**Arizona Balance of State Continuum of Care**

**2022 HUD Special NOFO Bonus Project Application**

**August 26, 2022**

**Note: The Arizona Department of Housing as United Funding Agency for the Arizona Balance of State Continuum of Care is administering two HUD NOFOS concurrently:**

* **The 2022 Supplemental (Special) NOFO to Address Unsheltered and Rural Homeless through the CoC Program**
* **The 2022 Regular NOFO**

**This Bonus Application is related to the 2022 Special NOFO**

**The Arizona Department of Housing as the United Funding Agency for the Arizona Balance of State Continuum of Care is accepting applications for one or more bonus projects for the 2022 HUD Continuum of Care (Special) Notice of Funding Opportunity (NOFO). This application must be submitted through the AZ Department of Housing Special Needs Portal by September 19, 2022 5:00 pm. The link for the portal is**

[**https://housing.az.gov/portals/document-upload-portals/special-needs-portal**](https://housing.az.gov/portals/document-upload-portals/special-needs-portal)

**A pre-proposal overview of the Bonus Project Application will take place via webinar on September 1, 2022 from 1:00 pm to 3:00pm The link to the webinar is:**

[https://us02web.zoom.us/j/89523122468?pwd=QTlZWnRhQldXOS94blhsYVFpTnN1dz09](https://www.google.com/url?q=https%3A%2F%2Fus02web.zoom.us%2Fj%2F89523122468%3Fpwd%3DQTlZWnRhQldXOS94blhsYVFpTnN1dz09&sa=D&source=calendar&usd=2&usg=AOvVaw0gsJE1hFWoEc6nTUR0nuKh" \t "_blank)

**Registration is required at the time of the webinar.**

**The link can also be found in the ADOH Information Bulletin announcing the availability of the Special NOFO Bonus Project Application. The link for the ADOH Bulletins is here:**

[**https://housing.az.gov/documents-links/publications**](https://housing.az.gov/documents-links/publications)

**Announcements must be made about projects that will be included in the AZBOSCOC consolidated application in response to the Special NOFO by October 4, 2022. In order to meet that deadline, applications are due September 19, 2022 at 5:00 pm submitted through the Special Needs portal. Applications will be reviewed and scored by an independent review workgroup. All applicants will receive notification of the status of their application by October 4, 2022. Those agencies with applications that will be submitted in the Special NOFO AZBOSCOC Consolidated Application will work with Candee Stanton, Consultant, between October 4th -October 14th to complete the process.**

**In order to accommodate the timeline, this application template includes only narrative and a basic budget template. No additional documents need to be submitted for the initial submittal due September 19, 2022 by 5:00 P.M.**

**If the project is included in the Arizona Balance of State Continuum of Care Collaborative Application to HUD, it will be submitted by the Arizona Department of Housing as the United Funding Agency as a part of the 2022 HUD Special NOFO. This is a competitive process and the submittal of a bonus project application as a part of the collaborative application does not guarantee it will be funded. Final funding decisions related to the AZBOSCOC Collaborative Application are made by HUD.**

**NOTE: Prior to completing this application, you may call or email Candee Stanton at 602.881.6606 or** **candee.stanton@gmail.com** **to discuss your project concept in order to ensure it is eligible for funding through the Continuum of Care. It is critical that each organization interested in the AZBOSCOC Special NOFO funding read the HUD guidance to understand the services for which application can be made as there are different activities eligible for funding for each set aside. The 2022 HUD Special NOFO Competition Guidance (Continuum of Care to Address Unsheltered and Rural Homelessness—FR-6500-N-25S) can be found at the following link to ensure your agency’s application aligns with federal priorities.**

[**https://www.hud.gov/program\_offices/comm\_planning/coc/specialCoCNOFO/supplemental**](https://www.hud.gov/program_offices/comm_planning/coc/specialCoCNOFO/supplemental)

**The AZBOSCOC is eligible to apply for up to $3,898,712 for Bonus projects under the auspices of the Unsheltered Homeless Set Aside and up to $1,212,764 for Bonus projects under the Rural Set Aside. Applicants should not request an amount that exceeds these amounts. For this Special NOFO all projects approved to be included in the AZBOSCOC Collaborative application for the Special NOFO will have a term of three years. For the purpose of the Rural Set Aside, HUD identified the following counties within the AZBOSCOC as meeting the criteria to be eligible for the Rural Set Aside: Apache, Gila, Graham, Greenlee, La Paz, Navajo, and Santa Cruz.**

**The priorities for this funding include (see page 6 of the HUD guidance for detailed information)**

1. **Unsheltered Homelessness**
2. **Unsheltered Homelessness and Individuals and Families Experiencing Homelessness with Severe Service Needs**
3. **Providing Assistance on Tribal Lands**
4. **Involving a Broad Array of Stakeholders in the CoC’s Efforts to Reduce Homelessness**
5. **Advancing Equity**
6. **Use of a Housing First Approach**

