TRA, and S+C-SRA projects must describe the reason for selecting the proposed housing structure.

All S+C-PRAR, S+C-SRO, Section 8 SRO projects and SHP projects that are requesting funds for rehabilitation must describe the rehabilitation activities that will be undertaken for housing the participants in the project.

All other project types are not required to complete this form and may move to the next form.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

## Discharge Planning Policy

**The following question must be completed by project applicants that are State or Local government agencies.**

**Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs?**

Not Applicable

## Project Leveraging

The following list summarizes the leveraging funds for the project. To add information to this list, click on the icon and enter the requested information.

**Total value of written commitment** \$898,070

Contributor	Source	Date of Commitment	Value of Commitment
Steadfast Housing...	Private	08/25/2008	\$58,070
State of Hawaii, ...	Government	08/28/2008	\$840,000

## Project Leveraging Detail

### Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

**Select the Type of Contribution** Cash  
**Name the Source of the Contribution** Steadfast Housing Development Corporation  
**Select Type of Source** Private  
**Date of Written Commitment** 08/25/2008  
**Value of Written Commitment** \$58,070

## Project Leveraging Detail

### Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	State of Hawaii, Dept. of Health, Adult Mental Health Division
<b>Select Type of Source</b>	Government
<b>Date of Written Commitment</b>	08/28/2008
<b>Value of Written Commitment</b>	\$840,000

# Homeless Management Information System (HMIS) Participation

## Instructions:

The data entered into this form will be used to determine the percentage of clients reported in the CoC's HMIS for this project.

Indicate whether or not the project is participating in the HMIS. If the project is participating in the HMIS, enter additional information about the project's participation in the HMIS, including the total number of clients served by the project, the total number of clients reported in the HMIS, and the percentage of values that are missing ("Null or Missing Values") and/or unknown ("Don't Know or Refused") for all client records reported. If there were no unknown value, enter "0" in any field within the chart, and select "Save & Next" to move to the next form.

If the project is not participating in the HMIS, indicate the reason(s) for non-participation.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA for additional program requirements.

**All projects must indicate their level of participation in the CoC's HMIS.**

**Does this project provide client level data to HMIS at least annually?** Yes

**Select the "Save" button to enter additional information.**

**Indicate the number of clients served from 1/1/2007 - 12/31/2007** 48

**Of the clients served from 1/1/2007 - 12/31/2007, indicate the number reported in the HMIS** 48

**Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.'**

Data Quality	Null or Missing Values (%)	Don't Know or Refused (%)
Name	0%	0%
Social Security Number	0%	0%
Date of Birth	0%	0%
Ethnicity	0%	0%
Race	0%	0%
Gender	0%	0%
Veteran Status	0%	0%
Disabling Condition	0%	0%
Residence Prior to Prog. Entry	0%	0%
Zip Code of Last Permanent Address	0%	21%

## Renewal Performance

### Instructions:

The fields on this form will assess the progress of the renewal project and identify any significant changes from the prior grant. Indicate whether or not the project has unresolved monitoring findings, or outstanding audit findings, and whether or not amendments have been made to the project since the last funding approval.

If amendments have occurred, indicate and explain the reason(s) for the change(s). Also, indicate the specific change in the project, by noting the previous information (before the amendment) and new information (after the amendment).

Contact the local HUD Field Office for amendment requirements, and/or any unresolved monitoring or outstanding audit findings: <http://www.hud.gov/offices/cpd/about/local/index.cfm>. For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

**The following fields must be completed by all renewal projects.**

**Are there any unresolved monitoring or audit findings on HUD McKinney-Vento Act grants, excluding ESG?** No

**Were there any amendments executed since the last funding approval?** No

# SHP Operating Budget

## Instructions:

Enter the quantity and total dollar amount of SHP funds requested for each operating cost in the project for each year of the grant term. Enter only the portion of the costs DIRECTLY related to providing day-to-day operations of the project for which SHP funds are being requested. Refer to the SHP Desk Guide for details on eligible operations costs:

<http://www.hudhre.info/index.cfm?do=viewShpDeskguideD>. For detailed instructions and examples on completing this budget, reference the online training modules at: <http://esnaps.hudhre.info/training>.

By law, SHP funds may be used to pay for up to 75% of the total operations budget for each year of the grant term. This means that the grantee or project sponsor must make cash payment for at least 25% of the project's total operations budget for each year. Although documentation of matching funds is not required in this application, if the project is awarded grant funds, documentation for Year 1 must be presented before grant agreement and entered in the Annual Performance Report (APR) at the end of the operating year. Documentation of cash match for Years 2 and 3, if applicable, must be met by the end of each of those years and entered in the corresponding APR.

**Complete the following budget fields detailing how SHP funds will be used for operating costs related to serving project participants.**

Eligible Costs	Quantity (limit 200 characters)	SHP Request Year 1	Total
1.Maintenance/Repair	General Maintenance and Vendor Repair Services: $9,259 \times .588 \times .75 = 4,083$	\$4,083	\$4,083
2.Staff	Prop. Mngr. Super., Prop. Mngr: Salaries: $75,690 \times .588 \times .75 = 33,379$ . Payroll Taxes: $33,379 \times .1315 = 4,389$ . Health Insurance: $9,528 \times .588 \times .75 = 4,202$ . Frineg: $33,379 \times .05 = 1,669$	\$43,639	\$43,639
3.Utilities	Electricity, Water, Telephone: $105,000 \times .588 \times .75 = 46,305$	\$46,305	\$46,305
4.Equipment (lease/buy)		\$0	\$0
5.Supplies		\$0	\$0
6.Insurance	Property and Liability Insurance: $24,500 \times .588 \times .75 = 10,805$	\$10,805	\$10,805
7.Furnishings		\$0	\$0
8.Relocation		\$0	\$0
9.Other (must specify *)			
		\$0	\$0
		\$0	\$0
10.Total SHP Request		\$104,832	\$104,832
11.Cash Match		\$34,945	\$34,945
12.Total SHP Operating Budget		\$139,777	\$139,777
13.Other Resources (cash and in-kind)			\$0

**\* If not specified, the costs will be removed from the budget.**

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

## SHP Supportive Services Budget

**Complete the following budget fields detailing how SHP funds will be used to provide supportive services project participants.**

### Instructions:

Enter the quantity and total dollar amount of SHP funds requested for each supportive service in the project for each year of the grant term. Enter only the portion of the costs DIRECTLY related to providing services to project participants who are eligible for SHP funding. Refer to the SHP Desk Guide for details on eligible supportive services costs:

<http://www.hudhre.info/index.cfm?do=viewShpDeskguideD> For detailed instructions and examples on completing this budget, reference the online training modules at:  
<http://esnaps.hudhre.info/training>.

By law, SHP funds may be used to pay for up to 80% of the total supportive services budget for each year of the grant term. This means that the grantee or project sponsor must make cash payment for at least 20% of the project's total supportive services annual budget. Although documentation of matching funds is not required in this application; if the project is awarded grant funds, documentation for Year 1 must be presented before grant agreement and entered in the Annual Performance Report (APR) at the end of the operating year. Documentation of cash match for Years 2 and 3, if applicable, must be met by the end of each of those years and entered in the corresponding APR.

Rapid Re-housing projects - If the applicant is applying for a Rapid Re-housing Demonstration Project and will be providing housing placement, legal assistance and literacy training these items should be listed under "other" costs.

Supportive Services Costs	Quantity (limit 200 characters)	SHP Request Year 1	Total
1. Outreach		\$0	\$0
2. Case Management		\$0	\$0
3. Life Skills (outside of case management)	Direct Prog. Staff: Prog. Mngr., REc. Spec., Reco. Spec. Asst., Asst. Rec. Skills Spec.: Salaries: 157,170x.588x.75. Payroll Taxes: 69,312x.1315. Health Ins.: 24,054x.588x.75. Fringe: 69,312x.05	\$92,500	\$92,500
4. Alcohol and Drug Abuse Services		\$0	\$0
5. Mental Health and Counseling Services		\$0	\$0
6. HIV/AIDS Services		\$0	\$0
7. Health Related and Home Health Services		\$0	\$0
8. Education and Instruction		\$0	\$0
9. Employment Services		\$0	\$0
10. Child Care		\$0	\$0
11. Transportation		\$0	\$0
13. Other (must specify )			
		\$0	\$0
		\$0	\$0
		\$0	
14. Total SHP dollars requested		\$92,500	\$92,500
15. Cash Match		\$23,125	\$23,125
16. Total SHP Supportive Services Budget		\$115,625	\$115,625

Steadfast Housing Development Corporation		EX2_005919	
17. Other resources (cash and in-kind)		\$0	\$0

# Supportive Housing Program (SHP) Summary Budget

## Instructions:

To update the individual budget activities (acquisition, new construction, rehabilitation, leasing, supportive services, operations, or HMIS), use the left menu bar to go back to the appropriate budget. Refer to the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewShpDeskguideD> for details on funding limitations, cash match, and eligible budget activities.

**The following information summarizes the SHP funding request and the available cash match for the total term of the project. Enter the appropriate amount of administrative costs for the project.**

**Selected Grant Term 1 Year**

SHP Activities	SHP Dollars Request	Cash Match	Totals
1. Acquisition			\$0
2. Rehabilitation			\$0
3. New Construction			\$0
4. Subtotal (Lines 1 - 3)	\$0	\$0	\$0
5. Real Property Leasing From Leasing Budget Chart	\$0		\$0
6. Supportive Services From Supportive Services Budget Chart	\$92,500	\$23,125	\$115,625
7. Operations From Operating Budget Chart	\$104,832	\$34,945	\$139,777
8. HMIS From HMIS Budget Chart	\$0	\$0	\$0
9. SHP Request (Subtotal lines 4-8)	\$197,332		
10. Administrative Costs (Up to 5% of line 9)	\$9,866	Max. Admin. Allowed	\$9,867
	<b>Total SHP Request (Total lines 9 and 10)</b>	<b>Total Cash Match</b>	<b>Total Budget (Total SHP Request + Total Cash Match)</b>
	\$207,198	\$58,070	\$265,268

# Public Housing Authority (PHA) Certification Attachment Detail

## Document Description:

## Program Outcome Logic Model (HUD 96010) Attachment

Document Type	Required?	Document Description	Date Attached
Logic Model for Program Outcome (HUD 96010)	Yes	2008 eLogic Model...	08/29/2008

# Program Outcome Logic Model (HUD 96010) Attachment Detail

**Document Description:** 2008 eLogic Model - Headway House

## Submission Summary

Part	Last Updated
<b>Project Information</b>	
Page 1	8/22/08 7:44 PM
Page 2	8/22/08 7:45 PM
Grant Consolidation	Please Complete
Project Location(s)	8/22/08 7:46 PM
Project Expansion	Please Complete
Sponsor Information	8/22/08 7:48 PM
Attachment - Org	Please Complete
Sponsor Contact	8/22/08 7:48 PM
Experience of Partners	Please Complete
Special Housing Project	No Input Required
Assessment Tool	Please Complete
Housing Type & Scale	8/22/08 7:50 PM
Project Participants	
With Children	8/22/08 7:52 PM
Without Children	8/22/08 7:52 PM
Services for Participants	No Input Required
Outreach for Participants	8/29/08 8:27 PM
Housing for Participants	No Input Required
Discharge Policy	8/29/08 3:41 PM
Project Leveraging	8/29/08 5:33 PM
HMIS Participation	10/1/08 9:11 PM
HMIS Dedicated Information	Please Complete
HMIS Implementation Timetable	Please Complete
HMIS Implementation Progress	Please Complete
Renewal Performance	8/29/08 8:30 PM
SHP Project Budgets	
Operating Budget	No Input Required
Leasing	Please Complete
Leased Structure(s)	No Input Required
Supportive Services Budget	No Input Required

<b>Acquisition/Rehabilitation/New Construction Budget</b>	Please Complete
<b>SHP HMIS Budget</b>	
<b>Equipment</b>	8/22/08 7:44 PM
<b>Software</b>	8/22/08 7:44 PM
<b>Services</b>	No Input Required
<b>Personnel</b>	8/22/08 7:44 PM
<b>Space &amp; Operations</b>	No Input Required
<b>Summary</b>	Please Complete
<b>SHP Summary Budget</b>	8/29/08 8:25 PM
<b>Shelter Plus Care</b>	
<b>Rental Assistance Budget</b>	Please Complete
<b>Rental Assistance Budget</b>	Please Complete
<b>Rental Assistance Budget</b>	Please Complete
<b>Estimated Development Costs</b>	Please Complete
<b>PHA Cert. Attachment</b>	No Input Required
<b>Logic Model Attachment</b>	8/29/08 8:26 PM
<b>Supportive Services the Participants Will Receive</b>	
<b>Page 1</b>	Please Complete
<b>Targeted Subpopulations</b>	No Input Required

**Notes:**

Grant Consolidation list must include at least 1 item(s).

