**Request for Proposals**

**Agencies to Apply for New Rapid Re-Housing Projects**

**in the Ohio Balance of State Continuum of Care**

**Background**

In an effort to expand availability of critical resources and continue to work towards reducing homelessness, the Ohio Balance of State Continuum of Care (BoSCoC) is soliciting new Rapid Re-housing (RRH) project proposals from eligible applicants.

In the FY18 Continuum of Care (CoC) Program Competition, HUD will competitively fund new projects through the Permanent Housing (PH) Bonus. The Ohio BoSCoC is eligible to request about $950,000 in PH Bonus funding for one or more projects. The CoC is using this RFP to identify new RRH projects to support with PH Bonus funds.

Because the Ohio Development Services Agency (ODSA) is allocating $3,000,000 in additional Rapid Re-Housing (RRH) assistance through a competitive component of the HCRP application this year,

only applicants in those Homeless Planning Regions that are NOT eligible to apply for the competitive HCRP funding this year will be eligible to respond to this RFP. These regions are identified below.

The following sections outline the process and timeline for submission of RRH proposals, minimum requirements for eligible applicants, and requirements for proposals.

Any questions can be directed to Erica Mulryan, CoC Director, at ericamulryan@cohhio.org or 614.280.1984 ext 118.

**Eligible Applicants**

To be eligible to respond to this RFP, applicants must meet the following requirements:

* Be a non-profit organization or unit of local government
* Be located in a region that will be applying for renewal HCRP funding in *2019* (next year). This includes the following regions:
	+ Region 1
	+ Region 2
	+ Region 3
	+ Region 8
	+ Region 9
	+ Region 10
	+ Region 11
	+ Region 12
	+ Region 16
* Have experience managing federal and/or state funds, and be in good standing with current funders
* Have experience implementing RRH projects across multiple counties
* Be willing to deliver assistance through all counties across the entire region

**Priorities and Requirements for Proposals**

Eligible applicants may submit RRH project proposals that serve households with or without children (or both) and may propose to use the funding for supportive services, rental assistance, and administrative costs (up to 10%).

RRH proposals should identify a service area that includes, at minimum, an entire Homeless Planning Region, and no more than one proposal should be submitted per region. However, partner agencies and/or sub-recipients may be identified to help carry out the RRH activities.

Applicants who are also HCRP grantees or partner agencies will most likely be able to meet the CoC Program 25% match requirement by using HCRP RRH funds as match. If an applicant responding to this RFP is not a current HCRP grantee, they will need to identify other sources of match and those match amounts.

**Funding Request Limits and Requirements**

Applicants may request up to $$950,000 in CoC Program PH Bonus funding total. However, since the Ohio BoSCoC may submit multiple project applications requesting PH Bonus funding, applicants should take care to request a funding amount that aligns with the RRH needs of the counties they propose to serve.

The initial grant term must be for one year, although funding will be renewable if awarded.

Applicants may request funding for rental assistance, supportive services, and administrative costs only.

Applicants must identify sources of match and identify those in their proposal. Match sources may contribute cash or in-kind match, in any combination, but total match commitment must equal 25% of the total funding request. Current HCRP grantees or partner agencies seeking to use HCRP funds as match, will need to indicate that in their proposal.

Details about match requirements can be found at: <https://www.hudexchange.info/programs/coc/toolkit/grant-administration/#match-requirements>

**Priorities and Process for Selection of Applicants**

When selecting applicants to carry out RRH projects, the CoC Team will prioritize the following:

* Applicants with documented experience serving persons experiencing homelessness
* Applicants with documented experience administering RRH programs and funds
* Applicants with sufficient organizational capacity to implement a large project
* Applicants with documented experience engaging in system coordination and planning efforts
* Applicants with understanding of and experience implementing programs that utilize best practices in serving those experiencing homelessness
* Project proposals serving Homeless Planning Regions with greatest need for RRH

Upon receipt of proposals, the CoC Team may follow up with applicants if there are questions or if additional information is needed.

Applicants selected to administer RRH projects will be required to work with the BoSCoC Team to finalize project design and create a cohesive application. As part of this, the CoC Team may request applicants to modify budget targets to ensure appropriate distribution of funding. The CoC team also reserves the right to adjust project specifications and activities as needed.

