

Before Starting the Project Application

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

Things to Remember

- Download and review the detailed instructions within the document on the left menu of this application. Resources are also available online at www.hudhre.info/esnaps, to help successfully complete the application.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD through the HUD HRE Virtual Help Desk, which is accessible online at www.hudhre.info/helpdesk.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number, and an active registration in the Central Contractor Registration (CCR), in order to apply for funding under the CoC competition. For more information see the FY2011 CoC NOFA.
- To ensure that applications are considered for funding, all sections of the FY2011 CoC NOFA and the FY2011 General Section should be read carefully, and all requirements and criteria met.
- All applicants, new and returning, must complete the applicant profile in e-snaps for FY2011 before submitting the Exhibit 2 application.
- Renewal applications - carefully review and update application, if it includes data from the FY2010 application. Questions may have been changed, removed, or added, and the imported information may or may not be relevant.
- For S+C projects requesting renewal funding, the number of units requested for each unit size in the project must be consistent with the number of units indicated on the CoC's FY2011 S+C Grant Inventory Worksheet, as approved by HUD.
- For SHP projects requesting renewal funding, the total budget request must be consistent with the annual renewal amount (ARA) listed on the CoC's FY2011 SHP Grant Inventory Worksheet. If the ARA is reduced or eliminated through the CoC's HHN reallocation process, the budget request must be reflected accordingly.
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to the program and application requirements.

1A. Application Type

Instructions:

1. Type of Submission - This field is populated the Application option, and cannot be changed.
2. Type of Application: (required) - Select 'New Project' or 'Renewal Project' to indicate whether the project is eligible for new or renewal funds during the current competition. Renewal project applications are defined as those HUD McKinney-Vento grants that have received funding in a previous competition and are eligible to renew during the current competition. All other applications are defined as new projects.
3. Date Received - No action needed. This field is automatically populated with the date on which the application is submitted. The date populated cannot be edited.
4. Applicant Identifier - Leave this field blank.
- 5a. Federal Entity Identifier - Leave this field blank.
- 5b. Federal Award Identifier: (required) - This field may populate with the grant number for the 2010 project that is imported. This field will be blank for any first time renewal application. The correct expiring grant number must be entered. Leave the field blank for all new funding applications.
6. Date Received by State - Leave this field blank.
7. State Application Identifier - Leave this field blank.

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

1. Type of Submission:

2. Type of Application: New Project

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 10/28/2011

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier

(e.g., expiring grant number)

6. Date Received by State:

7. State Application Identifier:

1B. Legal Applicant

Instructions:

8. Applicant Information - The applicant information populated on this form comes from the Applicant Profile, and must reflect the information for the applicant organization that can legal request homeless assistance funding from HUD.

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

b. Employer/Taxpayer Number (EIN/TIN) - The EIN/TIN for the applicant organization is populated on this form from the Applicant Profile.

c. Organizational DUNS - The DUNS number for the applicant organization is populated on this form from the Applicant Profile. Information on obtaining a DUNS number may be obtained online at - <http://www.dnb.com>.

d. Address - The physical address of the applicant organization is populated on this form from the Applicant Profile.

e. Organizational Unit - If applicable, the department and division of the applicant organization is populated on this form from the Applicant Profile.

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

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

8. Applicant

a. Legal Name: Harrisonburg Redevelopment and Housing Authority

b. Employer/Taxpayer Identification Number (EIN/TIN): 54-0625939

	c. Organizational DUNS:	085117927	PL US 4	0000
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d. Address

Street 1: 286 Kelley Street

Street 2: N/A

City: Harrisonburg

County: Rockingham

State: Virginia
Country: United States
Zip / Postal Code: 22802

e. Organizational Unit (optional)

Department Name: N/A
Division Name: N/A

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

Prefix: Ms.
First Name: June
Middle Name: M.
Last Name: Nabers
Suffix:
Title: Community Development/Grant Coordinator
Organizational Affiliation: Harrisonburg Redevelopment and Housing Authority
Telephone Number: (540) 434-7386
Extension: 232
Fax Number: (540) 432-1113
Email: jnabers@harrisonburgrha.com

1C. Application Details

Instructions:

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

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

11. Catalog Of Federal Domestic Assistance Number/Title: (required) - select the applicable program type - SHP, S+C, or SRO. The selection will automatically populate the CFDA number field on this form, and will drive the list of components available on form 3A. Project Detail of this application.

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

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

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

9. Type of Applicant: L. Public/Indian Housing Authority

If "Other" please specify: N/A

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

11. Catalog of Federal Domestic Assistance SHP
Title:

CFDA Number: 14.235

12. Funding Opportunity Number: FR-5500-N-34

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. Congressional District(s)

Instructions:

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

15. Descriptive Title of Applicant's Project: field populates the 2011 project name from the Project form. Return to the Project form, to make changes to the name.

16. Congressional District(s):

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

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

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

18. Estimated Funding: Leave these fields blank.

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

14. Area(s) affected by the project (state(s) only): Virginia
(for multiple selections hold CTRL+Key)

15. Descriptive Title of Applicant's Project: Harrisonburg/Rockingham County Homelessness Intervention Services Project

16. Congressional District(s):

a. Applicant: VA-006

b. Project: VA-006

(for multiple selections hold CTRL+Key)

17. Proposed Project

a. Start Date: 03/01/2012

b. End Date: 02/28/2013

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. TOTAL:

1E. Compliance

Instructions:

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

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

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

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

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

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

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

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

If "YES," provide an explanation:

1F. Declaration

Instructions:

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

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

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

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

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

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Michael

Middle Name: G.

Last Name: Wong

Suffix:

Title: Executive Director

Telephone Number: (540) 434-7386
(Format: 123-456-7890)

Fax Number: (540) 432-1113
(Format: 123-456-7890)

Applicant: Harrisonburg/Rockingham County 2011 CoC

540625939

Project: Harrisonburg/Rockingham County Homelessness Intervention Services
Project



050627

Email: wongway@harrisonburgrha.com

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

Date Signed: 10/28/2011

2A. Project Sponsor(s)

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

Organization	Type
Harrisonburg Redevelopment and Housing Authority	L. Public/Indian Housing Authority

2A. Project Sponsor Detail

Instructions

1. Sponsor contact information for the each project sponsor.

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

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

If Other, please specify: Enter the other type of business organization of the project sponsor.

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

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

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

f. Congressional District(s): (required) - select the congressional district(s) in which the sponsor is located.

g. Faith Based Organization: (required) - select Yes or No if the sponsor is a faith based organization.

h. Prior Federal Grant Recipient: (required) - select Yes or No to indicate if the sponsor organization has ever received a federal grant.

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

Additional Resources:
Application Detailed Instructions (on left menu)

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

a. Organization Name Harrisonburg Redevelopment and Housing Authority

b. Organization Type L. Public/Indian Housing Authority

If "Other" specify:

c. Employer or Tax Identification Number: 54-0625939

	d. Organizational DUNS:	085117927	PL US 4	
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e. Address

Street 1 286 Kelley Street

Street 2

City Harrisonburg

State Virginia

Zip Code 22802

f. Congressional district(s) VA-006

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

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

i. Contact Person

Prefix Mr.