Leasing list must include at least 1 item(s).

Acquisition/Rehabilitation/New Construction Budget list must include at least 1 item(s).

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Rental Assistance Budget list must include at least 1 item(s).

Values cannot be greater than published FMRs

## Project Information - Page 1

### Instructions:

Select the appropriate Continuum of Care (CoC) name and number from the drop-down menu. The system will auto-populate the "Project Name" field.

Identify the appropriate "Project Type" from the drop-down menu (new or renewal project). Renewal projects are defined as those HUD McKinney-Vento grants that have received prior funding and are eligible to renew during the current competition.

Identify the project's "Program Type" and "Component Type." These selections must be made in the order of appearance (i.e. component type cannot be selected before selecting program type or project type). Depending on the program type selected, indicate the appropriate component type for the project.

Select the state(s) and the congressional district(s) in which the project is located. This information will be used to list the available geography codes on the next screen, and to send correspondence to the appropriate Congressional Representative(s).

In the last field on this form, provide a general description of the project. The description should include information on the homeless needs that are addressed by the project, the type of housing and number of units being proposed, and the target population that the project will serve. This information is required of all new and renewal projects. Rapid Re-housing projects must review the detailed instructions attached to the left menu and must reference the 2008 NOFA for detailed program requirements. Additional program requirements for all project types are also available at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements. As well, additional training for completing this page is available online at: <http://esnaps.hudhre.info/training>.

**The following fields must be completed for every project application.**

**CoC Number and Name** HI-501 - Honolulu CoC

**Project Name** Komo Mai Group Home

**Project Type** Renewal Project

**Program Type**

**Content depends on "Project Type" selection**

**Component Type**

**Content depends on "Program Type" selection**

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

**In which Congressional District(s) is the project located?** HI-001  
(for multiple selections hold CTRL + Key)

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

The Komo Mai Group Home is funded under HUD's Continuum of Care, Supportive Housing Program for the homeless. The group home is located at 2007 Komo Mai Drive, Pearl City, Hawaii. The structure is a single story, 6 bedroom home that provides long term rental housing and support services to five homeless seriously and persistently mentally ill adult consumers and a live-in resident manager. The rent is 30% of the consumer's adjusted gross income. The consumers are registered with the State of Hawaii, Adult Mental Health Division and are 18 years of age and above. Frequently, their disabilities have resulted from schizophrenia, bipolar illness, homelessness and substance abuse. More specifically, this proposal is directed to consumers who are able to benefit from case management services and who desire and/or capable and willing to live in a semi-supervise setting of the least restrictive setting possible.

The consumers served are individuals who share a number of commonalities. These include difficulty communicating and establishing and maintaining social contacts; presentation of a socially unacceptable appearance and behavior; lack of ability to carry out activities of daily living, e.g. using transportation, shopping, cooking and managing money; lack of employment skills; non-compliance with medical treatment; and difficulties with the law. These difficulties results in withdrawal from daily life; consequently, a comprehensive array of services is required in order to maintain the consumer in the community, thereby decreasing utilization of crisis and inpatient services.

This proposal propose to help these consumers by providing housing and support services which may include but not limited to; psychiatric and psycho-social rehabilitation. Assistance may also be in the form of hands-on assistance, such as actually performing a personal care task for a consumer, or cueing so that the consumers perform the task by themselves. The tasks which personal care can assist with may include training with personal hygiene, light housework, laundry, meal preparation, transportation, medication and money management.

## Project Information - Page 2

### Instructions:

#### New projects:

There are two types of special housing projects for the 2008 competition, Samaritan Housing and Rapid Re-Housing. All new SHP-PH, SHP-TH, S+C, and Section 8 SRO projects must identify whether or not special housing funds are being requested. Only new SHP-PH, S+C, and Section 8 SRO projects may request Samaritan Housing funds. Rapid Re-housing funds can be requested by new SHP-TH projects only.

#### Renewal projects:

Indicate whether or not the project previously received funds under the Samaritan Housing Initiative. If the project received Samaritan funds, the project must continue to meet the requirements of the initiative for the life of the project. Renewal SHP projects must also indicate whether or not it is a consolidated grant. All grant consolidations must be HUD approved prior to application submission. Each consolidated grant must be listed on the "Grant Consolidation" page.

#### New and renewal projects:

Indicate whether or not the project is:

- using Energy Star;
- located in a rural area (reference the definition in 2008 NOFA before answering this question);
- and
- located on land previously owned by the military.

All new and renewal projects must also indicate the geographic area(s) that will be served by the project.

#### Budget Activities:

All SHP projects must identify the budget activities being requested for the project. Depending on the project type, these budget activities may include acquisition, new construction, rehabilitation, leasing (units or structures), supportive services, operations, and/or HMIS. All S+C and Section 8 SRO projects must only complete the rental assistance budget and the estimated development cost budget, if applicable.

For additional instructions and examples on completing this form, reference the detailed instructions document on the left menu and the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**The following fields must be completed for every project application.**

**Was the original project awarded as Samaritan Housing project?** No

**Were one or more projects consolidated with this project?** No

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

**Grant Term** 1 Year

**NOTE: New projects must be 2 or 3 years, except new HMIS projects and new hold harmless reallocation projects, which can be 1, 2 or 3 years.**

**Does the project use Energy Star?** Yes

**Is the project located in a rural area?** No

**Is the project located on land previously owned by the military?** No

**Select the geographic code(s) for area(s) served by the project (for multiple selections hold CTRL + Key)** 150144 HONOLULU

**\*Select all applicable budget activities that the project is requesting:**

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

## Project Location(s)

The following list summarizes the project location(s) that have been entered. To add a location to this list, click on the  symbol.

Location Name	Street Address 1	Street Address 2	City	State	Zip
Pearl City	2007 Komo Mai Drive	--	Pearl City	Hawaii	96782

## Project Location Detail

### Instructions:

Location Name (Optional - except for SRA project): Identify the name of the location(s) being used for housing project participants. If the project includes leased or rental units in more than 4 locations, only enter "Scattered Site" in this field. All other project types should enter the name of the project location in this field.

Project Ownership (Required): Indicate whether the location (including all scattered sites locations) is owned or leased by the applicant, sponsor, or a parent organization. If the project contains units that house project participants using SHP funds, under no circumstances may SHP leasing funds be used to lease units or structures owned by the grantee (the applicant), the project sponsor, or the parent organization(s) of either entity.

Location Address (Optional - except for SRA project): Indicate the Street Address, City, State, and Zip Code of the units being used for housing project participants. If the project includes leased or rental units in more than 4 locations, enter the address of the project sponsor in these fields.

For additional instructions and examples related to completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

**Enter the physical address of the project and indicate the ownership of the location. Scattered site projects should refer to the instructions for details on completing the field on this screen.**

<b>Location Name</b>	Pearl City
<b>Property Ownership</b>	Lease
<b>Street Address 1</b>	2007 Komo Mai Drive
<b>Street Address 2</b>	
<b>City</b>	Pearl City
<b>State</b>	Hawaii
<b>Zip Code</b>	96782
<b>Format: (12345 or 12345-1234)</b>	

## Project Sponsor Information

### Instructions:

The project sponsor is usually the entity that will be carrying out the project. If the sponsor is the same entity as the project applicant, select "yes" in the first drop-down box and enter "save" at the bottom of the page, and the system will auto-populate the fields on this form based on the information entered in the SF-424. Simply verify that the correct information has been populated. If the information is incorrect, correct the applicant information on the SF-424.

If the project sponsor and applicant are separate entities, manually enter the information for the project sponsor. All non-profit sponsors will need to attach proper documentation to verify their non-profit status, if the documentation is not attached to the SF 424. All projects can identify only one sponsor. If multiple sponsors have been identified on past funding applications, the project applicant must identify a "lead" sponsor.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields to identify the project sponsor, including its legal name, type of organization, DUNS number, employer/taxpayer number, and physical address.**

**Is the project applicant the same as the project sponsor?** Yes  
(If yes select the "Save" button to auto-fill the fields below)

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

If "Other" specify:

**DUNS Number** 148976884  
**Format: xxxxxxxxx or xxxxxxxxxxxxxx**

**Tax ID or EIN** 99-0272190  
**Format: 12-3456789**

**Street Address 1** 677 Ala Moana Boulevard, Suite 713

**Street Address 2**

**City** Honolulu

**State** Hawaii

**Zip Code** 96813  
**Format: 12345 or 12345-1234**

**Is the sponsor a Faith-Based Organization?** No

# Non-Profit Documentation Attachment Detail

## Document Description:

## Project Sponsor Contact Information

### Instructions:

The project sponsor is usually the entity that will be carrying out the project. If the sponsor is the same entity as the project applicant, the system will auto-populate the fields on this form based on the information entered in the SF-424. Simply verify that the correct information has been populated. If the information is incorrect, correct the applicant information on the SF-424.

If the project sponsor and applicant are separate entities, manually enter the information for the project sponsor. All non-profit sponsors will need to attach proper documentation to verify their non-profit status, if the documentation is not attached to the SF 424. All projects can identify only one sponsor. If multiple sponsors have been identified on past funding applications, the project applicant must identify a "lead" sponsor.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Provide the name and contact information of the person to be contacted for matters regarding project operations. If the sponsor is the same entity as the applicant, the system will auto-populate the fields below.**

**Prefix****First Name** Stephen**Middle Name** K**Last Name** Kawahara**Suffix****Title** Housing Director**E-mail Address** skawahara@steadfast-hawaii.org**Confirm E-mail Address** skawahara@steadfast-hawaii.org**Phone Number** 808-599-6230**Format: 123-456-7890****Extension** 620**Fax Number** 808-599-1821**Format: 123-456-7890**

# Assessment Tool Attachment Detail

**Document Description:**

## Type and Scale of Housing

The following list summarizes all housing units that will be used for participants in the project. To add information to this list, click on the icon and enter the requested information.

Housing Type	Units	Beds	Bedrooms
Single family homes/townhou...	1	5	4

## Type and Scale of Housing Detail

### Instructions:

For the 2008 competition, the available housing type selections have been re-defined. Refer to the detailed instructions located on the left menu for additional instructions on completing this page.

If the project is funded, the applicant/sponsor will be responsible for operating the project as indicated here. Entering incorrect information may result in the reduction or withdrawal of the conditional award. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields related to the number of units, beds, and bedrooms for each housing type in the project.**

**Housing Type:** Single family homes/townhouses/duplexes

### Total for Selected Housing Type

**Units:** 1

**Beds:** 5

**Bedrooms:** 4

# Project Participants - Households with Dependent Children

## Instructions:

The purpose of this form is to capture the total number of homeless persons served by the project at a point in time, as well as the subpopulations/disabilities for each household. If the project is not serving households with dependent children, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form. .

Rapid Re-housing projects: 100% of the adults served by the project must be accompanied by children and should be reflected in the fields below.

Samaritan Housing, Safe Haven, and SRO housing projects: 100% of the households served by the project must not be accompanied by children. Therefore, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

All projects: in the "Total Persons" column indicate the total number of "disabled adults," "non-disabled adults," "disabled children," "non-disabled children," and "Total Number of Households" for each household in the project. The system will auto-populate the remaining fields in this column.

Next, identify the appropriate subpopulation (Severely Mentally Ill, Chronic Substance Abuser, Veterans, Persons with HIV/AIDS, and Victims of Domestic Violence) for each person in the project. If the participants are dually-diagnosed and fit into more than one subpopulation (i.e. severely mentally ill with chronic substance abuse), make sure to indicate these individuals in all appropriate subpopulations (it is possible to have overlapping information). The system will auto-calculate all totals based on the values entered for each subpopulation.