**In order to reduce the complexity of this initial application submittal, each agency will submit one application using this template for all the potential activities that may be funded. If all of the services or some of the services proposed in this application are approved by the independent Review Workgroup to move forward, agency staff will work with AZBOSCOC staff/consultant to adjust their application submissions based upon competitiveness of the project according to HUD priorities. It is the responsibility of the applicant to be familiar with HUD requirements and regulations related to HUD CoC NOFO and programs.**

**Eligible Project Applicants can apply for the following Project Types and can be proposed to be delivered in any of (or combination of) the 13 counties (Apache, Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Mohave, Navajo, Pinal, Santa Cruz, Yavapai, and Yuma) which compose the geographic area of the AZBOSCOC.**

* **PH-PSH: Permanent Supportive Housing with Supportive Services**
* **PH-RRH: Rapid Re-Housing with Supportive Services**
* **Supportive Services Only (SSO-CE): Coordinated Entry**
* **Supportive Services Street Outreach**
* **Supportive Services -Other**

**The types of housing include**

* **Tenant Based Rental assistance**
* **Leased Units**
* **Short-term/Medium term Rental Assistance (RRH only)**
* **Long term Rental Assistance (PSH only)**

**In addition, the following activities can be proposed as components of the above project types for proposed projects serving the following rural counties: Apache, Gila, Graham, Greenlee, La Paz, Navajo and Santa Cruz.**

* **Rent or utility assistance after 2 months of non-payment to prevent eviction or loss of utilities. Funds may be used to pay up to six months of rent or utilities on behalf of program participant households residing in permanent housing.**
* **Short-term emergency lodging in motels or shelters either directly or through vouchers. See detail on page 21 of the guidance about what are eligible costs.**
* **Repairs that are necessary to making housing habitable to be used for transitional or permanent housing. Total costs per structure, cannot exceed $10,000. See detail on page 21 of the guidance about what are eligible costs.**
* **Capacity building activities to maintain or improve the skills of recipients (for the purposes of this component—recipient refers to the service agency not the project participants). Activities are focused on agency employees. (See detail on page 21 of the HUD guidance). Capacity building can be up to 20% of the funds requested of the project.**
* **Emergency food and clothing assistance.**
* **Costs associated with making use of Federal Inventory property programs to house households experiencing homelessness.**

**Rural Set Aside Only - If rural set aside funds are requested, additional information will be requested about whether all or a part of the county to be served i.e. qualifies as a structurally disadvantaged area. Structurally disadvantaged is defined as geographic areas that have high levels of homelessness, housing distress, or poverty, and are located where CoC services have until now been entirely unavailable. (See page 9 of the Guidance).**

**Pages 1 -3 may be deleted prior to submittal.**

**Note: for the purposes of this application the Term Household means both Individuals and families and is used INTERCHANGEABLY with Program participant**

|  |
| --- |
|  |

**Instructions for Navigating the Application from this Point Forward**

|  |  |  |
| --- | --- | --- |
| **Item** | **Page Number** | **Color Coded if applicable** |
| **Section A-Identifying Information** | **5** |  |
| **Section B -Threshold Information** | **5-6** |  |
| **Section C-Financial Information** | **6** |  |
| **Section D-Narrative and Budget** | **7** |  |
| **Section D-General Narrative Questions** | **8-14** |  |
| **Project Type Narratives and Budget Information-Delete any project types that you will not submit** |
| **Rapid Rehousing with Supportive Services** | **15-19** | **Teal** |
| **Permanent Supportive Housing with Supportive Services** | **20-24** | **Purple** |
| **Supportive Services-Street Outreach** | **25-28** | **Green** |
| **Supportive Services Coordinated Entry** | **29-32** | **Gold** |
| **Supportive Services Only** | **33-36** | **Blue** |

**Arizona Balance of State Continuum of Care**

**2022 Special NOFO Bonus Project Application**

**Submission must be in a Word Format. The following documents will need to be submitted if the application is accepted for final inclusion. Do not submit them with this narrative application. This list is provided for information only at this time.**

* **Organization Code of Conduct**
* **Proof of Non-profit active status**
* **Match (in-kind or cash)—25% of Project Costs (cash or in-kind)**
* **Certification of Consistency with Consolidated Plan**
* **Proof of approved indirect cost rate—if applicable.**

**Section A**

|  |  |
| --- | --- |
| **Name of Agency:** | **Address:** |
| **Contact Person:** | **Email:** |
| **Phone Number:** | **Counties that will be covered by the Project:** |
| **Agency EIN:** | **Agency UDE (can be found at sam.gov)**[**https://sam.gov/content/home**](https://sam.gov/content/home) |
| **Congressional District of the Applicant:** | **Congressional District(s) where the project will be located:** |

**SECTION B-THRESHOLD**

1. **Does the agency have any unresolved monitoring or audit findings for any HUD grants or other Federal, State, Local, or private grants?**

[ ]  **YES** [ ]  **NO**

**1a. If yes, provide a brief explanation of the findings and how they are being resolved.**

**2. How does the agency currently participate as a member of the Local Continuum/Coalition To End Homelessness (LCEH) that covers the county/community proposed to be served? (All CoC funded projects are required to participate in the LCEH that covers their community. Currently only Graham and Greenlee do not have an LCEH). What LCEH committees do agency staff attend? (e.g., regular meeting, Coordinated Entry, Case Conferencing, Point in Time Count, others)**