First Name Michael

Middle Name G.

Last Name Wong

Suffix

Title Executive Director

E-mail Address wongway@harrisonburgrha.com

Confirm E-mail Address wongway@harrisonburgrha.com

Phone Number 540-434-7386

Extension 227

Fax Number 540-432-1113

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

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

Instructions:

The specific narratives that must be provided will vary based on the project type, program type, and component type.

Knowledge and experience : (required) - Describe why the applicant, sponsor, and partner organizations (i.e., developers, key contractors, and subcontractors, service providers) are the appropriate entities to receive funding by documenting their experience and expertise in: 1) working with the target population(s); 2) developing and implementing appropriate systems, services, and residential property construction and rehabilitation, if applicable; and 3) addressing the target population's identified housing and supportive services needs. Include in the description any previous work of a similar nature and for the proposed project population.

Unresolved monitoring or audit findings on HUD McKinney-Vento Act grants, excluding ESG : (required) - select Yes or No to indicate whether or not the sponsor has open OIG audit findings; poor or non-compliance with applicable Civil Rights Laws and/or Executive Orders; or open McKinney-Vento related monitoring findings. The question is related to those projects for which the sponsor organization is either a direct grantee or a sponsor.

Additional Resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

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

1. Describe the experience of the applicant, sponsor, and partners, as it relates to working with homeless persons and the project's target population.

Harrisonburg Redevelopment and Housing Authority (HRHA) is the lead agency for the Harrisonburg/Rockingham County CoC. HRHA's Executive Director, Michael G. Wong, sits on the boards of the Harrisonburg and Rockingham Thermal Shelter (HARTS) and the Community Resource Center (CRC). HRHA coordinates and implements the annual Point in Time Count and is the System Administrator for the HMIS. The Community Resource Center, a partner in this project proposal, is an active agency in the HMIS and has expertise in intake interviews and providing information and referrals to homeless persons. The three shelters in Harrisonburg, Mercy House (ES, TH), HARTS (Seasonal ES) and Salvation Army (ES) are also in the HMIS Users Group and experienced partners in this proposal.

2. Describe the experience of the applicant, sponsor, and partners, as it relates to timely construction or rehabilitation (if applicable).

N/A

3. Describe the experience of the applicant, sponsor, and partners, as it relates to leasing units, administering rental assistance, providing supportive services, and implementing a HMIS, as applicable to the proposed project.

HRHA is the System Administrator for the CoC's HMIS. It has partnered with a number of CoC member agencies, such as the Harrisonburg Rockingham Department of Social Services (HRDSS), Community Services Board (CSB) and Valley Associates for Independent Living (VAIL) on successful grant applications including FUP and NED HCVs. CoC agencies appropriate to support this project include: Rockingham Memorial Hospital, Harrisonburg and Rockingham Thermal Shelter, Salvation Army, First Step: A Response to Domestic Violence, Department of Social Services, Community Services Board, Refugee Resettlement, People Helping People, Blue Ridge Legal Services, Harrisonburg Community Health Center, the Health Department, Valley Aids Network, Healthcare for the Homeless Suitcase Clinics, local jails, Veterans Administration, and the faith-based community.

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

(If yes, click on the "Save" button below to explain findings)

3A. Project Detail

Instructions:

Complete all fields on this form, as appropriate. Revise any information populated from the FY2010 application, to ensure accuracy and completeness of the information submitted in this year's application. The selections made on this form will determine the remaining forms that must be completed with this application.

1. Expiring Grant Number: field populates with the expiring grant number entered as the "Federal Award Identifier" on form 1A. Application Type of this application.
2. CoC Number and Name: (required) - select the appropriate Continuum of Care (CoC) number and name. The selected CoC will receive the application and determine whether or not to include it with the CoC application submission to HUD.
3. Project Name: field populates the 2011 project name from the Project form. Return to the Project form, to make changes to the name.
4. Project Type: field populates the project type (new or renewal), as selected on form 1A. Application Type of this application.
5. Program Type: field populates the program type -- Supportive Housing Program (SHP), Shelter Plus Care (S+C), or Section 8 Moderate Rehabilitation for Single Room Occupancy (SRO), as selected on form 1C. Application Details of this application.
6. Component Type: (required) - select the one component that appropriately identifies the project. The list of available components will depend on the program type selected.
7. Energy star: (required) - select Yes or No to indicate whether or not energy star is being (or will be) used at one or more of the properties that will receive assistance using the requested funds.
8. Title V: (required) - select Yes or No to indicate whether or not one or more of the project properties has been conveyed under Title V.
9. Services in connection with another TH or PH project: select Yes or No to indicate whether or not the project is providing (or will provide) supportive services to participants in another permanent housing or transitional housing project.
10. Innovative SHP: (required) - select Yes or No to indicate whether or not the proposed project is to be considered under the Innovative Supportive Housing component. If yes, indicate in the project description (on form 2B of this application) how the project represents a distinctively different approach when viewed within its geographic area, is a sensible model for others, and can be replicated elsewhere. An applicant should not propose a project under this component unless a compelling case is made that these criteria can be met.

Additional resources:
Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

1. Expiring Grant Number

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

2. CoC Number and Name VA-518 - Harrisburg/ Rockingham County CoC

3. Project Name Harrisonburg/Rockingham County Homelessness Intervention Services Project

4. Project Type New Project

5. Program Type SHP
Content depends on "CFDA Number" selection

6. Component Type SSO
Content depends on "Program Type" selection

7. Is Energy Star used at one or more of the properties within this project? Yes

8. Does this project include one or more Title V properties? No

9. Is the project providing services to participants in another PH or TH project? No

10. Is the proposed project submitted for consideration under the Innovative Supportive Housing component? No

3B. Project Description

Instructions:

Complete all fields on this form, as appropriate. Revise any information populated from the FY2010 application, to ensure accuracy and completeness of the information submitted in this year's application.

ALL PROJECTS

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

RENEWAL SHP PROJECTS ONLY

2. Was the original project awarded funding for acquisition, new construction, or rehabilitation? (required) - select Yes or No to indicate whether or not the project previously received SHP funds under the CoC competition for acquisition, new construction, or rehabilitation.

NEW PROJECTS ONLY

2. Description of rehabilitation, acquisition, and new construction activities: (required) - describe the proposed rehabilitation and new construction activities for the project site(s). The description must detail the entire scope of the development activities, including the portion of activities funded and not funded through this application. If persons currently occupy building(s) to be rehabilitated, describe the planned relocation effort for these persons. Also describe the role of the applicant, sponsor, and other project partners, and the estimated timeframe for completing development.