Notice that information cannot be entered into certain fields. Persons with a severe mental illness and/or HIV/AIDS constitute disabled adults; therefore, no entry is allowed in the "non-disabled adult" fields. Also, no values can be entered for any children under the Veterans columns. For homeless assistance programs, chronic substance abuse, by itself, may constitute as a disability.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Indicate the total number of households that include a homeless adult with dependent children. Also identify the number of persons and subpopulations within each household in the project.**

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



## Project Participants - Households without Dependent Children

### Instructions:

The purpose of this form is to capture the total number of homeless persons served by the project at a point in time, as well as the subpopulations for each household. If the project is serving households with dependent children, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

Samaritan Housing, Safe Haven, and SRO housing projects: 100% of the adults served by the project must be unaccompanied by children and should be reflected in the fields below.

Rapid Re-housing projects: 100% of the adults served by the project must be accompanied by children. Therefore, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

All projects: in the "Total Persons" column indicate the total number of "disabled adults," "non-disabled adults," "non-disabled unaccompanied youth," "non-disabled children," and "Total Number of Households" for each household in the project. The system will auto-populate the remaining fields in this column.

Next, identify the appropriate subpopulation (Chronically Homeless, Severely Mentally Ill, Chronic Substance Abuser, Veterans, Persons with HIV/AIDS, and Victims of Domestic Violence) for each person in the project. If the individuals are dually-diagnosed and fit into more than one subpopulation (i.e. severely mentally ill with chronic substance abuse), make sure to indicate these individuals in all appropriate subpopulations (it is possible to have overlapping information). The system will auto-calculate all totals based on the values entered for each subpopulation.

Notice that information can only be entered into certain fields. Chronically Homeless persons must be disabled adults in households without children, so no entry is allowed in the "non-disabled adult" fields. Also, Veterans must be adults; therefore, no entry is allowed for unaccompanied youth. All severely mentally ill persons and persons living with HIV/AIDS are automatically considered disabled; therefore, there can be no entry for non-disabled persons. For homeless assistance programs, chronic substance abuse, by itself, may constitute as a disability.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Indicate the total number of households that include a homeless adult without dependent children. Also identify the number of persons and subpopulations within each household in the project.**

### Instructions:

Chronically Homeless must be disabled adults in households without children (so no entry allowed in non-disabled adult or children/youth)

Severely Mentally Ill are all considered disabled (so no entry allowed in non-disabled)

Chronic Substance Abuse may not constitute a disability on its own

Veterans must be adults (so no entry allowed in children/youth)

Persons living with HIV/AIDS are all considered disabled (so no entry allowed in non-disabled)

Total Number of Households	5
----------------------------	---

Steadfast Housing Development Corporation						EX2_005917	
	Total Persons	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Adults	5		5				
Non-Disabled Adults							
Disabled Unaccompanied Youth							
Non-Disabled Unaccompanied Youth							
<b>Total Persons (select "Save" to auto-calculate)</b>	5	0	5	0	0	0	0
<b>Total Number of Adults (select "Save" to auto-calculate)</b>	5						
<b>Total Number of Unaccompanied Youth (select "Save" to auto-calculate)</b>	0						

## Outreach for Participants

### Instructions:

To help determine the eligibility of homeless participants served by the project, as well as the project's eligibility to apply for homeless assistance funding, indicate where the homeless participants are coming from (streets, emergency shelters, safe havens, transitional housing who came directly from the street, or other places). Also, describe how the applicant/sponsor plans to bring these participants into the project.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields related to the outreach plans to bring participants into the project.**

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

**Note: this includes persons who ordinarily sleep in one of the places listed below but are spending a short time (30 consecutive days or less) in a jail, hospital, or other institution.**

100%	Persons who came from the street or other locations not meant for human habitation.
	Person who came from Emergency Shelters.
	Persons who came from Safe Havens.
	Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens.
100%	Total of above percentages

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

## Housing for Participants

### Instructions:

The purpose of this form is to determine the ability of the project to meet the housing standards as described in the NOFA. While this form may be visible by all projects, it only applies to specific housing activities. All renewal projects and new SHP-SSO, SHP-HMIS, SHP-SH, S+C-SRA, and S+C-PRA projects do not have to complete this form and may move to the next form.

The maximum allowable length of stay for participants in SHP-TH projects is 24 months. However, Rapid Re-housing participants must not be housed longer than 18 months. HUD does not impose a length of stay restriction on participants in permanent housing projects (S+C, SHP permanent housing, and Section 8 SRO).

All SHP-PH, S+C-TRA, and S+C-SRA projects must describe the reason for selecting the proposed housing structure.

All S+C-PRAR, S+C-SRO, Section 8 SRO projects and SHP projects that are requesting funds for rehabilitation must describe the rehabilitation activities that will be undertaken for housing the participants in the project.

All other project types are not required to complete this form and may move to the next form.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

## Discharge Planning Policy

**The following question must be completed by project applicants that are State or Local government agencies.**

**Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs?**

Not Applicable

## Project Leveraging

The following list summarizes the leveraging funds for the project. To add information to this list, click on the icon and enter the requested information.

**Total value of written commitment** \$116,734

Contributor	Source	Date of Commitment	Value of Commitment
Steadfast Housing...	Private	08/25/2008	\$11,734
State of Hawaii, ...	Government	08/28/2008	\$105,000

## Project Leveraging Detail

### Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

**Select the Type of Contribution** Cash  
**Name the Source of the Contribution** Steadfast Housing Development Corporation  
**Select Type of Source** Private  
**Date of Written Commitment** 08/25/2008  
**Value of Written Commitment** \$11,734

## Project Leveraging Detail

### Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

**Select the Type of Contribution** In Kind

**Name the Source of the Contribution** State of Hawaii, Dept. of Health, Adult Mental Health Division

**Select Type of Source** Government

**Date of Written Commitment** 08/28/2008

**Value of Written Commitment** \$105,000

# Homeless Management Information System (HMIS) Participation

## Instructions:

The data entered into this form will be used to determine the percentage of clients reported in the CoC's HMIS for this project.

Indicate whether or not the project is participating in the HMIS. If the project is participating in the HMIS, enter additional information about the project's participation in the HMIS, including the total number of clients served by the project, the total number of clients reported in the HMIS, and the percentage of values that are missing ("Null or Missing Values") and/or unknown ("Don't Know or Refused") for all client records reported. If there were no unknown value, enter "0" in any field within the chart, and select "Save & Next" to move to the next form.

If the project is not participating in the HMIS, indicate the reason(s) for non-participation.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA for additional program requirements.

**All projects must indicate their level of participation in the CoC's HMIS.**

**Does this project provide client level data to HMIS at least annually?** Yes

**Select the "Save" button to enter additional information.**

**Indicate the number of clients served from 1/1/2007 - 12/31/2007** 5

**Of the clients served from 1/1/2007 - 12/31/2007, indicate the number reported in the HMIS** 5

**Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.'**

Data Quality	Null or Missing Values (%)	Don't Know or Refused (%)
Name	0%	0%
Social Security Number	0%	0%
Date of Birth	0%	0%
Ethnicity	0%	0%
Race	0%	0%
Gender	0%	0%
Veteran Status	0%	0%
Disabling Condition	0%	0%
Residence Prior to Prog. Entry	0%	0%
Zip Code of Last Permanent Address	0%	40%

## Renewal Performance

### Instructions:

The fields on this form will assess the progress of the renewal project and identify any significant changes from the prior grant. Indicate whether or not the project has unresolved monitoring findings, or outstanding audit findings, and whether or not amendments have been made to the project since the last funding approval.

If amendments have occurred, indicate and explain the reason(s) for the change(s). Also, indicate the specific change in the project, by noting the previous information (before the amendment) and new information (after the amendment).

Contact the local HUD Field Office for amendment requirements, and/or any unresolved monitoring or outstanding audit findings: <http://www.hud.gov/offices/cpd/about/local/index.cfm>. For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

**The following fields must be completed by all renewal projects.**

**Are there any unresolved monitoring or audit findings on HUD McKinney-Vento Act grants, excluding ESG?** No

**Were there any amendments executed since the last funding approval?** No

# SHP Operating Budget

## Instructions:

Enter the quantity and total dollar amount of SHP funds requested for each operating cost in the project for each year of the grant term. Enter only the portion of the costs DIRECTLY related to providing day-to-day operations of the project for which SHP funds are being requested. Refer to the SHP Desk Guide for details on eligible operations costs:

<http://www.hudhre.info/index.cfm?do=viewShpDeskguideD>. For detailed instructions and examples on completing this budget, reference the online training modules at: <http://esnaps.hudhre.info/training>.

By law, SHP funds may be used to pay for up to 75% of the total operations budget for each year of the grant term. This means that the grantee or project sponsor must make cash payment for at least 25% of the project's total operations budget for each year. Although documentation of matching funds is not required in this application, if the project is awarded grant funds, documentation for Year 1 must be presented before grant agreement and entered in the Annual Performance Report (APR) at the end of the operating year. Documentation of cash match for Years 2 and 3, if applicable, must be met by the end of each of those years and entered in the corresponding APR.

**Complete the following budget fields detailing how SHP funds will be used for operating costs related to serving project participants.**

Eligible Costs	Quantity (limit 200 characters)	SHP Request Year 1	Total
1.Maintenance/Repair	General Maintenance and Vendor Repair Services: 9,149 x .75 = 6,862	\$6,862	\$6,862
2.Staff	Resident Manager: 21,290 x .75 = 15,968. Payroll Taxes: 21,290 x .1315 x .75 = 2,100. Health Insurance: 4,764 x .75 = 3,573. Fringe: 21,290 x .05 x .75 = 798	\$22,439	\$22,439
3.Utilities	Electricity, Water, Telephone: 3,580 x .75 = 2,685	\$2,685	\$2,685
4.Equipment (lease/buy)		\$0	\$0
5.Supplies		\$0	\$0
6.Insurance	Property Insurance: 2,874 x .75 = 2,156. Liability Insurance: 1,311 x .75 = 983	\$3,139	\$3,139
7.Furnishings		\$0	\$0
8.Relocation		\$0	\$0
9.Other (must specify *)			
	Property Taxes: 100 x .75 = 75	\$75	\$75
		\$0	\$0
10.Total SHP Request		\$35,200	\$35,200
11.Cash Match		\$11,734	\$11,734
12.Total SHP Operating Budget		\$46,934	\$46,934
13.Other Resources (cash and in-kind)		\$105,000	\$105,000

**\* If not specified, the costs will be removed from the budget.**

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

# Supportive Housing Program (SHP) Summary Budget

## Instructions:

To update the individual budget activities (acquisition, new construction, rehabilitation, leasing, supportive services, operations, or HMIS), use the left menu bar to go back to the appropriate budget. Refer to the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewShpDeskguideD> for details on funding limitations, cash match, and eligible budget activities.