Applicants selected to administer RRH projects will be required to complete full applications in HUD’s *e-snaps* grant management system and are solely responsible for ensuring applications are successfully submitted. All project applications must be approved by the CoC Team prior to submission in *e-snaps*. Upon successful submission of applications and award selections, applicants will contract with HUD directly for all RRH funding.

**Selected Applicants and Ranking in the CoC Project Listing**

When determining how to rank selected RRH project applications within the final CoC Project Listing as part of the submitted FY18 CoC consolidated application, the BoSCoC Project Evaluation Workgroup and CoC staff will consider the extent of RRH need in each Homeless Planning Region as well as the overall quality of the proposal

**Process and Timeline for Submission of Project Proposals**

Interested applicants must adhere to the following process and timeline when submitting project proposals:

|  |  |
| --- | --- |
| **Due Date** | **Activity** |
| July 12, 2018 | FY2018 CoC Competition Application Training Webinar* Register at: <https://attendee.gotowebinar.com/register/8793697578081180418>
 |
| August 3, 2018 | Submit proposals to BoSCoC via email* ohioboscoc@cohhio.org
* Scott.Gary@development.ohio.gov
 |
| August 17, 2018 (no later than) | Selected applicants notified * CoC Team may request applicants to participate in meetings if there are questions or if additional information is needed to make selections
* Required changes to project proposals may be communicated at this time
 |
| August 24, 2018 | Applicants submit approved project applications to HUD* Applications must be submitted in *e-snaps*
 |



**OHIO BALANCE OF STATE CONTINUUM OF CARE**

**2018 Rapid Re-Housing Project Proposal Form**

**INSTRUCTIONS**

Eligible applicants seeking Permanent Housing (PH) Bonus funding for a new RRH project in 2018 must complete this Project Proposal Form.

**Completing the Proposal Form**

Throughout the Proposal Form, please be sure to only enter information into the textboxes or make selections from drop down boxes.

Information about the CoC Program and the CoC Program interim rule can be found at: <https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/> or <https://www.hudexchange.info/programs/coc/>

Complete the Proposal Form for an initial 1-year grant term. Depending on funding availability, this may be extended.

**Supplemental Submission Items**

*Sub-Recipient/Partner Agency Agreements*

Applicants working with one or more sub-recipients or partner agencies must provide a copy of the Memorandum of Understanding, Memorandum of Agreement, or similar document defining each party’s role and responsibilities in the administration and implementation of the project. Copies of these documents in PDF format (so that signatures are included) should be submitted with the proposal form.

**RRH Project Proposal Forms must be emailed to COHHIO** **(****ohioboscoc@cohhio.org****)**

**and Scott Gary (****Scott.Gary@development.ohio.gov****) by Friday, August 3, 2018**

**RRH Project Proposal Forms**

**ARE DUE BY August 3, 2018**

**OHIO BALANCE OF STATE CONTINUUM OF CARE**

**RRH Project Proposal Form**

**CONTACT INFORMATION**

Provide contact information for the person(s) completing and submitting the Application.

1. **Contact Name:**

**Contact Organization Affiliation:**

**Contact email Address:**

**Contact Phone Number:**

**PROPOSED NEW PROJECT INFORMATION**

1. **Applicant:**
2. **Organization Type:**
3. **Sub-Recipient(s):**

The project sub-recipient(s) may be the organization primarily carrying out the project or may be other organizations providing significant support to the project participants. If there will be one or more sub-recipients, enter the information for each one below. Copy and paste the information below as needed. If there are no sub-recipients, leave this section blank.

**\*Organization Type:**

\***Will funds be sub-granted to the sub-recipient?**

**\*If yes, indicate the amount of funds that will be sub-granted:**

1. **What county or counties does this project propose to serve?**
2. **Project Name:**

1. **Grant Term:** 1 year
2. **Provide a general description of the project:**

The description must include the target population, type of housing to be provided and number of units, and proposed length of time participants will be served (maximum 3,000 characters).

1. **What is the target population for this project?**

Target populations may include homeless families and/or homeless individuals with or without disabilities. The description must also include discussion of how the proposed target population was determined to be the one most in need locally.