NEW SHP-HMIS ONLY

2. HMIS Need: (required) - Describe how needs assessment, resource allocation and service coordination will be improved through the new or expanded HMIS project.
3. State/Federal Funding Overlap: (required) - Demonstrate that HUD funds for this project will not replace state or local government funds.

NEW SHP-TH PROJECTS ONLY

3. Maximum length of stay: (required) - indicate the maximum allowable length of occupancy for persons participating in the project.

NEW SHP-PH ONLY

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

NEW S+C-TRA ONLY

3. Housing selection: (required) - select Yes or No to indicate whether or not participants are 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.

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

1. Provide a description of the project that addresses its entire scope, including the needs of the community/target population.

A major objective of the multi-jurisdictional, Harrisonburg City/Rockingham County, Ten Year Plan (TYP) to End Homelessness (adopted in 2010) is the implementation of services which prevent homelessness. The TYP's Prevention Task Force has been charged with the responsibility of establishing a two-prong approach to providing homelessness intervention supportive services to end homelessness in the region. The two initiatives included in this project proposal include: 1) A homeless prevention pilot project in cooperation with the Harrisonburg City and Rockingham County schools and 2) the design and implementation of a centralized intake system in cooperation with the Community Resource Center (a current HMIS user agency).

(1) The mission of the Homelessness Intervention Services Project (HISP) is to use best practices to provide supportive services and financial assistance to move homeless or at-risk families with school-age children to adequate stable housing and improve self-sufficiency skills at the time of program exit. The program will consist of the following components: 1) crisis intervention, 2) direct services, training, and education, 3) case management, and 4) follow-up, assessment and data collection (including use of CoC's HMIS).

Initial data indicates that, in the 2010-2011 school year, there were 33 homeless families comprised of 75 children in Harrisonburg City schools. Rockingham County schools reported there were 37 homeless families with 54 children in its system. Some, but not all, of these families were housed in City emergency and transitional shelters. There are no shelters in Rockingham County. However, the nature of this community is that families double-up with family and friends before turning to the shelters.

(2) The goal of having a centralized intake process will be to: 1) provide an accessible, efficient and coordinated means for persons to obtain assistance related to their housing needs 2) provide financial and supportive services assistance to at-risk households and 3) facilitate the rapid re-housing of homeless households.

The targeted population to be served in Harrisonburg City and Rockingham County includes, but is not limited to, military veterans, refugees, persons with substance abuse, behavioral or mental health concerns, persons discharged from public institutions including correctional facilities. The supportive services proposed would be up-to-date information on services available, completion of an assessment tool at intake to gather information about housing service needs, provide an appropriate "menu" of supportive services to be accessed and entering/updating HMIS data on clients. Referrals to recommended services and some case management will also be included in the Centralized Intake System.

2. Describe the rehabilitation proposed for the property and the responsibilities that the applicant and other project partners will have in operating and maintaining the property.

N/A

3C. Project Expansion Information

Instructions:

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

Expanding an existing housing facility or supportive service: (required) - select Yes or No to indicate whether or not the proposed project establishes new services for existing project, or increases the capacity of HMIS activities, or increases the number of people served by funding additional units at new site(s) or at existing site(s) not currently within the scope of the existing project. If Yes, provide a description of the specific expansion activities.

- One or more of the following five(5) activities may constitute an expansion project:
- Bring existing facilities up to state or local government health and safety standards
 - Replace the loss of nonrenewable funding
 - Increase HMIS capacity and/or functionality
 - Increase the number of homeless persons served
 - Provide additional supportive services to homeless persons

Additional resources:
 Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info/training>
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>
www.hud.gov/offices/cpd/about/staff/fodirectors

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? No

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

4A. Supportive Services for Participants

Instructions:

The information entered into the form fields below should record the capacity of the project to provide supportive services or access to services that participants require.

1. Project policies and practices are consistent with the educational laws: (required) - select Yes or No to indicate whether or not the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with educational laws, including the McKinney-Vento Act.

2. Designated staff person to ensure that the children in the project are enrolled in school and receive educational services, as appropriate: (required) - select Yes or No to indicate whether or not the project has a designated staff person responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services.

3. Describe the reason(s) for non-compliance with educational laws, and the corrective action to be taken prior to grant agreement execution, if 'No' has been selected for either questions 1 or 2.

NEW PROJECTS ONLY

4. Obtain and remain in permanent housing: (required) - describe the supportive services that will be provided to help project participants locate and stabilize in permanent housing, access mainstream resources, and/or obtain employment.

5. Maximizing employment, income, and independent living: (required) - describe the supportive services that will be provided to help project participants locate employment and access mainstream resources for independent living.

6. Specify the frequency of supportive services to be provided to project participants: (required) - select the frequency (daily, weekly, bi-weekly, monthly, bi-monthly, quarterly, does not apply) of each basic supportive service provided to participants. Basic supportive services include: outreach, case management, life skills, job training, alcohol and drug abuse services, mental health and counseling, HIV/AIDS services, health/home health services, education and instruction, employment services, child care, and transportation.

Specify Other(s): (optional) - enter up to 3 additional supportive services applicable to the proposed project, and enter the frequency of those additional services.

7. Accessibility of community amenities: (required) - select the level of accessibility of basic community amenities for project participants. Basic community amenities should be accessible to participants via walking, public transportation, driving, or transportation provided by the project.

Additional resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

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

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

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

3. Describe the reason(s) for non-compliance with educational laws, and the corrective action to be taken prior to grant agreement execution.

N/A

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

The proposal includes one housing specialist to provide varying levels of case management and establish/administer an assessment tool to evaluate the following stability barriers: housing, transportation, child care, referrals, and appropriate access to other services provided by Community Providers and the Department of Social Services. An Agreement of Personal Responsibility between the family and service agency will create a goal-driven "family service plan" tied to periodic review and deadlines. This project is based on competency of the family and intervention services will decrease in intensity over a maximum 6 month period or \$3,000 assistance amount. The school initiative will focus on the reduction of the number of homeless school-aged children, some of whom are in chronically homeless families. Based on the assessment, the focus will be on that sector of the homeless population which has the capacity to become employed and end the cycle of homelessness.

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

Family Service Plan will address needs and case management staff will design specific activities to increase employment opportunities and training. Case manager will have financial resources to assist family to increase their employability skills and maximize their independent living capacity. Life skills training is tied to the Family Service Plan.

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

Supportive Services	Select frequency
Outreach	Daily
Case Management	Weekly
Life Skills	Weekly
Job Training	
Alcohol and Drug Abuse Services	
Mental Health and Counseling	
HIV/AIDS Services	
Health/Home Health Services	
Education and Instruction	

Employment Services
Child Care
Transportation
Other (Specify Below)
Information/Referral Services
Other (Specify Below)
Other (Specify Below)

Daily

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

4B. Supportive Services Only

1. Is this project a street outreach project? Yes
Click 'Save' to specify performance
measures.

4C. Project Location(s)

The list summarizes the location of each site in the project. To add a location, select the  icon. To view or update a location already listed, select the view  option.