**The following information summarizes the SHP funding request and the available cash match for the total term of the project. Enter the appropriate amount of administrative costs for the project.**

**Selected Grant Term 1 Year**

SHP Activities	SHP Dollars Request	Cash Match	Totals
1. Acquisition			\$0
2. Rehabilitation			\$0
3. New Construction			\$0
4. Subtotal (Lines 1 - 3)	\$0	\$0	\$0
5. Real Property Leasing From Leasing Budget Chart	\$0		\$0
6. Supportive Services From Supportive Services Budget Chart	\$0	\$0	\$0
7. Operations From Operating Budget Chart	\$35,200	\$11,734	\$46,934
8. HMIS From HMIS Budget Chart	\$0	\$0	\$0
9. SHP Request (Subtotal lines 4-8)	\$35,200		
10. Administrative Costs (Up to 5% of line 9)	\$1,760	Max. Admin. Allowed	\$1,760
	<b>Total SHP Request (Total lines 9 and 10)</b>	<b>Total Cash Match</b>	<b>Total Budget (Total SHP Request + Total Cash Match)</b>
	\$36,960	\$11,734	\$48,694

# Public Housing Authority (PHA) Certification Attachment Detail

## Document Description:

## Program Outcome Logic Model (HUD 96010) Attachment

Document Type	Required?	Document Description	Date Attached
Logic Model for Program Outcome (HUD 96010)	Yes	2008 eLogic Model...	08/29/2008

# Program Outcome Logic Model (HUD 96010) Attachment Detail

**Document Description:** 2008 eLogic Model - Komo Mai

## Submission Summary

Part	Last Updated
<b>Project Information</b>	
Page 1	8/22/08 5:26 PM
Page 2	8/22/08 5:27 PM
Grant Consolidation	Please Complete
Project Location(s)	8/22/08 5:28 PM
Project Expansion	Please Complete
Sponsor Information	8/22/08 5:30 PM
Attachment - Org	Please Complete
Sponsor Contact	8/22/08 5:30 PM
Experience of Partners	Please Complete
Special Housing Project	No Input Required
Assessment Tool	Please Complete
Housing Type & Scale	8/28/08 10:10 PM
Project Participants	
With Children	8/22/08 7:15 PM
Without Children	8/22/08 7:16 PM
Services for Participants	No Input Required
Outreach for Participants	8/22/08 7:17 PM
Housing for Participants	No Input Required
Discharge Policy	8/22/08 7:18 PM
Project Leveraging	8/29/08 5:36 PM
HMIS Participation	10/1/08 8:01 PM
HMIS Dedicated Information	Please Complete
HMIS Implementation Timetable	Please Complete
HMIS Implementation Progress	Please Complete
Renewal Performance	8/22/08 7:25 PM
SHP Project Budgets	
Operating Budget	No Input Required
Leasing	Please Complete
Leased Structure(s)	No Input Required
Supportive Services Budget	Please Complete

<b>Acquisition/Rehabilitation/New Construction Budget</b>	Please Complete
<b>SHP HMIS Budget</b>	
<b>Equipment</b>	8/22/08 5:26 PM
<b>Software</b>	8/22/08 5:26 PM
<b>Services</b>	No Input Required
<b>Personnel</b>	8/22/08 5:26 PM
<b>Space &amp; Operations</b>	No Input Required
<b>Summary</b>	Please Complete
<b>SHP Summary Budget</b>	8/29/08 3:54 PM
<b>Shelter Plus Care</b>	
<b>Rental Assistance Budget</b>	Please Complete
<b>Rental Assistance Budget</b>	Please Complete
<b>Rental Assistance Budget</b>	Please Complete
<b>Estimated Development Costs</b>	Please Complete
<b>PHA Cert. Attachment</b>	No Input Required
<b>Logic Model Attachment</b>	8/29/08 3:53 PM
<b>Supportive Services the Participants Will Receive</b>	
<b>Page 1</b>	Please Complete
<b>Targeted Subpopulations</b>	No Input Required

**Notes:**

Grant Consolidation list must include at least 1 item(s).

Leasing list must include at least 1 item(s).

Cash match does not meet minimum requirements

Acquisition/Rehabilitation/New Construction Budget list must include at least 1 item(s).

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Rental Assistance Budget list must include at least 1 item(s).

Values cannot be greater than published FMRs

## Project Information - Page 1

### Instructions:

Select the appropriate Continuum of Care (CoC) name and number from the drop-down menu. The system will auto-populate the "Project Name" field.

Identify the appropriate "Project Type" from the drop-down menu (new or renewal project). Renewal projects are defined as those HUD McKinney-Vento grants that have received prior funding and are eligible to renew during the current competition.

Identify the project's "Program Type" and "Component Type." These selections must be made in the order of appearance (i.e. component type cannot be selected before selecting program type or project type). Depending on the program type selected, indicate the appropriate component type for the project.

Select the state(s) and the congressional district(s) in which the project is located. This information will be used to list the available geography codes on the next screen, and to send correspondence to the appropriate Congressional Representative(s).

In the last field on this form, provide a general description of the project. The description should include information on the homeless needs that are addressed by the project, the type of housing and number of units being proposed, and the target population that the project will serve. This information is required of all new and renewal projects. Rapid Re-housing projects must review the detailed instructions attached to the left menu and must reference the 2008 NOFA for detailed program requirements. Additional program requirements for all project types are also available at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements. As well, additional training for completing this page is available online at: <http://esnaps.hudhre.info/training>.

**The following fields must be completed for every project application.**

**CoC Number and Name** HI-501 - Honolulu CoC

**Project Name** Kaukama Group Home

**Project Type** Renewal Project

**Program Type**

Content depends on "Project Type" selection

**Component Type**

Content depends on "Program Type" selection

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

**In which Congressional District(s) is the project located?** HI-001  
(for multiple selections hold CTRL + Key)

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

The Kaukama Group Home is funded under HUD's Continuum of Care, Supportive Housing Program for the homeless. The group home is located at 87-118 Kaukama Street, Waianae, Hawaii. The structure is a single story, 5 bedroom home that provides long term rental housing and support services to five homeless seriously and persistently mentally ill adult consumers and a live-in resident manager. The rent is 30% of the consumer's adjusted gross income. The consumers are registered with the State of Hawaii, Adult Mental Health Division and are 18 years of age and above. Frequently, their disabilities have resulted from schizophrenia, bipolar illness, homelessness and substance abuse. More specifically, this proposal is directed to consumers who are able to benefit from case management services and who desire and/or capable and willing to live in a semi-supervise setting of the least restrictive setting possible.

The consumers served are individuals who share a number of commonalities. These include difficulty communicating and establishing and maintaining social contacts; presentation of a socially unacceptable appearance and behavior; lack of ability to carry out activities of daily living, e.g. using transportation, shopping, cooking, and managing money; lack of employment skills; non-compliance with medical treatment; and difficulties with the law. These difficulties results in withdrawal from daily life; consequently, a comprehensive array of services is required in order to maintain the consumer in the community, thereby decreasing utilization of crisis and inpatient services.

This proposal propose to help these consumers by providing housing and support services which may include but not limited to; psychiatric and psycho-social rehabilitation. Assistance may also be in the form of hands-on assistance, such as actually performing a personal care task for a consumer, or cueing so that the ocnsurers perform the task by themselves. The tasks which personal care can assist with may include training with personal hygiene, light housework, laundry, meal preparation, transportation, medication and money management.

## Project Information - Page 2

### Instructions:

#### New projects:

There are two types of special housing projects for the 2008 competition, Samaritan Housing and Rapid Re-Housing. All new SHP-PH, SHP-TH, S+C, and Section 8 SRO projects must identify whether or not special housing funds are being requested. Only new SHP-PH, S+C, and Section 8 SRO projects may request Samaritan Housing funds. Rapid Re-housing funds can be requested by new SHP-TH projects only.

#### Renewal projects:

Indicate whether or not the project previously received funds under the Samaritan Housing Initiative. If the project received Samaritan funds, the project must continue to meet the requirements of the initiative for the life of the project. Renewal SHP projects must also indicate whether or not it is a consolidated grant. All grant consolidations must be HUD approved prior to application submission. Each consolidated grant must be listed on the "Grant Consolidation" page.

#### New and renewal projects:

Indicate whether or not the project is:

- using Energy Star;
- located in a rural area (reference the definition in 2008 NOFA before answering this question);
- and
- located on land previously owned by the military.

All new and renewal projects must also indicate the geographic area(s) that will be served by the project.

#### Budget Activities:

All SHP projects must identify the budget activities being requested for the project. Depending on the project type, these budget activities may include acquisition, new construction, rehabilitation, leasing (units or structures), supportive services, operations, and/or HMIS. All S+C and Section 8 SRO projects must only complete the rental assistance budget and the estimated development cost budget, if applicable.

For additional instructions and examples on completing this form, reference the detailed instructions document on the left menu and the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**The following fields must be completed for every project application.**

**Was the original project awarded as Samaritan Housing project?** No

**Were one or more projects consolidated with this project?** No

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

**Grant Term** 1 Year

**NOTE: New projects must be 2 or 3 years, except new HMIS projects and new hold harmless reallocation projects, which can be 1, 2 or 3 years.**

**Does the project use Energy Star?** Yes

**Is the project located in a rural area?** Yes

**Is the project located on land previously owned by the military?** No

**Select the geographic code(s) for area(s) served by the project (for multiple selections hold CTRL + Key)** 150144 HONOLULU

**\*Select all applicable budget activities that the project is requesting:**

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

## Project Location(s)

The following list summarizes the project location(s) that have been entered. To add a location to this list, click on the  symbol.

Location Name	Street Address 1	Street Address 2	City	State	Zip
Waianae	87-118 Kaukama Road	--	Waianae	Hawaii	96792

## Project Location Detail

### Instructions:

Location Name (Optional - except for SRA project): Identify the name of the location(s) being used for housing project participants. If the project includes leased or rental units in more than 4 locations, only enter "Scattered Site" in this field. All other project types should enter the name of the project location in this field.

Project Ownership (Required): Indicate whether the location (including all scattered sites locations) is owned or leased by the applicant, sponsor, or a parent organization. If the project contains units that house project participants using SHP funds, under no circumstances may SHP leasing funds be used to lease units or structures owned by the grantee (the applicant), the project sponsor, or the parent organization(s) of either entity.

Location Address (Optional - except for SRA project): Indicate the Street Address, City, State, and Zip Code of the units being used for housing project participants. If the project includes leased or rental units in more than 4 locations, enter the address of the project sponsor in these fields.

For additional instructions and examples related to completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

**Enter the physical address of the project and indicate the ownership of the location. Scattered site projects should refer to the instructions for details on completing the field on this screen.**

**Location Name** Waianae  
**Property Ownership** Lease  
**Street Address 1** 87-118 Kaukama Road  
**Street Address 2**  
**City** Waianae  
**State** Hawaii  
**Zip Code** 96792  
**Format: (12345 or 12345-1234)**

## Project Sponsor Information

### Instructions:

The project sponsor is usually the entity that will be carrying out the project. If the sponsor is the same entity as the project applicant, select "yes" in the first drop-down box and enter "save" at the bottom of the page, and the system will auto-populate the fields on this form based on the information entered in the SF-424. Simply verify that the correct information has been populated. If the information is incorrect, correct the applicant information on the SF-424.

If the project sponsor and applicant are separate entities, manually enter the information for the project sponsor. All non-profit sponsors will need to attach proper documentation to verify their non-profit status, if the documentation is not attached to the SF 424. All projects can identify only one sponsor. If multiple sponsors have been identified on past funding applications, the project applicant must identify a "lead" sponsor.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields to identify the project sponsor, including its legal name, type of organization, DUNS number, employer/taxpayer number, and physical address.**

**Is the project applicant the same as the project sponsor?** Yes  
(If yes select the "Save" button to auto-fill the fields below)

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

If "Other" specify:

**DUNS Number** 148976884  
**Format: xxxxxxxxx or xxxxxxxxxxxxxx**

**Tax ID or EIN** 99-0272190  
**Format: 12-3456789**

**Street Address 1** 677 Ala Moana Boulevard, Suite 713

**Street Address 2**

**City** Honolulu

**State** Hawaii

**Zip Code** 96813  
**Format: 12345 or 12345-1234**

**Is the sponsor a Faith-Based Organization?** No

# Non-Profit Documentation Attachment Detail

## Document Description:

## Project Sponsor Contact Information

### Instructions:

The project sponsor is usually the entity that will be carrying out the project. If the sponsor is the same entity as the project applicant, the system will auto-populate the fields on this form based on the information entered in the SF-424. Simply verify that the correct information has been populated. If the information is incorrect, correct the applicant information on the SF-424.

If the project sponsor and applicant are separate entities, manually enter the information for the project sponsor. All non-profit sponsors will need to attach proper documentation to verify their non-profit status, if the documentation is not attached to the SF 424. All projects can identify only one sponsor. If multiple sponsors have been identified on past funding applications, the project applicant must identify a "lead" sponsor.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Provide the name and contact information of the person to be contacted for matters regarding project operations. If the sponsor is the same entity as the applicant, the system will auto-populate the fields below.**

**Prefix**

**First Name** Stephen

**Middle Name** K

**Last Name** Kawahara

**Suffix**

**Title** Housing Director

**E-mail Address** skawahara@steadfast-hawaii.org

**Confirm E-mail Address** skawahara@steadfast-hawaii.org

**Phone Number** 808-599-6230  
**Format: 123-456-7890**

**Extension** 620

**Fax Number** 808-599-1821  
**Format: 123-456-7890**

# Assessment Tool Attachment Detail

**Document Description:**

## Type and Scale of Housing

The following list summarizes all housing units that will be used for participants in the project. To add information to this list, click on the icon and enter the requested information.