1. **Describe how Housing First practices will be used in this project:**

For more information about Housing First, visit <http://www.endhomelessness.org/pages/housing_first>. If other best practices will be used, the description must identify which practices will be used and how the applicant/sponsor will ensure fidelity to the model (best practices may include Motivational Interviewing, Trauma-Informed Care, etc).

1. **Describe how this project meets community needs in its service area:**

The description must include discussion of current homeless program housing inventory in the proposed service area and identification of any gaps therein, explanation of utilization rates of existing local homeless services and their performance on key HUD outcomes (i.e., helping clients retain permanent housing and helping clients move from transitional housing to permanent housing), and recent Point-in-Time Count results. The description must also include discussion of how the proposed target population was determined to be the one most in need locally.

1. **Describe how this project fits in with existing programs in the applicant’s Ohio BoSCoC Homeless Planning Region:**

The description should include discussion of how this project will coordinate with existing RRH projects in the region. The description must also describe how the proposed project will be incorporated into the Coordinated Entry process.

1. **Describe how the applicant participates in the planning work of their Ohio BoSCoC Homeless Planning Region:**

The description must include discussion of the applicant’s participation in Homeless Planning Region committees/workgroups, if any, or local CoC groups. This should include identification of the level of involvement of the applicant and the role they play within each committee/workgroup identified.

**APPLICANT INFORMATION**

1. **Applicant:**
* **Employer/Taxpayer Identification Number (EIN/TIN):**
	+ Format: 12-3456789
* **Legal Name:**
* **Organization Type:**
* **Organizational DUNs:**
* **Address:**
* **Address 2:**
* **City:**
* **County:**
* **State:** Ohio
* **Zip / Postal Code:**
1. **Name and contact information of person at Applicant Agency to be contacted on matters involving this application:**
* **Name:**
* **Title:**
* **Organizational Affiliation:**
* **Telephone Number:**
* **Email:**
1. **Alternative Contact:**
* **Name:**
* **Title:**
* **Organizational Affiliation:**
* **Telephone Number:**
* **Email:**
1. **Is the applicant delinquent on any federal debt?**
* **If yes, explain:**

**SUB-RECIPIENT INFORMATION**

The project sub-recipient(s) may be the organization primarily carrying out the project or may be other organizations providing significant support to the project participants. If there will be one or more sub-recipients, enter the information for each one below. Copy and paste the information below as needed. If there are no sub-recipients, leave this section blank.

1. **Sub-recipient:**
* **Employer/Taxpayer Identification Number (EIN/TIN):**
* **Legal Name:**
* **Organizational Type:**
* **Organizational DUNs:**
* **Address:**
* **Address 2:**
* **City:**
* **County:**
* **State:** Ohio
* **Zip Code:**
* **Is the sponsor a Faith-Based Organization?**
* **Has the sponsor ever received a federal grant, either directly from a federal agency or through a State/local agency?**

*\*\*\* For the e-snaps application sub-recipients may need to attach proof of non-profit status. Please have this information ready prior to application submission to HUD.*

**Will funds be sub-granted to the sub-recipient?**

**\*If yes, indicate the amount of funds that will be sub-granted:**

1. **Name and contact information of person at Sub-recipient Agency to be contacted on matters involving this application:**
* **Name:**
* **Title:**
* **Organizational Affiliation:**
* **Telephone Number:**
* **Email:**

**Experience of Project Applicant, Sub-RECIPIENT, and Partners**

Describe the specific type and length of relevant experience for the applicant, project sub-recipient (if any), and housing and supportive service providers involved in implementing the project.

1. **Describe the experience of the applicant and potential sub-recipients (if any), in effectively utilizing federal funds and performing the activities proposed:**
2. **Describe how the applicant and sub-recipients (if any) will work together to implement and administer the proposed project. Describe the kind of formal agreements or arrangements that may be put into place:**
3. **Describe experience of project partners related to working with homeless persons (6,000 characters max):**
4. **Describe the experience of the applicant and potential sub-recipients in leveraging other Federal, State, local, and other private sector funds:**
5. **Describe applicable experience relating to the administration of rental assistance (3,000 characters max):**
6. **Are there any unresolved monitoring or audit findings on HUD grants, excluding ESG?**
	* If yes, explain:
7. **Are there any unresolved monitoring or audit findings on ODSA funded grants?**
	* If yes, explain:

**Type and Scale of Housing**

For each housing type in the project, enter the number of units, beds, and bedrooms that will be used to house the participants, at a point-in-time (a given night). If you plan to use multiple housing types, copy and paste this section and provide all required information as necessary for each housing type. Review the definitions below and ensure that information is entered for each housing type in the project.