Location Name	Ownership	Street Address 1	Street Address 2	City	State	Zip
Community Resourc...	Lease	281 E. Market Street	--	Harrisonburg	Virginia	22801
Mercy House	Own	247 N. High Street	--	Harrisonburg	Virginia	22802
Harrisonburg and ...	Lease	176 W. Market Street	--	Harrisonburg	Virginia	22801
Our Community Place	Own	17 E. Johnston St...	--	Harrisonburg	Virginia	22802
Salvation Army Sh...	Own	895 Jefferson Street	--	Harrisonburg	Virginia	22802
Elkton Area Unite...	Lease	218 W. Spotswood ...	--	Elkton	Virginia	22827
Harrisonburg Rede...	Own	286 Kelley Street	--	Harrisonburg	Virginia	22802

4c. Project Location Detail

Instructions:

Location Name: (required) - identify the name of the location to be supported using requested funds. For new projects, indicate if the expected location of the site. If the location is unknown at the time of application, use this field to indicate such.

Project Ownership: (required) - select Own or Lease to indicate whether or not the location is owned or leased by the applicant, sponsor, or a parent organization. For new projects, indicate the expected ownership status of the site. SHP projects are statutorily prohibited from using leasing funds as payment for units or structures owned by the applicant, project sponsor, or a parent organization of either entity.

Location Address: (required) - enter the proposed Street Address, City, State, and Zip Code of the proposed property. For new projects, indicate the expected project location, or if the location is unknown, indicate such. However, for SRA projects, the address of each project location is required at the time application. Locations that serve domestic violence victims covered under the VAWA may indicate an administrative office or P.O. Box address.

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

Identify the ownership and location of each site that is (or will be) supported using requested funds.

Location Name Community Resource Center
Property Ownership Lease
Street Address 1 281 E. Market Street
Street Address 2
City Harrisonburg
State Virginia
Zip Code 22801
Format: (12345 or 12345-1234)

4c. Project Location Detail

Instructions:

Location Name: (required) - identify the name of the location to be supported using requested funds. For new projects, indicate if the expected location of the site. If the location is unknown at the time of application, use this field to indicate such.

Project Ownership: (required) - select Own or Lease to indicate whether or not the location is owned or leased by the applicant, sponsor, or a parent organization. For new projects, indicate the expected ownership status of the site. SHP projects are statutorily prohibited from using leasing funds as payment for units or structures owned by the applicant, project sponsor, or a parent organization of either entity.

Location Address: (required) - enter the proposed Street Address, City, State, and Zip Code of the proposed property. For new projects, indicate the expected project location, or if the location is unknown, indicate such. However, for SRA projects, the address of each project location is required at the time application. Locations that serve domestic violence victims covered under the VAWA may indicate an administrative office or P.O. Box address.

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

Identify the ownership and location of each site that is (or will be) supported using requested funds.

Location Name	Mercy House
Property Ownership	Own
Street Address 1	247 N. High Street
Street Address 2	
City	Harrisonburg
State	Virginia
Zip Code	22802
Format: (12345 or 12345-1234)	

4c. Project Location Detail

Instructions:

Location Name: (required) - identify the name of the location to be supported using requested funds. For new projects, indicate if the expected location of the site. If the location is unknown at the time of application, use this field to indicate such.

Project Ownership: (required) - select Own or Lease to indicate whether or not the location is owned or leased by the applicant, sponsor, or a parent organization. For new projects, indicate the expected ownership status of the site. SHP projects are statutorily prohibited from using leasing funds as payment for units or structures owned by the applicant, project sponsor, or a parent organization of either entity.

Location Address: (required) - enter the proposed Street Address, City, State, and Zip Code of the proposed property. For new projects, indicate the expected project location, or if the location is unknown, indicate such. However, for SRA projects, the address of each project location is required at the time application. Locations that serve domestic violence victims covered under the VAWA may indicate an administrative office or P.O. Box address.

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

Identify the ownership and location of each site that is (or will be) supported using requested funds.

Location Name	Harrisonburg and Rockingham Thermal Shelter, Inc.
Property Ownership	Lease
Street Address 1	176 W. Market Street
Street Address 2	
City	Harrisonburg
State	Virginia
Zip Code	22801
Format: (12345 or 12345-1234)	

4c. Project Location Detail

Instructions:

Location Name: (required) - identify the name of the location to be supported using requested funds. For new projects, indicate if the expected location of the site. If the location is unknown at the time of application, use this field to indicate such.

Project Ownership: (required) - select Own or Lease to indicate whether or not the location is owned or leased by the applicant, sponsor, or a parent organization. For new projects, indicate the expected ownership status of the site. SHP projects are statutorily prohibited from using leasing funds as payment for units or structures owned by the applicant, project sponsor, or a parent organization of either entity.

Location Address: (required) - enter the proposed Street Address, City, State, and Zip Code of the proposed property. For new projects, indicate the expected project location, or if the location is unknown, indicate such. However, for SRA projects, the address of each project location is required at the time application. Locations that serve domestic violence victims covered under the VAWA may indicate an administrative office or P.O. Box address.

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

Identify the ownership and location of each site that is (or will be) supported using requested funds.

Location Name	Our Community Place
Property Ownership	Own
Street Address 1	17 E. Johnston Street
Street Address 2	
City	Harrisonburg
State	Virginia
Zip Code	22802
Format: (12345 or 12345-1234)	

4c. Project Location Detail

Instructions:

Location Name: (required) - identify the name of the location to be supported using requested funds. For new projects, indicate if the expected location of the site. If the location is unknown at the time of application, use this field to indicate such.

Project Ownership: (required) - select Own or Lease to indicate whether or not the location is owned or leased by the applicant, sponsor, or a parent organization. For new projects, indicate the expected ownership status of the site. SHP projects are statutorily prohibited from using leasing funds as payment for units or structures owned by the applicant, project sponsor, or a parent organization of either entity.

Location Address: (required) - enter the proposed Street Address, City, State, and Zip Code of the proposed property. For new projects, indicate the expected project location, or if the location is unknown, indicate such. However, for SRA projects, the address of each project location is required at the time application. Locations that serve domestic violence victims covered under the VAWA may indicate an administrative office or P.O. Box address.

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

Identify the ownership and location of each site that is (or will be) supported using requested funds.

Location Name	Salvation Army Shelter
Property Ownership	Own
Street Address 1	895 Jefferson Street
Street Address 2	
City	Harrisonburg
State	Virginia
Zip Code	22802
Format: (12345 or 12345-1234)	

4c. Project Location Detail

Instructions:

Location Name: (required) - identify the name of the location to be supported using requested funds. For new projects, indicate if the expected location of the site. If the location is unknown at the time of application, use this field to indicate such.

Project Ownership: (required) - select Own or Lease to indicate whether or not the location is owned or leased by the applicant, sponsor, or a parent organization. For new projects, indicate the expected ownership status of the site. SHP projects are statutorily prohibited from using leasing funds as payment for units or structures owned by the applicant, project sponsor, or a parent organization of either entity.