**3. How did your agency participate in the 2022 Point in Time Count that took place in your community?**

**4. If applying as a not for profit, is the agency in good legal standing with a 501 (c)(3) non -profit designation?**

[ ]  **YES** [ ]  **NO**

**Provide a brief narrative about any outstanding issues if applicable.**

**SECTION C-FINANCIAL**

**5. Is an annual audit completed each year?** [ ]  **YES** [ ]  **NO**

**6. Describe your financial operations including checks and balances and how you determined costs and budget reasonableness for the proposed project. Describe those checks and balances.**

**7. Describe the experience of managing and leveraging other federal, state, local and private sector funds.**

**Describe the organization and management structure. Include evidence of internal and external coordination and an adequate financial accounting system that operates with accepted accounting principles.**

**Section D--NARRATIVE and BudGet**

This section includes the following:

**1. General Narrative**

**2. Project Narrative Table for each component type**

* PH-PSH: Permanent Supportive Housing with Supportive Services
* PH-RRH: Rapid Re-Housing with Supportive Services
* Supportive Services Only (SSO-CE): Coordinated Entry
* Supportive Services Only (SSO-non CE): Street Outreach or SSO Other

3. **Three Year Budget Component associated with each component type**.

Complete each table that is applicable. As an example an agency might apply for a Rapid Rehousing Project with supportive services directly related to the Rapid Rehousing. In addition, the agency may also make application for a supportive services only—Coordinated Entry Project.

**If the project is going to be located in the following rural counties,-Apache, Gila, Graham, Greenlee, La Paz, Navajo and Santa Cruz, these additional components can be added to the project type that is being requested:**

* Rent or utility assistance after 2 months of non-payment to prevent eviction or loss of utilities. Funds may be used to pay up to six months of rent or utilities on behalf of program participant households residing in permanent housing.
* Short-term emergency lodging in motels or shelters either directly or through vouchers. See detail on page 21 of the guidance about what are eligible costs.
* Repairs that are necessary to making housing habitable to be used for transitional or permanent housing. Total costs per structure, cannot exceed $10,000. See detail on page 21 of the guidance about what are eligible costs.
* Capacity building activities to maintain or improve the skills of recipients (for the purposes of this component—recipient refers to the service agency not the project participants). Activities are focused on agency employees. (See detail on page 21 of the guidance). Capacity building can be up to 20% of the funds requested of the project.
* Emergency food and clothing assistance.
* Costs associated with making use of Federal Inventory property programs to house households experiencing homelessness.

**General Narrative Questions**

**Answer the following questions regardless of Project Type**

**1. Describe your involvement in promoting/developing affordable housing stock? What strategies would the project implement to making the available housing affordable? (e.g., shared housing, roommate matching, others)**

**2. How will the project address the a)household’s identified housing, b)service navigation and c) case management needs?**

**3. How does coordination take place with other organizations including federal, state, non-profit, educational, health, criminal justice and behavioral health agencies among others?**

**4. How does the agency currently participate in coordinated entry/case conferencing? Indicate if the agency has current HMIS license(s). State the number of licenses. If the agency is a domestic violence service provider (specifically a recipient of VAWA funds)--what comparable database system is used? NOTE: A comparable database must meet HUD data collection requirements and must work with the LCEH to implement coordinated entry processes that accommodate the VAWA requirements. All referrals for the proposed project must come from coordinated entry.**

**5. How is Housing First implemented by the agency? Provide concrete actions that the agency implements related to Housing First. For more information about Housing First--** [**https://endhomelessness.org/resource/housing-first/#:~:text=What%20is%20Housing%20First%3F%20Housing%20First%20is%20a,personal%20goals%20and%20improve%20their%20quality%20of%20life**](https://endhomelessness.org/resource/housing-first/#:~:text=What%20is%20Housing%20First%3F%20Housing%20First%20is%20a,personal%20goals%20and%20improve%20their%20quality%20of%20life)

**Address the following from current activities or if the agency currently does not implement Housing First how the tenets will be implemented for this project:**

**5a. How is housing low barrier and not contingent on sobriety, minimum income, lack of criminal record, completion of treatment, participation in service or other conditions?**

**5b. What efforts will the project make not to reject a household based on the lack of housing readiness?**

**5c. What efforts will be made to offer individuals with disabilities reasonable accommodation?**

**5d. How will the project ensure that households that access housing have been referred through coordinated entry and from the By Name List (BNL)?**

**5e. How will the project involve the program participant in setting housing and service goals?**

**5f. Will the project ensure that participants are not screened out based on the following? Select all that apply:**

[ ]  **Having too little or no income.**

[ ] **Active or history of substance use.**

[ ]  **Having a criminal record with the exception of state-mandate restrictions.**

[ ]  **History of victimization (e.g., domestic violence, sexual assault, childhood abuse).**

[ ]  **None of the above.**

**5g. Briefly explain how the areas checked will be addressed once the program participant has been housed.**

**5h. The project ensures that participants are not terminated from the program for the following reasons. (requirements for funding to agree to all)**