**Definitions – Housing Types**

* **Clustered apartments**.  Each individual or family has a self-contained housing unit located within a building or complex that houses both persons with special needs—e.g., homeless or formerly homeless persons, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV—and persons without any special needs.
* **Scattered-site apartments (including efficiencies)**.  Each individual or family has a self-contained apartment that is dispersed throughout the community.
* **Single-family homes/townhouses/duplexes**.  Each individual or family has a self-contained, single-family home/townhouse/duplex that is dispersed throughout the community.
1. **Housing Type:**
* **Total number of each for Selected Housing Type**
* **Units:**
* **Beds:**
* **Bedrooms:**

**Project Participants**

In the following two tables indicate the households/persons to be served by the project as well as the number of persons, characteristics, and subpopulations within each household in the project. The numbers entered into the table should reflect the number of households and persons that the project can serve **at a point-in-time (any given day),** not over the course of a full year. For example, if the proposed project will serve up to five families at one time, then you would enter ‘5’ into the *Total Number of Households* and provide estimates about the numbers of persons in those households, number of adults and children, number with disabilities, etc.

Cells in dark gray are not applicable and should not be filled in.

**Definitions and Instructions**

* **Households with at least One Adult and One Child:** Enter the total number of households with at least one adult and one child. To fall under this column and household type, there **must be at least one** person at or above the age of 18, and **at least one** person under the age of 18.
* **Adult Households without Children:** Enter the total number of adult households without children. To fall under this column and household type, there **must be at least one** person at or above the age of 18, and **no** persons under the age of 18.
* **Households with Only Children:** Enter the total number of households with only children. To fall under this column and household type, there **may not be any** persons at or above the age of 18, and **only** persons under the age of 18.
* **Persons in Households with at least One Adult and One Child:** Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there **must be at least one** person at or above the age of 18, and **at least one** person under the age of 18.
* **Adult Persons in Households without Children:** Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there **must be at least one** person at or above the age of 18, and **no** persons under the age of 18.
* **Persons in Households with Only Children:** Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there **may not be any** persons at or above the age of 18, and **only** persons under the age of 18.
1. **Total Number of Households**

Indicate the total number of each type of household to be served at a point-in-time for the project, and the total persons of the various characteristics in those households.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Households** | **Households with at Least One Adult and One Child** | **Adult Households without Children** | **Households with Only Children** | **Total** |
| Total Number of Households |       |       |       |       |
| **Characteristics** | **Households with at Least One Adult and One Child** | **Adult Households without Children** | **Households with Only Children** | **Total** |
| Disabled Adults Over Age 24 |       |       |  |       |
| Non-disabled Adults Over Age 24 |       |       |  |       |
| Disabled Adults Ages 18-24 |       |       |  |       |
| Non-disabled Adults Ages 18-24 |       |       |  |       |
| Accompanied Disabled Children Under age 18 |       |  |       |       |
| Accompanied Non-disabled Children Under age 18 |       |  |       |       |
| Unaccompanied Disabled Children Under age 18 |  |  |       |       |
| Unaccompanied Non-disabled Children Under age 18 |  |  |       |       |
| **Total Number of Adults Over Age 24** |       |       |  |       |
| **Total Number of Adults Ages 18-24** |       |       |  |       |
| **Total Number of Children Under Age 18** |       |  |       |       |
| **Total Persons** |       |       |       |       |

1. **Sub-populations**

Complete each of the following charts according to their respective household types. The first chart should include only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

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

Only complete charts applicable to the households you are proposing to serve. For example, if your project will only serve chronically homeless singles, then only complete the second chart for persons in households without children. You will not complete the first and third charts.

Persons can fall into multiple subpopulations. The total persons in each subpopulation doesn’t necessarily need to match the total persons you reported in #28.