Location Address: (required) - enter the proposed Street Address, City, State, and Zip Code of the proposed property. For new projects, indicate the expected project location, or if the location is unknown, indicate such. However, for SRA projects, the address of each project location is required at the time application. Locations that serve domestic violence victims covered under the VAWA may indicate an administrative office or P.O. Box address.

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

Identify the ownership and location of each site that is (or will be) supported using requested funds.

Location Name	Elkton Area United Services
Property Ownership	Lease
Street Address 1	218 W. Spotswood Trail
Street Address 2	
City	Elkton
State	Virginia
Zip Code	22827
Format: (12345 or 12345-1234)	

4c. Project Location Detail

Instructions:

Location Name: (required) - identify the name of the location to be supported using requested funds. For new projects, indicate if the expected location of the site. If the location is unknown at the time of application, use this field to indicate such.

Project Ownership: (required) - select Own or Lease to indicate whether or not the location is owned or leased by the applicant, sponsor, or a parent organization. For new projects, indicate the expected ownership status of the site. SHP projects are statutorily prohibited from using leasing funds as payment for units or structures owned by the applicant, project sponsor, or a parent organization of either entity.

Location Address: (required) - enter the proposed Street Address, City, State, and Zip Code of the proposed property. For new projects, indicate the expected project location, or if the location is unknown, indicate such. However, for SRA projects, the address of each project location is required at the time application. Locations that serve domestic violence victims covered under the VAWA may indicate an administrative office or P.O. Box address.

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

Identify the ownership and location of each site that is (or will be) supported using requested funds.

Location Name	Harrisonburg Redevelopment and Housing Authority
Property Ownership	Own
Street Address 1	286 Kelley Street
Street Address 2	
City	Harrisonburg
State	Virginia
Zip Code	22802
Format: (12345 or 12345-1234)	

5A. Project Participants - Households with Dependent Children

Instructions:

Identify the demographics of each household with children served (or proposed to be served), at a particular point in time (when the project is at full capacity). The numbers entered here must reflect only those households and persons served using the funds requested in this application.

1. Total number of households: (required) - enter the total number of households served (or proposed to be served).

2. Disabled adults: (in this row) - enter the un-duplicated total number of adult persons with a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

3. Non-disabled adults: (in this row) - enter the un-duplicated total number of adult persons without a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

4. Disabled children: (in this row) - enter the un-duplicated total number of children with a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

5. Non-disabled children: (in this row) - enter the un-duplicated total number of children without a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

6. Total persons: (calculated row) - the total number of persons within each subpopulation is automatically calculated.

7. Total number of adults: (calculated row) - the total number of adults served (or proposed to be served) is automatically calculated.

8. Total number of children: (calculated row) - the total number of children served (or proposed to be served) is automatically calculated.

Additional Resources:

Point in time - PIT (definition) - a snap shot of the number of homeless persons that can be served, on any given night or day, when the project is at full capacity. For a new project, this count is based on the applicant's best guess at the time of application. For a renewal project, the PIT is based on the applicant's assessment of the number of participants residing in a facility or served by the program on a particular night or day when the project is at full capacity.

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

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

1. Total Number of Households	30						
	Total Persons (unduplicated)	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
2. Disabled Adults	12	6	4	2	4	0	0
3. Non-Disabled Adults	33	22	8	8	2	0	2

4. Disabled Children	21	11	0	0	0	0	0
5. Non-Disabled Children	48	24	0	0	0	0	0
6. Total Persons (click on "Save" to auto-calculate)	114	63	12	10	6	0	2
7. Total Number of Adults (click on "Save" to auto-calculate)	45						
8. Total Number of Children (click on "Save" to auto-calculate)	69						

5B. Project Participants - Households without Dependent Children

Instructions:

Identify the demographics of each household without children served (or proposed to be served), at a particular point in time (when the project is at full capacity). The numbers entered here must reflect only those households and persons served using the funds requested in this application.

1. Total number of households: (required) - enter the total number of households without children served (or proposed to be served).

2. Disabled adults: (in this row) - enter the un-duplicated total number of adult persons with a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

3. Non-disabled adults: (in this row) - enter the un-duplicated total number of adult persons without a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

4. Disabled unaccompanied youth: (in this row) - enter the un-duplicated total number of unaccompanied youth with a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

5. Non-disabled unaccompanied youth: (in this row) - enter the un-duplicated total number of unaccompanied youth without a disability, under Total Persons. Then, indicate how many fall into each subpopulation (chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, and DV victims).

6. Total persons: (calculated row) - the total number of persons within each subpopulation is automatically calculated.

7. Total number of adults: (calculated row) - the total number of adults served (or proposed to be served) is automatically calculated.

8. Total number of unaccompanied youth: (calculated row) - the total number of unaccompanied youth served (or proposed to be served) is automatically calculated.

Additional Resources:

Point in time - PIT (definition) - a snap shot of the number of homeless persons that can be served, on any given night or day, when the project is at full capacity. For a new project, this count is based on the applicant's best guess at the time of application. For a renewal project, the PIT is based on the applicant's assessment of the number of participants residing in a facility or served by the program on a particular night or day when the project is at full capacity.

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

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

1. Total Number of Households	10						
	Total Persons (unduplicated)	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
2. Disabled Adults	10	8	4	3	0	0	4
3. Non-Disabled Adults	5	3	1	1	0	0	1

4. Disabled Unaccompanied Youth (under 18)	0	0	0	0	0	0	0
5. Non-Disabled Unaccompanied Youth (under 18)	0	0	0	0	0	0	0
6. Total Persons (click on "Save" to auto-calculate)	15	11	5	4	0	0	5
7. Total Number of Adults (click on "Save" to auto-calculate)	15						
8. Total Number of Unaccompanied Youth (click on "Save" to auto-calculate)	0						

5C. Outreach for Participants

Instructions:

Complete all fields on this form, as appropriate. Revise any information populated from the FY2010 application, to ensure accuracy and completeness of the information submitted in this year's application.

1. Where homeless participants are coming from: (required) - enter the percentage (%) related to the places from which project participants are coming, including: street, emergency shelters, safe havens, or transitional housing who came directly from the streets, emergency shelter, or safe haven.

Total of above percentages: (calculated) - the percentages entered will sum in the Total of above percentages field.

2. If total is less than 100%: (optional) - indicate the other places from which homeless persons enter the project, in the text box provided.

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

Additional resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

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

1. 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 (90 consecutive days or less) in a jail, hospital, or other institution.

25%	Persons who came from the street or other locations not meant for human habitation.
40%	Person who came from Emergency Shelters.
0%	Persons who came from Safe Havens.
25%	Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens.
90%	Total of above percentages

2. If the total is less than 100 percent, identify the other location(s), and how the persons will meet the HUD homeless definition.