Housing Type	Units	Beds	Bedrooms
Single family homes/townhou...	1	5	4

## Type and Scale of Housing Detail

### Instructions:

For the 2008 competition, the available housing type selections have been re-defined. Refer to the detailed instructions located on the left menu for additional instructions on completing this page.

If the project is funded, the applicant/sponsor will be responsible for operating the project as indicated here. Entering incorrect information may result in the reduction or withdrawal of the conditional award. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields related to the number of units, beds, and bedrooms for each housing type in the project.**

**Housing Type:** Single family homes/townhouses/duplexes

### Total for Selected Housing Type

**Units:** 1

**Beds:** 5

**Bedrooms:** 4

# Project Participants - Households with Dependent Children

## Instructions:

The purpose of this form is to capture the total number of homeless persons served by the project at a point in time, as well as the subpopulations/disabilities for each household. If the project is not serving households with dependent children, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form. .

Rapid Re-housing projects: 100% of the adults served by the project must be accompanied by children and should be reflected in the fields below.

Samaritan Housing, Safe Haven, and SRO housing projects: 100% of the households served by the project must not be accompanied by children. Therefore, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

All projects: in the "Total Persons" column indicate the total number of "disabled adults," "non-disabled adults," "disabled children," "non-disabled children," and "Total Number of Households" for each household in the project. The system will auto-populate the remaining fields in this column.

Next, identify the appropriate subpopulation (Severely Mentally Ill, Chronic Substance Abuser, Veterans, Persons with HIV/AIDS, and Victims of Domestic Violence) for each person in the project. If the participants are dually-diagnosed and fit into more than one subpopulation (i.e. severely mentally ill with chronic substance abuse), make sure to indicate these individuals in all appropriate subpopulations (it is possible to have overlapping information). The system will auto-calculate all totals based on the values entered for each subpopulation.

Notice that information cannot be entered into certain fields. Persons with a severe mental illness and/or HIV/AIDS constitute disabled adults; therefore, no entry is allowed in the "non-disabled adult" fields. Also, no values can be entered for any children under the Veterans columns. For homeless assistance programs, chronic substance abuse, by itself, may constitute as a disability.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Indicate the total number of households that include a homeless adult with dependent children. Also identify the number of persons and subpopulations within each household in the project.**

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



## Project Participants - Households without Dependent Children

### Instructions:

The purpose of this form is to capture the total number of homeless persons served by the project at a point in time, as well as the subpopulations for each household. If the project is serving households with dependent children, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

Samaritan Housing, Safe Haven, and SRO housing projects: 100% of the adults served by the project must be unaccompanied by children and should be reflected in the fields below.

Rapid Re-housing projects: 100% of the adults served by the project must be accompanied by children. Therefore, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

All projects: in the "Total Persons" column indicate the total number of "disabled adults," "non-disabled adults," "non-disabled unaccompanied youth," "non-disabled children," and "Total Number of Households" for each household in the project. The system will auto-populate the remaining fields in this column.

Next, identify the appropriate subpopulation (Chronically Homeless, Severely Mentally Ill, Chronic Substance Abuser, Veterans, Persons with HIV/AIDS, and Victims of Domestic Violence) for each person in the project. If the individuals are dually-diagnosed and fit into more than one subpopulation (i.e. severely mentally ill with chronic substance abuse), make sure to indicate these individuals in all appropriate subpopulations (it is possible to have overlapping information). The system will auto-calculate all totals based on the values entered for each subpopulation.

Notice that information can only be entered into certain fields. Chronically Homeless persons must be disabled adults in households without children, so no entry is allowed in the "non-disabled adult" fields. Also, Veterans must be adults; therefore, no entry is allowed for unaccompanied youth. All severely mentally ill persons and persons living with HIV/AIDS are automatically considered disabled; therefore, there can be no entry for non-disabled persons. For homeless assistance programs, chronic substance abuse, by itself, may constitute as a disability.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Indicate the total number of households that include a homeless adult without dependent children. Also identify the number of persons and subpopulations within each household in the project.**

### Instructions:

Chronically Homeless must be disabled adults in households without children (so no entry allowed in non-disabled adult or children/youth)

Severely Mentally Ill are all considered disabled (so no entry allowed in non-disabled)

Chronic Substance Abuse may not constitute a disability on its own

Veterans must be adults (so no entry allowed in children/youth)

Persons living with HIV/AIDS are all considered disabled (so no entry allowed in non-disabled)

Total Number of Households	5
----------------------------	---

Steadfast Housing Development Corporation						EX2_005916	
	Total Persons	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Adults	5		5				
Non-Disabled Adults							
Disabled Unaccompanied Youth							
Non-Disabled Unaccompanied Youth							
<b>Total Persons (select "Save" to auto-calculate)</b>	5	0	5	0	0	0	0
<b>Total Number of Adults (select "Save" to auto-calculate)</b>	5						
<b>Total Number of Unaccompanied Youth (select "Save" to auto-calculate)</b>	0						

## Outreach for Participants

### Instructions:

To help determine the eligibility of homeless participants served by the project, as well as the project's eligibility to apply for homeless assistance funding, indicate where the homeless participants are coming from (streets, emergency shelters, safe havens, transitional housing who came directly from the street, or other places). Also, describe how the applicant/sponsor plans to bring these participants into the project.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields related to the outreach plans to bring participants into the project.**

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

**Note: this includes persons who ordinarily sleep in one of the places listed below but are spending a short time (30 consecutive days or less) in a jail, hospital, or other institution.**

100%	Persons who came from the street or other locations not meant for human habitation.
	Person who came from Emergency Shelters.
	Persons who came from Safe Havens.
	Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens.
100%	Total of above percentages

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

## Housing for Participants

### Instructions:

The purpose of this form is to determine the ability of the project to meet the housing standards as described in the NOFA. While this form may be visible by all projects, it only applies to specific housing activities. All renewal projects and new SHP-SSO, SHP-HMIS, SHP-SH, S+C-SRA, and S+C-PRA projects do not have to complete this form and may move to the next form.

The maximum allowable length of stay for participants in SHP-TH projects is 24 months. However, Rapid Re-housing participants must not be housed longer than 18 months. HUD does not impose a length of stay restriction on participants in permanent housing projects (S+C, SHP permanent housing, and Section 8 SRO).

All SHP-PH, S+C-TRA, and S+C-SRA projects must describe the reason for selecting the proposed housing structure.

All S+C-PRAR, S+C-SRO, Section 8 SRO projects and SHP projects that are requesting funds for rehabilitation must describe the rehabilitation activities that will be undertaken for housing the participants in the project.

All other project types are not required to complete this form and may move to the next form.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

## Discharge Planning Policy

**The following question must be completed by project applicants that are State or Local government agencies.**

**Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs?**

Not Applicable

## Project Leveraging

The following list summarizes the leveraging funds for the project. To add information to this list, click on the icon and enter the requested information.

**Total value of written commitment** \$114,414

Contributor	Source	Date of Commitment	Value of Commitment
Steadfast Housing...	Private	08/25/2008	\$9,414
State of Hawaii, ...	Government	08/28/2008	\$105,000

## Project Leveraging Detail

### Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

**Select the Type of Contribution** Cash  
**Name the Source of the Contribution** Steadfast Housing Development Corporation  
**Select Type of Source** Private  
**Date of Written Commitment** 08/25/2008  
**Value of Written Commitment** \$9,414

## Project Leveraging Detail

### Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	State of Hawaii, Dept. of Health, Adult Mental Health Division
<b>Select Type of Source</b>	Government
<b>Date of Written Commitment</b>	08/28/2008
<b>Value of Written Commitment</b>	\$105,000

# Homeless Management Information System (HMIS) Participation

## Instructions:

The data entered into this form will be used to determine the percentage of clients reported in the CoC's HMIS for this project.

Indicate whether or not the project is participating in the HMIS. If the project is participating in the HMIS, enter additional information about the project's participation in the HMIS, including the total number of clients served by the project, the total number of clients reported in the HMIS, and the percentage of values that are missing ("Null or Missing Values") and/or unknown ("Don't Know or Refused") for all client records reported. If there were no unknown value, enter "0" in any field within the chart, and select "Save & Next" to move to the next form.

If the project is not participating in the HMIS, indicate the reason(s) for non-participation.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA for additional program requirements.

**All projects must indicate their level of participation in the CoC's HMIS.**

**Does this project provide client level data to HMIS at least annually?** Yes

**Select the "Save" button to enter additional information.**

**Indicate the number of clients served from 1/1/2007 - 12/31/2007** 6

**Of the clients served from 1/1/2007 - 12/31/2007, indicate the number reported in the HMIS** 2

**Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.'**

Data Quality	Null or Missing Values (%)	Don't Know or Refused (%)
Name	0%	0%
Social Security Number	0%	0%
Date of Birth	0%	0%
Ethnicity	0%	0%
Race	0%	0%
Gender	0%	0%
Veteran Status	0%	0%
Disabling Condition	0%	0%
Residence Prior to Prog. Entry	0%	0%
Zip Code of Last Permanent Address	0%	0%

## Renewal Performance

### Instructions:

The fields on this form will assess the progress of the renewal project and identify any significant changes from the prior grant. Indicate whether or not the project has unresolved monitoring findings, or outstanding audit findings, and whether or not amendments have been made to the project since the last funding approval.

If amendments have occurred, indicate and explain the reason(s) for the change(s). Also, indicate the specific change in the project, by noting the previous information (before the amendment) and new information (after the amendment).

Contact the local HUD Field Office for amendment requirements, and/or any unresolved monitoring or outstanding audit findings: <http://www.hud.gov/offices/cpd/about/local/index.cfm>. For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

**The following fields must be completed by all renewal projects.**

**Are there any unresolved monitoring or audit findings on HUD McKinney-Vento Act grants, excluding ESG?** No

**Were there any amendments executed since the last funding approval?** No

# SHP Operating Budget

## Instructions:

Enter the quantity and total dollar amount of SHP funds requested for each operating cost in the project for each year of the grant term. Enter only the portion of the costs DIRECTLY related to providing day-to-day operations of the project for which SHP funds are being requested. Refer to the SHP Desk Guide for details on eligible operations costs:

<http://www.hudhre.info/index.cfm?do=viewShpDeskguideD>. For detailed instructions and examples on completing this budget, reference the online training modules at:  
<http://esnaps.hudhre.info/training>.

By law, SHP funds may be used to pay for up to 75% of the total operations budget for each year of the grant term. This means that the grantee or project sponsor must make cash payment for at least 25% of the project's total operations budget for each year. Although documentation of matching funds is not required in this application, if the project is awarded grant funds, documentation for Year 1 must be presented before grant agreement and entered in the Annual Performance Report (APR) at the end of the operating year. Documentation of cash match for Years 2 and 3, if applicable, must be met by the end of each of those years and entered in the corresponding APR.

**Complete the following budget fields detailing how SHP funds will be used for operating costs related to serving project participants.**

Eligible Costs	Quantity (limit 200 characters)	SHP Request Year 1	Total
1.Maintenance/Repair	General Maintenance and Vendor Services: 3,303x.75=2,477	\$2,477	\$2,477
2.Staff	Resident Manager: 18,720x.75=14,040. Payroll Taxes: 18,720x.1315x.75=1,846. Health Insurance: 4,764x.75=3,573. Fringe: 18,720x.75=702	\$20,161	\$20,161
3.Utilities	Electricity, Water, Telephone: 4,000x.75=3,000	\$3,000	\$3,000
4.Equipment (lease/buy)		\$0	\$0
5.Supplies		\$0	\$0
6.Insurance	Property Insurance: 2,244x.75=1,683. Liability Insurance: 1,126x.75=845	\$2,528	\$2,528
7.Furnishings		\$0	\$0
8.Relocation		\$0	\$0
9.Other (must specify *)			
	Property Taxes: 100x.75=75	\$75	\$75
		\$0	\$0
10.Total SHP Request		\$28,241	\$28,241
11.Cash Match		\$9,414	\$9,414
12.Total SHP Operating Budget		\$37,655	\$37,655
13.Other Resources (cash and in-kind)		\$105,000	\$105,000

**\* If not specified, the costs will be removed from the budget.**

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

# Supportive Housing Program (SHP) Summary Budget

## Instructions:

To update the individual budget activities (acquisition, new construction, rehabilitation, leasing, supportive services, operations, or HMIS), use the left menu bar to go back to the appropriate budget. Refer to the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewShpDeskguideD> for details on funding limitations, cash match, and eligible budget activities.