[ ]  **Failure to participate in supportive services.**

[ ]  **Failure to make progress on a service plan.**

[ ]  **Loss of income or failure to improve income.**

[ ]  **Any other activity not covered in a lease agreement typically found for unassisted persons in the geographic area.**

**6. How is the agency incorporating social justice and a racial equity lens in their operations and services? Answer each question below:**

**6a. Provide specific examples in areas such as: outreach, referral, intakes, service navigation, placement, and case management. Specifically address how service processes and policies:**

* **incorporate a trauma informed lens.**
* **take a stigma reduction approach with historically and currently marginalized populations?**
* **how processes ensure the full population of the community and people with lived experience are included in outreach or other efforts to address preexisting racial/social inequities?**

**6b. Provide two specific examples about how you currently serve or would serve individuals coming out of incarceration or other institutions.**

**6c. Provide two specific examples about how you currently serve or would serve households where individuals are experiencing physical or behavioral conditions (including substance use) that impact day to day living.**

**6d. (Regardless of whether you are a domestic violence focused agency or not) Describe your agency’s experience and/or strategies proposed for providing services for survivors of domestic violence that are victim centered including if appropriate, mobile advocacy. Please describe how this will be implemented within this project. The link below provides an overview.**

[**https://www.ovcttac.gov/taskforceguide/eguide/1-understanding-human-trafficking/13-victim-centered-approach/#:~:text=A%20victim-centered%20approach%20seeks%20to%20minimize%20retraumatization%20associated,role%20in%20seeing%20their%20traffickers%20brought%20to%20justice**](https://www.ovcttac.gov/taskforceguide/eguide/1-understanding-human-trafficking/13-victim-centered-approach/#:~:text=A%20victim-centered%20approach%20seeks%20to%20minimize%20retraumatization%20associated,role%20in%20seeing%20their%20traffickers%20brought%20to%20justice)**.**

**7. Complete the table below to compare the clients you served to the demographics of the county(ies) where the proposed project(s) will take place.**

**7a. How many clients did the agency serve in calendar 2021? Provide the number here\_\_\_\_\_\_\_**

| **Category (insert other gender categories that your agency uses if applicable)** | **Agency’s client demographics in 2021****State in a percentage****Indicate if this is a fiscal or calendar year-** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Most recent demographics available for the county where services take place (if the agencies serve multiple counties, average the demographics of the counties served)-****State in a percentage and cite the source of the data** |
| --- | --- | --- |
| **Gender** |  |  |
| **Female** |  |  |
| **Male** |  |  |
| **Non-conforming** |  |  |
|  |  |  |
| **Age** |  |  |
| **Children 17 and under** |  |  |
| **18-24** |  |  |
| **25-64** |  |  |
| **65+** |  |  |
| **Race** |  |  |
| **African American** |  |  |
| **Asian** |  |  |
| **American Indian/Native American** |  |  |
| **Native Hawaiian/Pacific Islander** |  |  |
| **White** |  |  |
| **Many/More than one race** |  |  |
| **Ethnicity** |  |  |
| **% that are Hispanic/Latino** |  |  |
|  |  |  |

**8. How does the agency ensure that services to all individuals/households housed are culturally informed? (include items concerning language, Limited English Proficiency, spiritual and faith practices, and cultural traditions)**

**9. Provide the percentage of participants for all project components that will be coming from the following:**

**\_\_\_\_\_\_ Directly from the street or other locations not meant for human habitation**

**\_\_\_\_\_\_\_Directly from emergency shelters**

**\_\_\_\_\_\_\_Persons fleeing from Domestic Violence**

**\_\_\_\_\_\_\_Total (must add to 100)**

**10. Provide the percentage of the agency’s current program participants that are: (participants may be counted in multiple categories)**

**\_\_\_\_\_\_ Low or no income**

**\_\_\_\_\_\_ Current or past substance abuse**

**\_\_\_\_\_\_ History of victimization/abuse including domestic violence**

**\_\_\_\_\_\_ Criminal histories**

**\_\_\_\_\_\_ have experienced homelessness (enter program from a shelter or the participant was living in a place not meant for human habitation. For the purposes of this funding, individuals who are “couch surfing” or doubled up in a housing situation are not considered homeless.)**

**11. Describe how program participants will be assisted to obtain and remain in permanent housing? (Include in the response the needs of the target population and include what types of assistance will be provided by the agency or other partners related to the permanent housing). Permanent housing can include the household remaining in the unit they are living in once rental assistance is reduced and/or ceases as they transition to paying 100% rent or another funding source subsidizes the rent.**

**Mainstream Resources**

**12. Describe how the agency coordinates and interacts with each of the following mainstream resources or activities. Complete the table below. Indicate if there is a formal agreement, (MOA, MOU), or contract in place?**

|  |  |
| --- | --- |
| **Resource** | **Briefly describe coordination** |
| TANF/SNAPS (food stamps) |  |
| Runaway and Homeless Youth Programs |  |
| Veterans |  |
| Head Start |  |
| School Districts |  |
| ESG |  |
| Child Welfare |  |
| Law Enforcement |  |
| Jails/Prison |  |
| Behavioral Health/RBHA |  |
| Health Networks |  |
| Survivors of Domestic Violence |  |
| Individuals who identify as LGBTQ+ |  |
| Educational opportunities for young adults/adults  |  |
| Employment |  |