10% of the persons will come from households where they became victims of domestic violence and/or were doubling-up with family and friends.

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

We will provide information to all of the shelters in the area, as well as the area's social service agencies, clinics, schools and school liasons, the Community Resource Center, public library, 211 system and religious institutions.

6A. Standard Performance Measures

Instructions:

For each applicable question on this form, the Applicant must establish performance measurement goals for this project. All applicants are required to set a housing stability goal and to select at least one other performance measure on which the grantee will report performance in the Annual Performance Report (APR). The "Universe" column specifies the total number of persons about whom the measure is expected to be reported. In the "Target #" column, applicants should specify the number of applicable clients (e.g., the number of persons for whom the goal is relevant) who are expected to achieve the measure within the operating year. The system will calculate a percentage in the "Target %" column. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be "80%".

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

Housing Measure	Universe (#)	Target (#)	Target % (calculated)
a. Persons placed into housing (ES, TH, SH, or PH) as a result of the street outreach program during the operating year.	89	62	70%

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

Housing Measure	Universe (#)	Target (#)	Target (%)
a. Persons remaining in permanent housing as of the end of the operating year and exiting to permanent housing (subsidized or unsubsidized) during the operating year.	62	44	71%

2. Choose one income-related performance measure from below, and specify the universe and target numbers for the goal. Click 'Save' to calculate the target %

Income Measure	Universe (#)	Target (#)	Target (%)
a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit.	45	41	91%
OR			
b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit.			0%

2. Among persons who entered with an unmet need associated with a condition listed below, indicate how many received the services for that condition by the time they exited.

Measure	Universe (#)	Target (#)	Target (%) (calculated)
Physical Disability.	24	17	71%
Developmental Disability.	17	12	71%
Chronic Health.	22	18	82%
HIV/AIDS.	0	0	0%
Mental Health.	22	16	73%
Substance Abuse.	22	16	73%

6B. Additional Performance Measures

Specify up to three additional measures on which the project will report performance in the Annual Performance Report (APR).

6B. Additional Performance Measures Detail

Instructions

Specify the universe that each measure applies to, and the number (#) of applicable clients who are expected to achieve each measure within the operating year, the source where data will be compiled (e.g., data reported in HMIS), method of data collection (e.g., data collected by the intake worker at entry and case managers at exit) proposed to measure results, specific data elements and formula proposed for calculating results, and rationale for why the proposed measure is an appropriate indicator of performance for this project.

1. Specify the universe and target goal numbers for the proposed measure.

a. Proposed Measure	b. Universe (#)	c. Target (#)	d. Target (%) (Calculated)
70% of Individuals will Receive Needed Support Services	89	62	70%

2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results

"Support Services Received" data recorded in HMIS and collected by intake worker at program entry and case manager at program exit.

3. Specific data elements and formula proposed for calculating results

Individual Service Plan will be written identifying issues to be resolved. Issues will be tied to specific available community services. Measure will be percentage of services identified which are received.

4. Rationale for why the proposed measure is an appropriate indicator of performance for this program

Measurement will demonstrate a direct correlation between household needs and services delivered.

6B. Additional Performance Measures Detail

Instructions

Specify the universe that each measure applies to, and the number (#) of applicable clients who are expected to achieve each measure within the operating year, the source where data will be compiled (e.g., data reported in HMIS), method of data collection (e.g., data collected by the intake worker at entry and case managers at exit) proposed to measure results, specific data elements and formula proposed for calculating results, and rationale for why the proposed measure is an appropriate indicator of performance for this project.

1. Specify the universe and target goal numbers for the proposed measure.

a. Proposed Measure	b. Universe (#)	c. Target (#)	d. Target (%) (Calculated)
70% of homeless students will increase school attendance over prior year	44	31	70%

2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results

Data recorded by Harrisonburg City and Rockingham County School Systems and collected by attendance workers at beginning and end of academic year.

3. Specific data elements and formula proposed for calculating results

Days of school attended compared to prior year attendance figure

4. Rationale for why the proposed measure is an appropriate indicator of performance for this program

Increased school attendance is a valid outcome of stable housing.

6B. Additional Performance Measures Detail

Instructions

Specify the universe that each measure applies to, and the number (#) of applicable clients who are expected to achieve each measure within the operating year, the source where data will be compiled (e.g., data reported in HMIS), method of data collection (e.g., data collected by the intake worker at entry and case managers at exit) proposed to measure results, specific data elements and formula proposed for calculating results, and rationale for why the proposed measure is an appropriate indicator of performance for this project.

1. Specify the universe and target goal numbers for the proposed measure.

a. Proposed Measure	b. Universe (#)	c. Target (#)	d. Target (%) (Calculated)
70% of Adults will Receive Life Skills Training	45	32	71%

2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results

Data recorded in HMIS and unmet needs data collected by the intake worker at entry and life skills training collected by case manager at exit.

3. Specific data elements and formula proposed for calculating results

Life Skills Training = Budgeting Training + Career Readiness Training +
Housing Search Assistance

4. Rationale for why the proposed measure is an appropriate indicator of performance for this program

Participation in life skills training is expected to improve housing stability.

Funding Request

Instructions:

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

1a. Operating by September 30, 2013? (required) - select Yes or No to indicate whether or not the grant agreement will be execute and the project will begin operating by September 30, 2013. Unobligated funds will not be available after September 30, 2013.

NEW PROJECTS ONLY:

1b. Are special housing funds being requested for this project? (required) - select Yes or No to indicate whether or not the project is requesting funds under the Permanent Housing Bonus funding category. If yes, then the project will be referred to as a new PH Bonus project. Only permanent housing projects are eligible for PH Bonus funds.

2. Is this project using HHN reallocated funds? (required) - select Yes or No to indicate whether the new project is using HHN reallocated funds.

RENEWAL PROJECTS ONLY:

1b. Is this project a HUD approved consolidation? (required) - select Yes or No to indicate whether or not the project has recently consolidated two or more grants, as approved through HUD's grant amendment process.

1c. Was the original project awarded funding (in part or whole) under a special housing initiative? (required) - indicate whether or not the project previously received funds under one of the following housing initiatives: Samaritan Housing, Chronic Homeless, Permanent Housing Bonus, or Rapid Rehousing Demonstration. If yes, then the project must continue to meet the requirements of the initiative for the life of the project, in order to continue to receive renewal funding under the CoC competition.

2. Has this project been reduced through the HHN reallocation process? (required) - select Yes or No to indicate whether the renewal project is reduced through the HHN reallocation process.

NEW AND RENEWAL PROJECTS:

3. Grant term: (required) - indicate the number of years for which new or renewal funding is being request. The number of years that can be selected will vary depending on the project type and program type.

4. Select the activities for which funding is being requested: (required for SHP projects only) - all SHP projects must identify the budget activities for which funding is being requested. Depending on the project type, the following budget activities may be listed: acquisition, new construction, rehabilitation, leasing (units or structures), supportive services, operating, and HMIS. Renewal projects may indicate only those activities listed on the 2011 SHP GIW.