**The following information summarizes the SHP funding request and the available cash match for the total term of the project. Enter the appropriate amount of administrative costs for the project.**

**Selected Grant Term 1 Year**

SHP Activities	SHP Dollars Request	Cash Match	Totals
1. Acquisition			\$0
2. Rehabilitation			\$0
3. New Construction			\$0
4. Subtotal (Lines 1 - 3)	\$0	\$0	\$0
5. Real Property Leasing From Leasing Budget Chart	\$0		\$0
6. Supportive Services From Supportive Services Budget Chart	\$0	\$0	\$0
7. Operations From Operating Budget Chart	\$28,241	\$9,414	\$37,655
8. HMIS From HMIS Budget Chart	\$0	\$0	\$0
9. SHP Request (Subtotal lines 4-8)	\$28,241		
10. Administrative Costs (Up to 5% of line 9)	\$1,412	Max. Admin. Allowed	\$1,412
	<b>Total SHP Request (Total lines 9 and 10)</b>	<b>Total Cash Match</b>	<b>Total Budget (Total SHP Request + Total Cash Match)</b>
	\$29,653	\$9,414	\$39,067

# Public Housing Authority (PHA) Certification Attachment Detail

## Document Description:

## Program Outcome Logic Model (HUD 96010) Attachment

Document Type	Required?	Document Description	Date Attached
Logic Model for Program Outcome (HUD 96010)	Yes	2008 eLogic Model...	08/29/2008

# Program Outcome Logic Model (HUD 96010) Attachment Detail

**Document Description:** 2008 eLogic Model - Kaukama

## Submission Summary

Part	Last Updated
<b>Project Information</b>	
Page 1	8/22/08 12:35 AM
Page 2	8/22/08 12:35 AM
Grant Consolidation	Please Complete
Project Location(s)	8/22/08 12:36 AM
Project Expansion	Please Complete
Sponsor Information	8/22/08 12:39 AM
Attachment - Org	Please Complete
Sponsor Contact	8/22/08 12:39 AM
Experience of Partners	Please Complete
Special Housing Project	No Input Required
Assessment Tool	Please Complete
Housing Type & Scale	8/23/08 10:00 PM
Project Participants	
With Children	8/22/08 12:48 AM
Without Children	8/22/08 12:48 AM
Services for Participants	No Input Required
Outreach for Participants	8/22/08 12:48 AM
Housing for Participants	No Input Required
Discharge Policy	8/22/08 12:48 AM
Project Leveraging	8/29/08 5:34 PM
HMIS Participation	10/1/08 7:59 PM
HMIS Dedicated Information	Please Complete
HMIS Implementation Timetable	Please Complete
HMIS Implementation Progress	Please Complete
Renewal Performance	8/22/08 12:50 AM
SHP Project Budgets	
Operating Budget	No Input Required
Leasing	Please Complete
Leased Structure(s)	No Input Required
Supportive Services Budget	Please Complete

<b>Acquisition/Rehabilitation/New Construction Budget</b>	Please Complete
<b>SHP HMIS Budget</b>	
<b>Equipment</b>	8/22/08 12:35 AM
<b>Software</b>	8/22/08 12:35 AM
<b>Services</b>	No Input Required
<b>Personnel</b>	8/22/08 12:35 AM
<b>Space &amp; Operations</b>	No Input Required
<b>Summary</b>	Please Complete
<b>SHP Summary Budget</b>	8/28/08 9:19 PM
<b>Shelter Plus Care</b>	
<b>Rental Assistance Budget</b>	Please Complete
<b>Rental Assistance Budget</b>	Please Complete
<b>Rental Assistance Budget</b>	Please Complete
<b>Estimated Development Costs</b>	Please Complete
<b>PHA Cert. Attachment</b>	No Input Required
<b>Logic Model Attachment</b>	8/29/08 3:51 PM
<b>Supportive Services the Participants Will Receive</b>	
<b>Page 1</b>	Please Complete
<b>Targeted Subpopulations</b>	No Input Required

**Notes:**

Grant Consolidation list must include at least 1 item(s).

Leasing list must include at least 1 item(s).

Cash match does not meet minimum requirements

Acquisition/Rehabilitation/New Construction Budget list must include at least 1 item(s).

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Rental Assistance Budget list must include at least 1 item(s).

Values cannot be greater than published FMRs

## Project Information - Page 1

### Instructions:

Select the appropriate Continuum of Care (CoC) name and number from the drop-down menu. The system will auto-populate the "Project Name" field.

Identify the appropriate "Project Type" from the drop-down menu (new or renewal project). Renewal projects are defined as those HUD McKinney-Vento grants that have received prior funding and are eligible to renew during the current competition.

Identify the project's "Program Type" and "Component Type." These selections must be made in the order of appearance (i.e. component type cannot be selected before selecting program type or project type). Depending on the program type selected, indicate the appropriate component type for the project.

Select the state(s) and the congressional district(s) in which the project is located. This information will be used to list the available geography codes on the next screen, and to send correspondence to the appropriate Congressional Representative(s).

In the last field on this form, provide a general description of the project. The description should include information on the homeless needs that are addressed by the project, the type of housing and number of units being proposed, and the target population that the project will serve. This information is required of all new and renewal projects. Rapid Re-housing projects must review the detailed instructions attached to the left menu and must reference the 2008 NOFA for detailed program requirements. Additional program requirements for all project types are also available at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements. As well, additional training for completing this page is available online at: <http://esnaps.hudhre.info/training>.

**The following fields must be completed for every project application.**

**CoC Number and Name** HI-501 - Honolulu CoC

**Project Name** New Start Project

**Project Type** New Project

**Program Type**

**Content depends on "Project Type" selection**

**Component Type**

**Content depends on "Program Type" selection**

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

**In which Congressional District(s) is the project located?** HI-001, HI-002  
(for multiple selections hold CTRL + Key)

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

The New Start project, a Shelter Plus Care (S+C) Program, will provide rental assistance with supportive services to individuals living on the streets, in the parks and under the bridges on the island of Oahu. The program will be part of the Waikiki Health Center Care-A-Van (CAV) program that provides health, behavioral health and social services through mobile outreach and a drop-in center. The implementation of the Shelter Plus Care program will be integrated into an already existing program that is well run and has a good understanding of the needs of its clients and is experienced in working with persons who are homeless.

The proposal is requesting rental assistance for 7 studios. The New Start project will provide services to a minimum of 22 clients over the five year grant cycle. Support services will be provided through ongoing case management. An assigned case manager will ensure that the client is provided the necessary support to be successful in the new housing environment. The case manager will provide a holistic approach helping the clients in all aspects of their lives. Services will be provided on an as needed basis and will include medical, mental health, transportation, advocacy, and assistance with accessing mainstream resources. Help with daily living skills will also be provided including nutrition counseling, housekeeping, personal hygiene, neighbor relations and budgeting

## Project Information - Page 2

### Instructions:

#### New projects:

There are two types of special housing projects for the 2008 competition, Samaritan Housing and Rapid Re-Housing. All new SHP-PH, SHP-TH, S+C, and Section 8 SRO projects must identify whether or not special housing funds are being requested. Only new SHP-PH, S+C, and Section 8 SRO projects may request Samaritan Housing funds. Rapid Re-housing funds can be requested by new SHP-TH projects only.

#### Renewal projects:

Indicate whether or not the project previously received funds under the Samaritan Housing Initiative. If the project received Samaritan funds, the project must continue to meet the requirements of the initiative for the life of the project. Renewal SHP projects must also indicate whether or not it is a consolidated grant. All grant consolidations must be HUD approved prior to application submission. Each consolidated grant must be listed on the "Grant Consolidation" page.

#### New and renewal projects:

Indicate whether or not the project is:

- using Energy Star;
  - located in a rural area (reference the definition in 2008 NOFA before answering this question);
- and
- located on land previously owned by the military.

All new and renewal projects must also indicate the geographic area(s) that will be served by the project.

#### Budget Activities:

All SHP projects must identify the budget activities being requested for the project. Depending on the project type, these budget activities may include acquisition, new construction, rehabilitation, leasing (units or structures), supportive services, operations, and/or HMIS. All S+C and Section 8 SRO projects must only complete the rental assistance budget and the estimated development cost budget, if applicable.

For additional instructions and examples on completing this form, reference the detailed instructions document on the left menu and the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

### The following fields must be completed for every project application.

**Is the project requesting funding under a Special Initiative?** Yes

**Select the "Save" button to identify Rapid Re-housing or Samaritan Housing Special Initiative Applicable:** Samaritan Housing

**Grant Term:** 5 Years

**Does the project use Energy Star?** No

**Is the project located in a rural area?** No

**Is the project located on land previously owned by the military?** No

**Select the geographic code(s) for area(s) served by the project (for multiple selections hold CTRL + Key)** 150144 HONOLULU



## Project Location(s)

The following list summarizes the project location(s) that have been entered. To add a location to this list, click on the  symbol.

Location Name	Street Address 1	Street Address 2	City	State	Zip
Scattered Site	277 Ohua Avenue	--	Honolulu	Hawaii	96815

## Project Location Detail

### Instructions:

Location Name (Optional - except for SRA project): Identify the name of the location(s) being used for housing project participants. If the project includes leased or rental units in more than 4 locations, only enter "Scattered Site" in this field. All other project types should enter the name of the project location in this field.

Project Ownership (Required): Indicate whether the location (including all scattered sites locations) is owned or leased by the applicant, sponsor, or a parent organization. If the project contains units that house project participants using SHP funds, under no circumstances may SHP leasing funds be used to lease units or structures owned by the grantee (the applicant), the project sponsor, or the parent organization(s) of either entity.

Location Address (Optional - except for SRA project): Indicate the Street Address, City, State, and Zip Code of the units being used for housing project participants. If the project includes leased or rental units in more than 4 locations, enter the address of the project sponsor in these fields.

For additional instructions and examples related to completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

**Enter the physical address of the project and indicate the ownership of the location. Scattered site projects should refer to the instructions for details on completing the field on this screen.**

<b>Location Name</b>	Scattered Site
<b>Property Ownership</b>	Lease
<b>Street Address 1</b>	277 Ohua Avenue
<b>Street Address 2</b>	
<b>City</b>	Honolulu
<b>State</b>	Hawaii
<b>Zip Code</b>	96815
<b>Format: (12345 or 12345-1234)</b>	

## Project Sponsor Information

### Instructions:

The project sponsor is usually the entity that will be carrying out the project. If the sponsor is the same entity as the project applicant, select "yes" in the first drop-down box and enter "save" at the bottom of the page, and the system will auto-populate the fields on this form based on the information entered in the SF-424. Simply verify that the correct information has been populated. If the information is incorrect, correct the applicant information on the SF-424.