**Definitions and Instructions**

* **Chronically Homeless Non-Veterans:** Enter the total number of persons who meet the HUD

definition of chronically homeless but who are not veterans.

* **Chronically Homeless Veterans:** Enter the total number of persons who meet the HUD definition

of chronically homeless and who are veterans

* **Non-Chronically Homeless Veterans:** Enter the total number of persons who are veterans but

who do not meet the HUD definition of chronically homeless.

* **Chronic Substance Abuse:** Enter the total number of persons who meet the definition for chronic

substance abuse.

* **Persons with HIV/AIDS:** Enter the total number of persons with HIV/AIDS
* **Severely Mentally Ill:** Enter the total number of persons who meet the definition of severely

mentally ill.

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

violence.

In the "Total Persons" cells indicate the total number of each subpopulation.

Cells in dark gray are not applicable and should not be filled in.

**Persons in Households with at Least One Adult and One Child**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Characteristics** | **Chronically Homeless Non-Veterans** | **Chronically Homeless Veterans** | **Non-Chronically Homeless Veterans** | **Chronic Substance Abusers** | **Persons with HIV/AIDS** | **Severely Mentally Ill** | **Victims of Domestic Violence** |
| Disabled Adults Over Age 24 |  |  |  |  |  |  |  |
| Non-disabled Adults Over Age 24 |  |  |  |  |  |  |  |
| Disabled Adults Ages 18-24 |  |  |  |  |  |  |  |
| Non-disabled Adults Ages 18-24 |  |  |  |  |  |  |  |
| Disabled Children Under age 18 |  |  |  |  |  |  |  |
| Non-disabled Children Under Age 18 |  |  |  |  |  |  |  |
| **Total Persons** |  |  |  |  |  |  |  |

**Persons in Households Without Children**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Characteristics** | **Chronically Homeless Non-Veterans** | **Chronically Homeless Veterans** | **Non-Chronically Homeless Veterans** | **Chronic Substance Abusers** | **Persons with HIV/AIDS** | **Severely Mentally Ill** | **Victims of Domestic Violence** |
| Disabled Adults Over Age 24 |  |  |  |  |  |  |  |
| Non-disabled Adults Over Age 24 |  |  |  |  |  |  |  |
| Disabled Adults Ages 18-24 |  |  |  |  |  |  |  |
| Non-disabled Adults Ages 18-24 |  |  |  |  |  |  |  |
| **Total Persons** |  |  |  |  |  |  |  |

**EDUCATIONAL POLICIES**

1. **For projects serving families, does the applicant have policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness?**
2. **For projects serving families, does the applicant/sub-recipient have policies to ensure that families with children are aware of their educational rights under McKinney-Vento and enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C or the Individuals with Disabilities Education Act, and McKinney-Vento education services?**

*Information on the regulations concerning the Education for Homeless Children and Youth Program, Title VII-B of the McKinney-Vento Homeless Assistance Act may be found at:*

* *U.S. Dept. of Education Guidance: Education for Homeless Children and Youth Program -* [*http://www2.ed.gov/programs/homeless/guidance.pdf*](http://www2.ed.gov/programs/homeless/guidance.pdf)
* *U.S. Dept. of Education Guidance on Special Education and Homelessness -* [*http://www2.ed.gov/policy/speced/guid/spec-ed-homelessness-q-a.pdf*](http://www2.ed.gov/policy/speced/guid/spec-ed-homelessness-q-a.pdf)
* *U.S. Dept. of Education Guidance on McKinney-Vento Homeless Children and Youth Program Funds Made Available Under the American Recovery and Reinvestment Act of 2009 -* [*http://www2.ed.gov/policy/gen/leg/recovery/guidance/homeless.pdf*](http://www2.ed.gov/policy/gen/leg/recovery/guidance/homeless.pdf)
* *U.S. Dept. of Education Enrollment Guidelines -* [*http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=2002\_register&docid=02-5737-filed.pdf*](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=2002_register&docid=02-5737-filed.pdf)
* *Ohio Department of Education McKinney-Vento Resources for Awareness -* [*http://education.ohio.gov/GD/Templates/Pages/ODE/ODEDetail.aspx?page=3&TopicRelationID=1424&ContentID=4934&Content=91897*](http://education.ohio.gov/GD/Templates/Pages/ODE/ODEDetail.aspx?page=3&TopicRelationID=1424&ContentID=4934&Content=91897)