**13. What specifically do you do to assist participants to both increase their employment and/or other income sources (i.e., benefits) to maximize their ability to live independently?**

**14. Insurance and SSI/SSDI**

**14a. How do you help program participants connect to AHCCCS or the Insurance Marketplace?**

**14b. How are you coordinating services for program participants provided by Medicaid?**

**14c. How are you coordinating or obtaining SSI/SSDI for program participants?**

**14d. Do you currently have staff who are SOAR trained? If not, is anyone on staff enrolled in SOAR training? When will it be completed?**

**14e. If no staff are trained in SOAR, do you have a SOAR contact? With which agency?**

**14f. Does every participant experiencing homelessness in your program get connected to your SOAR contact? If not, why?**

**15. Describe how coordination occurs with victim service providers and non-victim service providers to ensure survivors of domestic violence/human trafficking are provided housing and services that provide and maintain safety and security.**

**16. If you are in one (1) of the following counties, there are entitlement cities within the jurisdiction: Yuma (Yuma), Cochise (Douglas and Sierra Vista), Pinal (Casa Grande, Pinal County unincorporated areas), Yavapai (Prescott) and Coconino (Flagstaff). How do you participate with the Consolidated Plan jurisdiction, or the State Consolidated Plan if you do not serve communities listed above? (If the project is chosen to be included in the AZBOSCOC submittal, the agency will be required to obtain a signed certification of consistency with the consolidated plan from the appropriate jurisdiction.)**

**17. For PSH and RRH project types: Provide the following Information (cite the source for current market rates—e.g., Zillow, Apartments.com, etc.:) See budget page for link to FMR information. Duplicate the table for each county the project will serve.**

|  |  |  |
| --- | --- | --- |
| **# of Bedrooms** | **FMR** | **Current Market Rate** |
| **0 Bedroom** |  |  |
| **1 Bedroom** |  |  |
| **2 Bedrooms** |  |  |
| **3 Bedrooms** |  |  |

**17a. Based on the information in the table(s)--will the FMRs that are available in your community be sufficient to cover the actual rents being charged in the community? If they are not sufficient, document what actions will be taken to maintain the viability of the project including spending at least 95% of the funds during the grant term.**

**Tables for each Project Type and Related Budget Tables are attached. In order to simplify the application as it is completed, delete all Project Type Tables and Related Budget Tables that are not going to be used.**

**Project Description and three year budget for**

**PH-RRH: Rapid Rehousing Housing with Supportive Services**

|  |
| --- |
| **Project will take place in the following counties:** |
| **1. Provide a description that addresses the entire scope of the proposed project. target population, wraparound services that will be provided, types and location of housing.** |
| **2. Are there sufficient units available to meet the needs of the program participants planned to be served? If not, what type are needed and what is the strategy to obtain needed rental units?** |
| **3. Provide a brief description of your relationships with landlords and/or property management companies? If you don’t have relationships currently established, described the steps you will take to form them before the project begins.** |
| **4. How many households (singles and families) are estimated to be served in 12 months?**  |
| **5. What is the rental vacancy rate in the community that you are going to serve? (In the answer provide the rate and cite the source of the data).** |
| **6 What types of households will be the focus of the component ? (Check all that apply)**[ ]  **Individuals and households that meet the definition of chronically homeless**[ ]  **Families**[ ]  **Survivors of Domestic Violence**[ ]  **Transition age youth 18-24 (single and/or parenting)**[ ]  **Individuals or households that include a head of household that has a physical or mental health condition/disability.** |
| **7. Describe how this project is aligned with the LCEH Action Plan and addresses gaps that are identified in the plan just completed in Mid-August. The list of LCEH leads is provided at** [**https://housing.az.gov/sites/default/files/documents/files/LCEH-Leads-Contact-List-updated-8.2022.pdf**](https://housing.az.gov/sites/default/files/documents/files/LCEH-Leads-Contact-List-updated-8.2022.pdf)**. Contact the LCEH Lead to get a copy of the plan.** |
| **8. If this project will take place in counties eligible for the rural set-aside and supportive services are being requested as an integral part of the permanent supportive housing, check all additional components that are proposed to be provided as part of the Permanent Supportive Housing component.** [ ]  **Rent or Utility Assistance** [ ]  **Short-term Emergency Lodging**[ ]  **Repairs** [ ]  **Capacity Building Activities**[ ]  **Emergency food and clothing assistance**[ ]  **Costs associated with making use of Federal Inventory Property Programs** |
| **In the rows that follow provide additional description about how this component will be used as a part of the RRH Project** |
| **Rent or Utility Assistance** |
| **Short-term Emergency Lodging** |
| **Repairs**  |
| **Staff Capacity Building Activities:** |
| **Emergency Food and Clothing Assistance** |
| **Costs associated with making use of Federal Inventory Property Programs** |

**THREE YEAR BUDGET REQUEST FOR RRH:**

The budget information is basic. Additional detail will be requested for components that are approved to be included in the AZBOSCOC Special NOFO collaborative application.