If the project sponsor and applicant are separate entities, manually enter the information for the project sponsor. All non-profit sponsors will need to attach proper documentation to verify their non-profit status, if the documentation is not attached to the SF 424. All projects can identify only one sponsor. If multiple sponsors have been identified on past funding applications, the project applicant must identify a "lead" sponsor.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields to identify the project sponsor, including its legal name, type of organization, DUNS number, employer/taxpayer number, and physical address.**

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

**Organization Name** Waikiki Health Center

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

If "Other" specify:

**DUNS Number** 109881003  
**Format: xxxxxxxxx or xxxxxxxxxxxxxx**

**Tax ID or EIN** 99-0159253  
**Format: 12-3456789**

**Street Address 1** 277 Ohua Avenue

**Street Address 2**

**City** Honolulu

**State** Hawaii

**Zip Code** 96815  
**Format: 12345 or 12345-1234**

**Is the sponsor a Faith-Based Organization?** No

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

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

## Non-Profit Documentation Attachment

Document Type	Required?	Document Description	Date Attached
Proof of non-profit status	Yes	Waikiki Health Ce...	10/02/2008

# Non-Profit Documentation Attachment Detail

**Document Description:** Waikiki Health Center 501c3 letter

## Project Sponsor Contact Information

### Instructions:

The project sponsor is usually the entity that will be carrying out the project. If the sponsor is the same entity as the project applicant, the system will auto-populate the fields on this form based on the information entered in the SF-424. Simply verify that the correct information has been populated. If the information is incorrect, correct the applicant information on the SF-424.

If the project sponsor and applicant are separate entities, manually enter the information for the project sponsor. All non-profit sponsors will need to attach proper documentation to verify their non-profit status, if the documentation is not attached to the SF 424. All projects can identify only one sponsor. If multiple sponsors have been identified on past funding applications, the project applicant must identify a "lead" sponsor.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Provide the name and contact information of the person to be contacted for matters regarding project operations. If the sponsor is the same entity as the applicant, the system will auto-populate the fields below.**

#### Prefix

**First Name** Darlene

**Middle Name** W.

**Last Name** Hein

#### Suffix

**Title** Director of Community Services

**E-mail Address** dhein@waikikihc.org

**Confirm E-mail Address** dhein@waikikihc.org

**Phone Number** 808-791-9380  
**Format: 123-456-7890**

#### Extension

**Fax Number** 808-947-6454  
**Format: 123-456-7890**

## Experience of Project Applicant, Sponsor, and Partners

### Instructions:

The purpose of this screen is to determine the ability of the project partners to operate and carry-out the housing and/or supportive service activities of the project.

All projects - describe the specific type and length of experience for the applicant, project sponsor, housing and supportive service providers, and if applicable, key subcontractors involved in implementing the project. In addition, describe the experience in working with homeless persons, and the experience directly related to the proposed activities being carried out, including housing development, housing management, housing families (especially for Rapid Re-housing projects), service delivery, and HMIS activities (for new HMIS projects).

Rapid Re-housing projects - must also describe specific experience serving homeless households with dependent children and include a description of the performance for previous Rapid Re-housing for Families and/or households with dependent children projects. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>.

**Describe how the project applicant, sponsor, and partners meet the experience standards outlined in the NOFA.**

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

Waikiki Health Center is experienced in monitoring and oversight of projects such as the one proposed here. Waikiki Health Center has ensured compliance of projects such as Health Care for the Homeless, Ryan White Title III, Title II, Capacity Building, as well as State Department of Health Contracts. Waikiki Health Center will utilize its management information systems, Continuous Quality Improvement, and Consumer Participation to enhance its ability to monitor and evaluate the quality and outcomes of the New Start Project. WHCs operational effectiveness and capacity to implement the proposed project is rooted in our organizational structure and highly qualified and diversified staff.

**Describe applicable experience relating to the administration of rental assistance.**

Waikiki Health Center does not have experience in the administration of rental assistance.

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

## Special Housing Project

**All new projects requesting special housing funds (Samaritan Housing or Rapid Re-housing for Families) must address all mandatory fields below. It is imperative that applicants carefully review the 2008 NOFA for program eligibility requirements.**

**How will the project address the specific case management needs of chronically homeless participants?**

The New Start project, a Shelter Plus Care (S+C) Program, will provide rental assistance with supportive services to individuals living on the streets, in the parks and under the bridges on the island of Oahu. The program will be part of the Waikiki Health Center Care-A-Van (CAV) program which has a long history of working with chronic homeless. CAV provides health, behavioral health and social services through mobile outreach and a drop-in center. The implementation of the Shelter Plus Care program will be integrated into an already existing program that is well run and has a good understanding of the needs of its clients and is experienced in working with persons who are homeless.

**Describe the contingency plan that the project will implement if the project experiences difficulty in meeting the 100% chronically homeless requirement for Samaritan Housing projects. (This may include re-evaluating the intake assessment procedures or outreach plan.)**

The Waikiki Health Center's Care-A-Van program currently is providing services to a large number of chronic homeless. If for any reason we experience difficulty in meeting the 100% chronic homeless requirement we will increase our outreach and also partner with other agencies who provide services to this population.

# Assessment Tool Attachment Detail

## Document Description:

## Type and Scale of Housing

The following list summarizes all housing units that will be used for participants in the project. To add information to this list, click on the icon and enter the requested information.

Housing Type	Units	Beds	Bedrooms
Scattered-site apartments (...)	7	7	0

## Type and Scale of Housing Detail

### Instructions:

For the 2008 competition, the available housing type selections have been re-defined. Refer to the detailed instructions located on the left menu for additional instructions on completing this page.

If the project is funded, the applicant/sponsor will be responsible for operating the project as indicated here. Entering incorrect information may result in the reduction or withdrawal of the conditional award. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields related to the number of units, beds, and bedrooms for each housing type in the project.**

**Housing Type:** Scattered-site apartments (including efficiencies)

### Total for Selected Housing Type

**Units:** 7

**Beds:** 7

**Bedrooms:** 0

# Project Participants - Households with Dependent Children

## Instructions:

The purpose of this form is to capture the total number of homeless persons served by the project at a point in time, as well as the subpopulations/disabilities for each household. If the project is not serving households with dependent children, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form. .

Rapid Re-housing projects: 100% of the adults served by the project must be accompanied by children and should be reflected in the fields below.

Samaritan Housing, Safe Haven, and SRO housing projects: 100% of the households served by the project must not be accompanied by children. Therefore, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

All projects: in the "Total Persons" column indicate the total number of "disabled adults," "non-disabled adults," "disabled children," "non-disabled children," and "Total Number of Households" for each household in the project. The system will auto-populate the remaining fields in this column.

Next, identify the appropriate subpopulation (Severely Mentally Ill, Chronic Substance Abuser, Veterans, Persons with HIV/AIDS, and Victims of Domestic Violence) for each person in the project. If the participants are dually-diagnosed and fit into more than one subpopulation (i.e. severely mentally ill with chronic substance abuse), make sure to indicate these individuals in all appropriate subpopulations (it is possible to have overlapping information). The system will auto-calculate all totals based on the values entered for each subpopulation.

Notice that information cannot be entered into certain fields. Persons with a severe mental illness and/or HIV/AIDS constitute disabled adults; therefore, no entry is allowed in the "non-disabled adult" fields. Also, no values can be entered for any children under the Veterans columns. For homeless assistance programs, chronic substance abuse, by itself, may constitute as a disability.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Indicate the total number of households that include a homeless adult with dependent children. Also identify the number of persons and subpopulations within each household in the project.**

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



## Project Participants - Households without Dependent Children

### Instructions:

The purpose of this form is to capture the total number of homeless persons served by the project at a point in time, as well as the subpopulations for each household. If the project is serving households with dependent children, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

Samaritan Housing, Safe Haven, and SRO housing projects: 100% of the adults served by the project must be unaccompanied by children and should be reflected in the fields below.

Rapid Re-housing projects: 100% of the adults served by the project must be accompanied by children. Therefore, enter "0" in the "Total Number of Households" field, and select "Save & Next" to move to the next form.

All projects: in the "Total Persons" column indicate the total number of "disabled adults," "non-disabled adults," "non-disabled unaccompanied youth," "non-disabled children," and "Total Number of Households" for each household in the project. The system will auto-populate the remaining fields in this column.

Next, identify the appropriate subpopulation (Chronically Homeless, Severely Mentally Ill, Chronic Substance Abuser, Veterans, Persons with HIV/AIDS, and Victims of Domestic Violence) for each person in the project. If the individuals are dually-diagnosed and fit into more than one subpopulation (i.e. severely mentally ill with chronic substance abuse), make sure to indicate these individuals in all appropriate subpopulations (it is possible to have overlapping information). The system will auto-calculate all totals based on the values entered for each subpopulation.

Notice that information can only be entered into certain fields. Chronically Homeless persons must be disabled adults in households without children, so no entry is allowed in the "non-disabled adult" fields. Also, Veterans must be adults; therefore, no entry is allowed for unaccompanied youth. All severely mentally ill persons and persons living with HIV/AIDS are automatically considered disabled; therefore, there can be no entry for non-disabled persons. For homeless assistance programs, chronic substance abuse, by itself, may constitute as a disability.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Indicate the total number of households that include a homeless adult without dependent children. Also identify the number of persons and subpopulations within each household in the project.**

### Instructions:

Chronically Homeless must be disabled adults in households without children (so no entry allowed in non-disabled adult or children/youth)

Severely Mentally Ill are all considered disabled (so no entry allowed in non-disabled)

Chronic Substance Abuse may not constitute a disability on its own

Veterans must be adults (so no entry allowed in children/youth)

Persons living with HIV/AIDS are all considered disabled (so no entry allowed in non-disabled)

Total Number of Households	7
----------------------------	---

City and County of Honolulu						EX2_008194	
	Total Persons	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Adults	7	7	5	3	0	0	0
Non-Disabled Adults	0						
Disabled Unaccompanied Youth	0						
Non-Disabled Unaccompanied Youth	0						
<b>Total Persons (select "Save" to auto-calculate)</b>	<b>7</b>	<b>7</b>	<b>5</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Number of Adults (select "Save" to auto-calculate)</b>	<b>7</b>						
<b>Total Number of Unaccompanied Youth (select "Save" to auto-calculate)</b>	<b>0</b>						

## Supportive Services for Participants

### Instructions:

The information entered in this form will help determine the project's capacity to provide services or access to services for participants. If the project is requesting supportive services funding, the level of services must be reflected here.

Describe supportive services being offered - all new projects must describe the supportive services that will help participants obtain and remain in permanent housing, access mainstream resources, and/or obtain employment.

Frequency of supportive services - Each new project must also indicate the frequency (daily, weekly, bi-weekly, monthly, quarterly, does not apply) at which these basic supportive services are provided to project participants.

Rapid Re-housing projects- in the "other" boxes, indicate the frequency at which housing placement, literacy training, and legal assistance services will be provided to participants.

Indicate the level of accessibility of community amenities for project participants - basic community amenities include medical facilities, grocery stores, recreation facilities, schools, etc, and should be accessible to participants via walking, public transportation, driving, or transportation provided by the project. For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**In the fields below, provide information about the type of supportive services that will be provided to participants in the project as well as the frequency in which they are provided. In addition, describe how participants will be assisted to increase self-sufficiency.**

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

Clients in the New Start project will be assisted to obtain and remain in permanent housing with the help of their case manager and the eligibility worker. The Care-A-Van staff will assist the client in filling out all necessary paper work to get on the permanent housing lists including public housing, Section 8, low income housing, State Rent Supplement Program, etc. The staff will also assist in accessing of mainstream and employment related services. It is expected that as clients in the New Start project become more stable and comfortable with being housed they will be able and ready to transition with the help of CAV staff to permanent housing.

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

The case manager will provide a holistic approach helping the clients in all aspects of their lives. Services will be provide on an as needed bases and will include medical, mental health, transportation, advocacy, and assistance with accessing mainstream resources. Help with daily living skills will also be provided including nutrition counseling, housekeeping, personal hygiene, neighbor relations and budgeting. The goal is to help the client reach as optimum self-sufficiency. Clients will be come more independent over time and the amount of support necessary will lessen, at the same time clients will be assisted in participating in other community programs that will help them improve their skills including adult education, skill building courses, and college. Additionally, clients will be provided support in accessing employment assistance both directly and through referral.