Additional resources:

<http://esnaps.hudhre.info>

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

1a. Is it feasible for the project to begin operating/under grant agreement by September 30, 2013? Yes

2. Is this project using HHN reallocated funds? No

3. Grant Term: 1 Year

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

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

Supportive Services Budget

Instructions:

For each year of the grant term, enter the quantity and total budget request for each supportive services cost. Revise any information populated from the FY2010 application, to ensure accuracy and completeness of the information submitted in this year's application.

Eligible supportive services: (populated) - the system populates a list of eligible supportive services for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible activities, which are not listed. Refer to the SHP Desk Guide for details on eligible supportive services activities.

Quantity: (required) - enter or update the quantity (eg. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which SHP funding is being requested.

SHP Request: (required) - for each grant year, enter or update the amount (\$) requested for each activity that is DIRECTLY related to providing supportive services to homeless participants. The SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

Total: (calculated) - the total SHP funding (\$) requested for each activity will automatically calculate in the Total column.

Cash Match: (required) - for each grant year, enter or update the cash amount (\$) available to support the SHP request. By law, the grantee or project sponsor must make cash payment for at least 20% of the project's total Supportive Service annual budget.

Total SHP Supportive Services Budget: (calculated) - the Total Supportive Services Budget will automatically calculate.

Other Resources: (no input required) - if there are in-kind or additional cash resources above the requested cash match requirement, enter or update the total amount (\$) available per grant year.

Additional resources:
 Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

Supportive Services Costs	Quantity (limit 400 characters)	SHP Request Year 1	Total
1. Outreach	30% of Program Manager position will be dedicated to outreach to homeless and sheltered persons.	\$12,506	\$12,506
2. Case Management	90% of Services Specialist's, 15% of Program Manager's, and 75% of Case Manager's time will be dedicated to case management. Direct purchase case management services will also be utilized.	\$58,273	\$58,273
3. Life Skills (outside of case management)	10% of Service Specialist's time, plus direct purchase from community service providers, will support life skills.	\$25,221	\$25,221

4. Alcohol and Drug Abuse Services			\$0
5. Mental Health and Counseling Services			\$0
6. HIV/AIDS Services			\$0
7. Health Related and Home Health Services			\$0
8. Education and Instruction			\$0
9. Employment Services			\$0
10. Child Care			\$0
11. Transportation			\$0
13. Other (must specify)			\$0
			\$0
			\$0
14. Total SHP dollars requested		\$96,000	\$96,000
15. Cash Match		\$30,000	\$30,000
16. Total SHP Supportive Services Budget		\$126,000	\$126,000
17. Other resources (cash and in-kind)		\$17,224	\$17,224

Supportive Housing Program (SHP) Summary Budget

The following information summarizes the SHP funding request and the available cash match for the total term of the project. However, the appropriate amount of administrative costs must be entered in the field below. Please make sure that the budget amounts requested for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.

Selected Grant Term 1 Year

SHP Activities	SHP Dollars Request	Cash Match	Totals
1. Acquisition	\$0	\$0	\$0
2. Rehabilitation	\$0	\$0	\$0
3. New Construction	\$0	\$0	\$0
4. Subtotal (Lines 1 - 3)	\$0	\$0	\$0
5. Real Property Leasing From Leasing Budget Chart	\$0		\$0
6. Supportive Services From Supportive Services Budget Chart	\$96,000	\$30,000	\$126,000
7. Operations From Operating Budget Chart	\$0		\$0
8. HMIS From HMIS Budget Chart	\$0	\$0	\$0
9. SHP Request (Subtotal lines 4-8)	\$96,000		
10. Administrative Costs (Up to 5% of line 9)	\$4,800		
	Total SHP Request (Total lines 9 and 10)	Total Cash Match	Total Budget (Total SHP Request + Total Cash Match)
	\$100,800	\$30,000	\$130,800

Project Leveraging

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

Total value of written commitment \$47,224

Contributor	Source	Date of Commitment	Value of Commitments
Harrisonburg Rede...	Government	10/13/2011	\$20,000
Harrisonburg Rock...	Private	10/26/2011	\$10,000
Rockingham County...	Government	10/17/2011	\$3,600
Harrisonburg City...	Government	10/13/2011	\$3,600
Blue Ridge Legal ...	Private	10/17/2011	\$2,500
Valley Associates...	Private	10/14/2011	\$3,600
Elkton Area Unite...	Private	10/24/2011	\$3,924

Project Leveraging Detail

Instructions:

Leveraged resources - if a written commitment is not in-hand at the time of application, do not enter the contribution. Undocumented leveraging claims may result in the re-scoring of the CoC application and the withdrawal of the conditional award.

1. Type of Contribution: (required) - select Cash or In-kind to denote the type of contribution being used as leveraging for this project.

2. Name of Contributor: (required) - enter the name of the contribution.

3. Type of source: (required) - select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP), HUD-VASH (VA Supportive Housing program), and the American Reinvestment and Recovery (ARRA) Act funds may be considered Government sources. Project applicants are encouraged to leverage the funds from these sources, whenever possible. A CoC may receive extra points if any of its project applicant identifies NSP funds as a source of leveraging for one or more projects.

4. Date of written commitment: (required) - enter the date of the written contribution.

5. Value of written commitment: (required) - enter the total dollar value of the contribution.

Additional resources:
Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

- 1. Type of Contribution** Cash
- 2. Name the Source of the Contribution** Harrisonburg Redevelopment and Housing Authority
- 3. Type of Source** Government
- 4. Date of Written Commitment** 10/13/2011
- 5. Value of Written Commitments** \$20,000

Project Leveraging Detail

Instructions:

Leveraged resources - if a written commitment is not in-hand at the time of application, do not enter the contribution. Undocumented leveraging claims may result in the re-scoring of the CoC application and the withdrawal of the conditional award.

1. Type of Contribution: (required) - select Cash or In-kind to denote the type of contribution being used as leveraging for this project.

2. Name of Contributor: (required) - enter the name of the contribution.

3. Type of source: (required) - select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP), HUD-VASH (VA Supportive Housing program), and the American Reinvestment and Recovery (ARRA) Act funds may be considered Government sources. Project applicants are encouraged to leverage the funds from these sources, whenever possible. A CoC may receive extra points if any of its project applicant identifies NSP funds as a source of leveraging for one or more projects.

4. Date of written commitment: (required) - enter the date of the written contribution.

5. Value of written commitment: (required) - enter the total dollar value of the contribution.

Additional resources:
Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

- 1. Type of Contribution** Cash
- 2. Name the Source of the Contribution** Harrisonburg Rockingham Community Resource Center
- 3. Type of Source** Private
- 4. Date of Written Commitment** 10/26/2011
- 5. Value of Written Commitments** \$10,000

Project Leveraging Detail

Instructions:

Leveraged resources - if a written commitment is not in-hand at the time of application, do not enter the contribution. Undocumented leveraging claims may result in the re-scoring of the CoC application and the withdrawal of the conditional award.