**It is critical that the guidance be consulted related to eligible costs. All requests for ineligible costs will be rejected.**

For the RRH Project Type—for either leasing or rental assistance---budget must be based on the Fair Market Rents (FMRs) for the community served.

* For RRH, it is expected that units will turnover once (e.g. rental assistance will be provided to one household for six months.
* It is expected that program participants eventually pay 30% of adjusted gross income while they are receiving rental assistance.

**Supportive Services as part of a RRH Project Type:** Up to 40% of the proposed budget can be allocated to supportive services.

**Fair Market Rents (FMR)**

2022 FMRs should be used for calculations—they can be found here

<https://www.ushousingdata.com/fair-market-rents/arizona>

**Note: if the project is approved to be included in the AZBOSCOC Consolidated Application additional detailed information will be required to complete the budget in ESNAPS. Types of detailed information will include:**

* **Number of FTE that include type of position and fringe benefits**
* **Positions can also be calculated on a flat hourly rate.**
* **Specific unit costs/rates related to any of the supportive services that are included in the budget. See list below.**
* **Federal letter confirming Indirect Cost rate.**

**Refer to this HUD document related to eligibility to ask for supportive services.**

[**https://osh.sccgov.org/sites/g/files/exjcpb671/files/CoC%20Eligible%20Costs%20for%20Supportive%20Services.pdf#:~:text=24%20CFR%20%C2%A7%20578.53%20Annual%20Assessment%20of%20Service,include%20truck%20rental%20and%20hiring%20a%20moving%20company**](https://osh.sccgov.org/sites/g/files/exjcpb671/files/CoC%20Eligible%20Costs%20for%20Supportive%20Services.pdf#:~:text=24%20CFR%20%C2%A7%20578.53%20Annual%20Assessment%20of%20Service,include%20truck%20rental%20and%20hiring%20a%20moving%20company)**.**

**A request for indirect costs based on a federally approved rate or the use of a 10% de minimus rate can be requested. Please refer to the HUD guidelines to calculate costs. The guidelines can be found here:** [**https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-financial-management/direct-vs-indirect-costs/#:~:text=Once%20determined%2C%20there%20are%20no%20HUD%20requirements%20for,and%20ESG%20Indirect%20Cost%20Toolkit%20for%20more%20information**](https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-financial-management/direct-vs-indirect-costs/#:~:text=Once%20determined%2C%20there%20are%20no%20HUD%20requirements%20for,and%20ESG%20Indirect%20Cost%20Toolkit%20for%20more%20information)

**Provide costs based on a three year project term**

**This project is:** [ ]  **leasing or** [ ]  **TBRA (choose one).**

**Note for this initial application: Indirect costs are asked to be presented as a lump sum. If the project is chosen to be included in the collaborative application, indirect costs will be associated with applicable budget line items.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Unit (additional rows can be added for different counties)** | **County** | **Number of Units Requested** | **FMR** | **X 12 months of assistance** | **Amount requested (FMR X 12 months of assistance X # of Units)** |
| **0 Bedroom** |  |  |  | 12 |  |
| **1 Bedroom** |  |  |  | 12 |  |
| **2 Bedroom** |  |  |  | 12 |  |
| **3 Bedroom** |  |  |  | 12 |  |
| **Sub Total for Leasing or Rental Assistance** |  |  |  |  |  |
| **Category** | **Description of use of funds**  | **Amount Requested** |
| **Supportive Services** |  |  |
| **Operating Costs if applicable** |  |  |
| **Subtotal of additional rural set aside components if applicable from table below** |  |
|  |  |
| **\*Indirect Costs can be based on Federally approved rate or a de minimus rate of 10% and does not apply to TBRA or Leasing**  |  |
|  | **Admin Costs Requested** |
| **Administrative costs**(Administrative Costs are calculated based on 7% of total project costs including indirect costs | **Multiply Subtotal of all project costs by 7%--Place that amount in the box to the right.** |  |
| **Total Request** |  |  |

**For rural set aside only:**

**If these components are included in the RRH project component, provide sufficient detail for each component requested.**

|  |  |  |
| --- | --- | --- |
|  | **Provide sufficient detail to justify the request. Items for each component, as applicable, must include # of FTE, occupancy costs, component program costs, # of households estimated to be served, # of lodging nights/vouchers, types of repairs, etc.****The detail must be unique to the component** | **Total Requested** |
| **Rent or Utility Assistance to Prevent Eviction** |  |  |
| **Short-term Lodging** |  |  |
| **Repairs** |  |  |
| **Capacity building activities** |  |  |
| **Emergency food and clothing assistance**  |  |  |
| **Costs related to Federal Inventory Property Programs** |  |  |
| **Total for rural set aside components** | **Provide total here and in table above** |  |