Supportive Service	Select frequency
Outreach	Weekly
Case Management	Weekly
Life Skills	Weekly
Job Training	Weekly
Alcohol and Drug Abuse Services	Does not apply
Mental Health and Counseling	Weekly
HIV/AIDS Services	Weekly
Health/Home Health Services	Monthly
Education and Instruction	Monthly
Employment Services	Monthly
Child Care	Does not apply
Transportation	Weekly
Other (Specify Below)	Does not apply
Other (Specify Below)	Does not apply
Other (Specify Below)	Does not apply

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

## Outreach for Participants

### Instructions:

To help determine the eligibility of homeless participants served by the project, as well as the project's eligibility to apply for homeless assistance funding, indicate where the homeless participants are coming from (streets, emergency shelters, safe havens, transitional housing who came directly from the street, or other places). Also, describe how the applicant/sponsor plans to bring these participants into the project.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

**Complete the following fields related to the outreach plans to bring participants into the project.**

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

**Note: this includes persons who ordinarily sleep in one of the places listed below but are spending a short time (30 consecutive days or less) in a jail, hospital, or other institution.**

80%	Persons who came from the street or other locations not meant for human habitation.
20%	Person who came from Emergency Shelters.
	Persons who came from Safe Havens.
	Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens.
100%	Total of above percentages

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

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

Care-A-Van (CAV) will utilize its current outreach services to bring participants into the project. CAV provides services at the Drop-in Center and through mobile outreach. The Center is open 6 days a week except for holidays. Mobile outreach follows a set schedule whereby Care-A-Vans vans are at certain locations on specific days. Staffing for each van consists of a team of two Outreach Workers and a Nurse Practitioner. The same team provides services in the same locations; this includes staff at the Drop-in Center, so that clients get to know and trust staff, which are able to follow up and continue to work with clients on their goals. The mobile teams also do roving trips, to specifically look for individuals who are unable to come to the van locations or Drop-in Center due to severe persistent mental illness. For many clients, CAV is their only link to the mainstream world, and one of the few places where they are remembered, greeted and welcomed.

## Housing for Participants

### Instructions:

The purpose of this form is to determine the ability of the project to meet the housing standards as described in the NOFA. While this form may be visible by all projects, it only applies to specific housing activities. All renewal projects and new SHP-SSO, SHP-HMIS, SHP-SH, S+C-SRA, and S+C-PRA projects do not have to complete this form and may move to the next form.

The maximum allowable length of stay for participants in SHP-TH projects is 24 months. However, Rapid Re-housing participants must not be housed longer than 18 months. HUD does not impose a length of stay restriction on participants in permanent housing projects (S+C, SHP permanent housing, and Section 8 SRO).

All SHP-PH, S+C-TRA, and S+C-SRA projects must describe the reason for selecting the proposed housing structure.

All S+C-PRAR, S+C-SRO, Section 8 SRO projects and SHP projects that are requesting funds for rehabilitation must describe the rehabilitation activities that will be undertaken for housing the participants in the project.

All other project types are not required to complete this form and may move to the next form.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for detailed program requirements.

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

**Will participants be required to live in particular structures or units during the first year and in a particular area within the locality in subsequent years, or to live in a particular area for the entire period of participation?** No

**Explain how and why the project will implement this requirement (use less than one-half page)**

Not Applicable

## Discharge Planning Policy

The following question must be completed by project applicants that are State or Local government agencies.

**Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs?**

Yes

## Project Leveraging

The following list summarizes the leveraging funds for the project. To add information to this list, click on the icon and enter the requested information.

**Total value of written commitment** \$797,400

Contributor	Source	Date of Commitment	Value of Commitment
Department of Hum...	Government	07/31/2008	\$400,000
Department of Health	Government	03/01/2008	\$50,000
HRSA - 330h	Government	11/01/2007	\$347,400

## Project Leveraging Detail

### Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

<b>Select the Type of Contribution</b>	Cash
<b>Name the Source of the Contribution</b>	Department of Human Services Homeless Branch
<b>Select Type of Source</b>	Government
<b>Date of Written Commitment</b>	07/31/2008
<b>Value of Written Commitment</b>	\$400,000

## Project Leveraging Detail

### Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

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For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

**Select the Type of Contribution** Cash  
**Name the Source of the Contribution** Department of Health  
**Select Type of Source** Government  
**Date of Written Commitment** 03/01/2008  
**Value of Written Commitment** \$50,000

## Project Leveraging Detail

### Instructions:

Indicate the type, source (government or private), and total amount of contributions for which the project has a written commitment in hand at the time of application. If you do not have a written commitment in-hand, 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.

A written agreement should include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and date the contribution will be available. It is also important that the written commitment include the project name and be addressed to the project applicant or sponsor.

Eligible leveraging items may include any written commitments that will be used towards the cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are one-time only and cannot be claimed by more than one project (e.g. the value of donated land, buildings, or equipment claimed in 2007 and prior years cannot be claimed as leveraging by that project for 2008 or any other subsequent year).

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the program desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo> for additional program requirements.

**Select the Type of Contribution** Cash  
**Name the Source of the Contribution** HRSA - 330h  
**Select Type of Source** Government  
**Date of Written Commitment** 11/01/2007  
**Value of Written Commitment** \$347,400

# Homeless Management Information System (HMIS) Participation

## Instructions:

The data entered into this form will be used to determine the percentage of clients reported in the CoC's HMIS for this project.

Indicate whether or not the project is participating in the HMIS. If the project is participating in the HMIS, enter additional information about the project's participation in the HMIS, including the total number of clients served by the project, the total number of clients reported in the HMIS, and the percentage of values that are missing ("Null or Missing Values") and/or unknown ("Don't Know or Refused") for all client records reported. If there were no unknown value, enter "0" in any field within the chart, and select "Save & Next" to move to the next form.

If the project is not participating in the HMIS, indicate the reason(s) for non-participation.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA for additional program requirements.

**All projects must indicate their level of participation in the CoC's HMIS.**

**Does this project provide client level data to HMIS at least annually?** No

**Select the "Save" button to enter additional information.**

**Indicate the reason for non-participation in the HMIS** New project not yet operational

**For Federal/State prohibition, cite applicable law. For "Other", provide explanation.**

## Shelter Plus Care Rental Assistance Budget

The following information summarizes the S+C rental assistance funding request for the total term of the project. To add information to this list, click on the icon and enter the requested information.

**Total Shelter Plus Care Rental Assistance** \$475,020

FMR_Area	Total Units	Total Requested
HI - Honolulu, HI MSA (1500399999)	7	475020

# Shelter Plus Care Rental Assistance Budget Detail

## Instructions:

The rent requested for each unit size must not exceed the published Fair Market Rent (FMR) for the project area. Rent requests that exceed 100% of the published FMR for a given area are no longer an option. Use either the actual negotiated rent of the units or the most recent FMRs as published in the Federal Register, whichever is less. The most recent FMRs are available online at: <http://www.huduser.org/datasets/fmr.html>.

If the rent requested is equal to 100% of the published FMR, the award amount will be that in effect at the time when all grants are conditionally approved, which may be higher or lower than the FMRs listed here.

If the requested rent is less than 100% of the published FMR, the grant award will be funded at the amounts requested here and will not receive an FMR update.

S+C/SRO and Section 8 SRO projects may not request assistance for more than 100 units per project.

For this form, values cannot be entered into fields in the "Total Rent (per unit size)" or "Number of Months" columns, or the "Total" row; the system will auto-calculate the fields based on the information entered in the other fields. SElect the "Save" button at the bottom of the form to initiate the auto-calculations.

For additional instructions and examples on completing this form, reference the online training modules at: <http://esnaps.hudhre.info/training>. Reference the 2008 NOFA, and the Shelter Plus Care desk guide located at: <http://www.hudhre.info/index.cfm?do=viewHomelessAndeHousingProgramInfo> for detailed program requirements.

**Complete the following fields related to the S+C rental assistance funds being requested under the project.**

**Type of Program** S+C

**Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area** HI - Honolulu, HI MSA (1500399999)

**Indicate if the rent is at or below the published FMR (select "Save" before completing the budget below)** 100% of FMR

**Do not enter amounts greater than 100% of FMR. If an amount over 100% of FMR is entered, the budget will be reduced.**

Size of Units	Number of Units		FMR or Actual Rent **		Number of Months		Total
SRO		x	\$848	x	60	=	\$0
0 Bedroom	7	x	\$1,131	x	60	=	\$475,020
1 Bedroom		x	\$1,348	x	60	=	\$0
2 Bedrooms		x	\$1,630	x	60	=	\$0
3 Bedrooms		x	\$2,377	x	60	=	\$0
4 Bedrooms		x	\$2,799	x	60	=	\$0
5 Bedrooms		x	\$3,219	x	60	=	\$0
6 Bedrooms		x	\$3,639	x	60	=	\$0

City and County of Honolulu						EX2_008194	
7 Bedrooms		x	\$4,059	x	60	=	\$0
8 Bedrooms		x	\$4,478	x	60	=	\$0
9 Bedrooms		x	\$4,898	x	60	=	\$0
Total	7					=	\$475,020

**For projects that select "1-99% of FMR" above: the table below shows 100% of the FMR amounts for zero to four bedrooms for the FMR area selected above. Do not enter more than the FMR amount listed, or the budget will be reduced.**

Unit	FMR
0 Bedroom	\$1,131
1 Bedroom	\$1,348
2 Bedroom	\$1,630
3 Bedroom	\$2,377
4 Bedroom	\$2,799

# Public Housing Authority (PHA) Certification Attachment Detail

## Document Description:

## Program Outcome Logic Model (HUD 96010) Attachment

Document Type	Required?	Document Description	Date Attached
Logic Model for Program Outcome (HUD 96010)	Yes	WHC Logic Model	10/02/2008

# Program Outcome Logic Model (HUD 96010) Attachment Detail

**Document Description:** WHC Logic Model

## Submission Summary

Part	Last Updated
<b>Project Information</b>	
Page 1	10/2/08 10:14 PM
Page 2	10/2/08 10:16 PM
Grant Consolidation	Please Complete
Project Location(s)	10/2/08 10:17 PM
Project Expansion	Please Complete
Sponsor Information	10/2/08 10:18 PM
Attachment - Org	10/2/08 10:20 PM
Sponsor Contact	10/2/08 10:21 PM
Experience of Partners	10/2/08 10:22 PM
Special Housing Project	10/2/08 10:22 PM
Assessment Tool	Please Complete
Housing Type & Scale	10/2/08 10:23 PM
Project Participants	
With Children	10/2/08 10:23 PM
Without Children	10/2/08 10:24 PM
Services for Participants	10/2/08 10:31 PM
Outreach for Participants	10/2/08 10:26 PM
Housing for Participants	10/2/08 10:27 PM
Discharge Policy	10/2/08 10:27 PM
Project Leveraging	10/2/08 10:28 PM
HMIS Participation	10/2/08 10:29 PM
HMIS Dedicated Information	Please Complete
HMIS Implementation Timetable	Please Complete
HMIS Implementation Progress	Please Complete
Renewal Performance	Please Complete
SHP Project Budgets	
Operating Budget	Please Complete
Leasing	Please Complete
Leased Structure(s)	No Input Required
Supportive Services Budget	Please Complete

<b>Acquisition/Rehabilitation/New Construction Budget</b>	Please Complete
<b>SHP HMIS Budget</b>	
<b>Equipment</b>	10/2/08 10:15 PM
<b>Software</b>	10/2/08 10:15 PM
<b>Services</b>	No Input Required
<b>Personnel</b>	10/2/08 10:14 PM
<b>Space &amp; Operations</b>	No Input Required
<b>Summary</b>	Please Complete
<b>SHP Summary Budget</b>	10/2/08 10:15 PM
<b>Shelter Plus Care</b>	
<b>Rental Assistance Budget</b>	10/2/08 10:30 PM
<b>Rental Assistance Budget</b>	Please Complete
<b>Rental Assistance Budget</b>	Please Complete
<b>Estimated Development Costs</b>	Please Complete
<b>PHA Cert. Attachment</b>	No Input Required
<b>Logic Model Attachment</b>	10/2/08 10:31 PM
<b>Supportive Services the Participants Will Receive</b>	
<b>Page 1</b>	Please Complete
<b>Targeted Subpopulations</b>	No Input Required

**Notes:**

Grant Consolidation list must include at least 1 item(s).

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Leasing list must include at least 1 item(s).

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Acquisition/Rehabilitation/New Construction Budget list must include at least 1 item(s).

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Cash match does not meet minimum requirements

Values cannot be greater than published FMRs