 **Project Budgets**

RRH projects may request funding for Rental Assistance, Supportive Services, and administrative costs only. Refer to the CoC Program interim rule for details about eligible costs: : <https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>

**Project grant term:**

1. **Rental Assistance Budget**

The rent requested for each unit size must not exceed the published Fair Market Rent (FMR) for the project area. The most recent FMRs are available online at: <http://www.huduser.org/datasets/fmr.html>.

 **\* Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area:**

Provide relevant rental assistance request information for all units you seek to have in this new project – Enter the number of units for each size requested. Enter the appropriate FMR for each size of unit requested (use the link above). Enter the total number of months for which you are requesting rental assistance (should be 12 months). Multiply the number of units by FMR by number of months for each unit size to get the total request. Copy and paste this table to add additional FMR areas if serving more than one metro or non-metro area.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Size of Units** | **Number of Units** |  | **FMR**  |  | **Number****of Months** | **Total** |
| SRO |       | **X** |       | **X** | 12 |       |
| 0 Bedroom |       | **X** |       | **X** | 12 |       |
| 1 Bedroom |       | **X** |       | **X** | 12 |       |
| 2 Bedroom |       | **X** |       | **X** | 12 |       |
| 3 Bedroom |       | **X** |       | **X** | 12 |       |
| 4 Bedroom |       | **X** |       | **X** | 12 |       |
| 5 Bedroom |       | **X** |       | **X** | 12 |       |
| 6 Bedroom |       | **X** |       | **X** | 12 |       |
| **Total** |       |  |       |

1. **Supportive Services Budget**

Enter the quantity and total dollar amount of 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. Refer to the CoC Program interim rule for details about eligible costs: <https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>.

Complete the following budget fields detailing how funds will be used to provide supportive services to project participants. Be sure to calculate the totals. *Quantity descriptions should be detailed. Example: CM 1FTE $30,000 salary/year + $7,800 fringes & benefits/year = $37,800 or child care for 15 children x $50 week x 52 weeks/year = $39,000*

|  |  |  |  |
| --- | --- | --- | --- |
| **Supportive Services**  | **Quantity**(limit 200 characters) | **Request****Year 1** | **Total** |
| 1. Assessment of Service Needs |       |       |       |
| 2. Assistance with Moving Costs |       |       |       |
| 3. Case Management |       |       |       |
| 4. Child Care |       |       |       |
| 5. Education Services |       |       |       |
| 6. Employment Assistance |       |       |       |
| 7. Food |       |       |       |
| 8. Housing/Counseling Services |       |       |       |
| 9. Legal Services |       |       |       |
| 10. Life Skills |       |       |       |
| 11. Mental Health Services |       |       |       |
| 12. Outpatient Services |       |       |       |
| 13. Outreach Services |       |       |       |
| 14. Substance Abuse Treatment Services |       |       |       |
| 15. Transportation |       |       |       |
| 16. Utility Deposits |       |       |       |
| **17. Total funds requested** |  |       |       |
|  |       |       |

1. **Match**

Identify sources and amounts of match. If you are current Homeless Crisis Response (HCRP) grantee or partner agency administering RRH assistance, identify the amount of HCRP funding you will use as, as well as other sources of match identified.

The CoC Program requires 25% match – cash or in-kind – for all CoC Program funds requested.

1. **Summary Budget**

In the table below provide summary information about the total funding request and the cash/in-kind match for the total term of the project for each completed budget. Enter the appropriate amount of administrative costs for the project – no more than 10% of the CoC Program funds request (line #3).

|  |  |  |  |
| --- | --- | --- | --- |
| **Activities** | **Funds** **Requested** | **Cash or In-kind Match** | **Total** |
| 1. Rental Assistance |       |       |       |
| 2. Supportive Services |       |       |       |
| *3. Total Request (subtotal lines 1-2)* |       |  |       |
| 4. Administrative Costs(Up to 10% of line 3) |       |  |       |
| **Total Request****(Total lines 3 & 4)** |       |  |