**Project Description and three year budget for**

**PH-PSH Permanent Supportive Housing with Supportive Services**

|  |
| --- |
| **Project will take place in the following counties:** |
| **1. Provide a description that addresses the entire scope of the proposed project. target population, wraparound services that will be provided, types and location of housing.** |
| **2. Are there sufficient units available to meet the needs of the program participants planned to be served? If not, what type are needed and what is the strategy to obtain needed rental units?** |
| **3. Provide a brief description of your relationships with landlords and/or property management companies? If you don’t have relationships currently established, described the steps you will take to form them before the project begins.** |
| **4. How many households (singles and families) are estimated to be served in 12 months?**  |
| **5. What is the rental vacancy rate in the community that you are going to serve? (In the answer provide the rate and cite the source of the data).** |
| **6 What types of households will be the focus of the component ? (Check all that apply)Note: Permanent Supportive Housing Projects must provide housing to individuals and families who meet the definition of chronically homeless.**[ ]  **Individuals and households that meet the definition of chronically homeless**[ ]  **Families**[ ]  **Survivors of Domestic Violence**[ ]  **Transition age youth 18-24 (single and/or parenting)**[ ]  **Individuals or households that include a head of household that has a physical or mental health condition/disability.** |
| **7. Describe how this project is aligned with the LCEH Action Plan and addresses gaps that are identified in the plan just completed in Mid-August. The list of LCEH leads is provided at** [**https://housing.az.gov/sites/default/files/documents/files/LCEH-Leads-Contact-List-updated-8.2022.pdf**](https://housing.az.gov/sites/default/files/documents/files/LCEH-Leads-Contact-List-updated-8.2022.pdf)**. Contact the LCEH Lead to get a copy of the plan.** |
| **8. If this project will take place in counties eligible for the rural set-aside and supportive services are being requested as an integral part of the permanent supportive housing, check all additional components that are proposed to be provided as part of the Permanent Supportive Housing component.** [ ]  **Rent or Utility Assistance** [ ]  **Short-term Emergency Lodging**[ ]  **Repairs** [ ]  **Capacity Building Activities**[ ]  **Emergency food and clothing assistance**[ ]  **Costs associated with making use of Federal Inventory Property Programs** |
| **In the rows that follow provide additional description about how this component will be used as a part of the Permanent Supportive Housing Project** |
| **Rent or Utility Assistance** |
| **Short-term Emergency Lodging** |
| **Repairs**  |
| **Staff Capacity Building Activities:** |
| **Emergency Food and Clothing Assistance** |
| **Costs associated with making use of Federal Inventory Property Programs** |

**THREE YEAR BUDGET REQUEST FOR PSH:**

The budget information is basic. Additional detail will be requested for components that are approved to be included in the AZBOSCOC Special NOFO collaborative application.

**It is critical that the guidance be consulted related to eligible costs. All requests for ineligible costs will be rejected.**

For the PSH Project Type—for either leasing or rental assistance---budget must be based on the Fair Market Rents (FMRs) for the community served.

* For PSH, It is expected that units will turnover once (e.g. rental assistance will be provided to one household for six months.
* It is expected that program participants eventually pay 30% of adjusted gross income while they are receiving rental assistance.

**Supportive Services as part of a PSH Project Type:** Up to 40% of the proposed budget can be allocated to supportive services.

**Fair Market Rents (FMR)**

2022 FMRs should be used for calculations—they can be found here

<https://www.ushousingdata.com/fair-market-rents/arizona>

**Note: if the project is approved to be included in the AZBOSCOC Consolidated Application additional detailed information will be required to complete the budget in ESNAPS. Types of detailed information will include:**

* **Number of FTE that include type of position and fringe benefits**
* **Positions can also be calculated on a flat hourly rate.**
* **Specific unit costs/rates related to any of the supportive services that are included in the budget. See list below.**
* **Federal letter confirming Indirect Cost rate.**

**Refer to this HUD document related to eligibility to ask for supportive services.**

[**https://osh.sccgov.org/sites/g/files/exjcpb671/files/CoC%20Eligible%20Costs%20for%20Supportive%20Services.pdf#:~:text=24%20CFR%20%C2%A7%20578.53%20Annual%20Assessment%20of%20Service,include%20truck%20rental%20and%20hiring%20a%20moving%20company**](https://osh.sccgov.org/sites/g/files/exjcpb671/files/CoC%20Eligible%20Costs%20for%20Supportive%20Services.pdf#:~:text=24%20CFR%20%C2%A7%20578.53%20Annual%20Assessment%20of%20Service,include%20truck%20rental%20and%20hiring%20a%20moving%20company)**.**

**A request for indirect costs based on a federally approved rate or the use of a 10% de minimus rate can be requested. Please refer to the HUD guidelines to calculate costs. The guidelines can be found here:**

[**https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-financial-management/direct-vs-indirect-osts/#:~:text=Once%20determined%2C%20there%20are%20no%20HUD%20requirements%20for,and%20ESG%20Indirect%20Cost%20Toolkit%20for%20more%20information**](https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-financial-management/direct-vs-indirect-costs/#:~:text=Once%20determined%2C%20there%20are%20no%20HUD%20requirements%20for,and%20ESG%20Indirect%20Cost%20Toolkit%20for%20more%20information)