1. Type of Contribution: (required) - select Cash or In-kind to denote the type of contribution being used as leveraging for this project.

2. Name of Contributor: (required) - enter the name of the contribution.

3. Type of source: (required) - select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP), HUD-VASH (VA Supportive Housing program), and the American Reinvestment and Recovery (ARRA) Act funds may be considered Government sources. Project applicants are encouraged to leverage the funds from these sources, whenever possible. A CoC may receive extra points if any of its project applicant identifies NSP funds as a source of leveraging for one or more projects.

4. Date of written commitment: (required) - enter the date of the written contribution.

5. Value of written commitment: (required) - enter the total dollar value of the contribution.

Additional resources:
Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

- 1. Type of Contribution** In Kind
- 2. Name the Source of the Contribution** Rockingham County Public Schools
- 3. Type of Source** Government
- 4. Date of Written Commitment** 10/17/2011
- 5. Value of Written Commitments** \$3,600

Project Leveraging Detail

Instructions:

Leveraged resources - if a written commitment is not in-hand at the time of application, do not enter the contribution. Undocumented leveraging claims may result in the re-scoring of the CoC application and the withdrawal of the conditional award.

1. Type of Contribution: (required) - select Cash or In-kind to denote the type of contribution being used as leveraging for this project.

2. Name of Contributor: (required) - enter the name of the contribution.

3. Type of source: (required) - select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP), HUD-VASH (VA Supportive Housing program), and the American Reinvestment and Recovery (ARRA) Act funds may be considered Government sources. Project applicants are encouraged to leverage the funds from these sources, whenever possible. A CoC may receive extra points if any of its project applicant identifies NSP funds as a source of leveraging for one or more projects.

4. Date of written commitment: (required) - enter the date of the written contribution.

5. Value of written commitment: (required) - enter the total dollar value of the contribution.

Additional resources:
Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

- 1. Type of Contribution** In Kind
- 2. Name the Source of the Contribution** Harrisonburg City Public Schools
- 3. Type of Source** Government
- 4. Date of Written Commitment** 10/13/2011
- 5. Value of Written Commitments** \$3,600

Project Leveraging Detail

Instructions:

Leveraged resources - if a written commitment is not in-hand at the time of application, do not enter the contribution. Undocumented leveraging claims may result in the re-scoring of the CoC application and the withdrawal of the conditional award.

1. Type of Contribution: (required) - select Cash or In-kind to denote the type of contribution being used as leveraging for this project.

2. Name of Contributor: (required) - enter the name of the contribution.

3. Type of source: (required) - select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP), HUD-VASH (VA Supportive Housing program), and the American Reinvestment and Recovery (ARRA) Act funds may be considered Government sources. Project applicants are encouraged to leverage the funds from these sources, whenever possible. A CoC may receive extra points if any of its project applicant identifies NSP funds as a source of leveraging for one or more projects.

4. Date of written commitment: (required) - enter the date of the written contribution.

5. Value of written commitment: (required) - enter the total dollar value of the contribution.

Additional resources:
Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

- 1. Type of Contribution** In Kind
- 2. Name the Source of the Contribution** Blue Ridge Legal Services
- 3. Type of Source** Private
- 4. Date of Written Commitment** 10/17/2011
- 5. Value of Written Commitments** \$2,500

Project Leveraging Detail

Instructions:

Leveraged resources - if a written commitment is not in-hand at the time of application, do not enter the contribution. Undocumented leveraging claims may result in the re-scoring of the CoC application and the withdrawal of the conditional award.

1. Type of Contribution: (required) - select Cash or In-kind to denote the type of contribution being used as leveraging for this project.

2. Name of Contributor: (required) - enter the name of the contribution.

3. Type of source: (required) - select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP), HUD-VASH (VA Supportive Housing program), and the American Reinvestment and Recovery (ARRA) Act funds may be considered Government sources. Project applicants are encouraged to leverage the funds from these sources, whenever possible. A CoC may receive extra points if any of its project applicant identifies NSP funds as a source of leveraging for one or more projects.

4. Date of written commitment: (required) - enter the date of the written contribution.

5. Value of written commitment: (required) - enter the total dollar value of the contribution.

Additional resources:
Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

- 1. Type of Contribution** In Kind
- 2. Name the Source of the Contribution** Valley Associates for Independent Living
- 3. Type of Source** Private
- 4. Date of Written Commitment** 10/14/2011
- 5. Value of Written Commitments** \$3,600

Project Leveraging Detail

Instructions:

Leveraged resources - if a written commitment is not in-hand at the time of application, do not enter the contribution. Undocumented leveraging claims may result in the re-scoring of the CoC application and the withdrawal of the conditional award.

1. Type of Contribution: (required) - select Cash or In-kind to denote the type of contribution being used as leveraging for this project.

2. Name of Contributor: (required) - enter the name of the contribution.

3. Type of source: (required) - select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP), HUD-VASH (VA Supportive Housing program), and the American Reinvestment and Recovery (ARRA) Act funds may be considered Government sources. Project applicants are encouraged to leverage the funds from these sources, whenever possible. A CoC may receive extra points if any of its project applicant identifies NSP funds as a source of leveraging for one or more projects.

4. Date of written commitment: (required) - enter the date of the written contribution.

5. Value of written commitment: (required) - enter the total dollar value of the contribution.

Additional resources:
Application Detailed Instructions (on left menu)
<http://esnaps.hudhre.info>
<http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo>

- 1. Type of Contribution** In Kind
- 2. Name the Source of the Contribution** Elkton Area United Services
- 3. Type of Source** Private
- 4. Date of Written Commitment** 10/24/2011
- 5. Value of Written Commitments** \$3,924

8A. Attachment(s)

Instructions

1. Sponsor Nonprofit Documentation - Documentation of the sponsor's nonprofit status must be uploaded, if the applicant and project sponsor are different entities, and the sponsor is a nonprofit organization.

2. PHA Certification - Non-PHA Applicants for S+C SRO and Section 8 SRO projects must submit a signed and dated letter from an authorized representative of the local PHA certify that the Applicant is authorized to act on behalf of the PHA. Applicant is authorized to act on behalf of the PHA.

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

Document Type	Required?	Document Description	Date Attached
1. Sponsor Nonprofit Documentation	No		
2. PHA Certification Letter	No		
3. Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

8B. Certification

A. For the Supportive Housing (SHP), Shelter Plus Care (S+C), and Single Room Occupancy (SRO) programs:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for S+C:

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

B. For SHP Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

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

C. For S+C Only. Supportive Services.

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

D. Explanation.

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

Name of Authorized Certifying Official Michael Wong

Date: 10/28/2011

Title: Executive Director

Applicant Organization: Harrisonburg Redevelopment and Housing Authority

PHA Number (For PHA Applicants Only): VA-518

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

X