**Provide costs based on a three year project term**

**This project is:** [ ]  **leasing or** [ ]  **TBRA (choose one).**

**Note for this initial application: Indirect costs are asked to be presented as a lump sum. If the project is chosen to be included in the collaborative application, indirect costs will be associated with applicable budget line items.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Unit (additional rows can be added for different counties)** | **County** | **Number of Units Requested** | **FMR** | **X 12 months of assistance** | **Amount requested (FMR X 12 months of assistance X # of Units)** |
| **0 Bedroom** |  |  |  | 12 |  |
| **1 Bedroom** |  |  |  | 12 |  |
| **2 Bedroom** |  |  |  | 12 |  |
| **3 Bedroom** |  |  |  | 12 |  |
| **Sub Total for Leasing or Rental Assistance** |  |  |  |  |  |
| **Category** | **Description of use of funds**  | **Amount Requested** |
| **Supportive Services** |  |  |
| **Operating Costs if applicable** |  |  |
| **Subtotal of additional rural set aside components if applicable from table below** |  |
|  |  |
| **\*Indirect Costs can be based on Federally approved rate or a de minimus rate of 10% and does not apply to TBRA or Leasing**  |  |
|  | **Admin Costs Requested** |
| **Administrative costs**(Administrative Costs are calculated based on 7% of total project costs including indirect costs | **Multiply Subtotal of all project costs by 7%--Place that amount in the box to the right.** |  |
| **Total Request** |  |  |

**For rural set aside only:**

**If these components are included in the PSH project component, provide sufficient detail for each component requested.**

|  |  |  |
| --- | --- | --- |
|  | **Provide sufficient detail to justify the request. Items for each component, as applicable, must include # of FTE, occupancy costs, component program costs, # of households estimated to be served, # of lodging nights/vouchers, types of repairs, etc.****The detail must be unique to the component** | **Total Requested** |
| **Rent or Utility Assistance to Prevent Eviction** |  |  |
| **Short-term Lodging** |  |  |
| **Repairs** |  |  |
| **Capacity building activities** |  |  |
| **Emergency food and clothing assistance**  |  |  |
| **Costs related to Federal Inventory Property Programs** |  |  |
| **Total for rural set aside components** | **Provide total here and in table above** |  |

**Project Description and three year budget for**

**Supportive Services -Street Outreach**

|  |
| --- |
| **Project will take place as a part of which LCEH(s)** |
| **1. Provide a detail description about how funds will be used for street outreach.** |
| **2. Describe the population of focus for street outreach activities.** |
| **3. Describe how the project will participate in coordinated entry?** |
| **4. Describe how the street outreach project will develop a strategy for providing supportive services to those with the highest service needs, including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.** |
| **5. Describe how project refers program participants to projects that specifically coordinates and integrates mainstream health, social services, and employment programs for which they may be eligible?** |
| **6. Describe how program participants will be assisted to obtain and remain in permanent****housing:** |
| **7. Describe how this project is aligned with the LCEH Action Plan and addresses gaps that are identified in the plan just completed in Mid-August. The list of LCEH leads is provided at** [**https://housing.az.gov/sites/default/files/documents/files/LCEH-Leads-Contact-List-updated-8.2022.pdf**](https://housing.az.gov/sites/default/files/documents/files/LCEH-Leads-Contact-List-updated-8.2022.pdf)**. Contact the LCEH Lead to get a copy of the plan.** |
| **8. If this project will take place in counties eligible for the rural set-aside, check all additional components that are proposed to be provided as part of the SSO Street Outreach component.** [ ]  **Rent or Utility Assistance** [ ]  **Short-term Emergency Lodging**[ ]  **Repairs** [ ]  **Capacity Building Activities**[ ]  **Emergency food and clothing assistance**[ ]  **Costs associated with making use of Federal Inventory Property Programs** |
| **In the rows that follow provide additional description about how this component will be used as a part of the SSO-Street Outreach Project** |
| **Rent or Utility Assistance** |
| **Short-term Emergency Lodging** |
| **Repairs**  |
| **Staff Capacity Building Activities:** |
| **Emergency Food and Clothing Assistance** |
| **Costs associated with making use of Federal Inventory Property Programs** |

**THREE YEAR BUDGET REQUEST FOR SSO-Street Outreach:**

The budget information is basic. Additional detail will be requested for components that are approved to be included in the AZBOSCOC Special NOFO collaborative application.

**It is critical that the guidance be consulted related to eligible costs. All requests for ineligible costs will be rejected.**

**Note: if the project is approved to be included in the AZBOSCOC Consolidated Application additional detailed information will be required to complete the budget in ESNAPS. Types of detailed information will include:**

* **Number of FTE that include type of position and fringe benefits**
* **Positions can also be calculated on a flat hourly rate.**
* **Specific unit costs/rates related to any of the supportive services that are included in the budget. See list below.**
* **Federal letter confirming Indirect Cost rate.**

**Refer to this HUD document related to eligibility to ask for supportive services.**

[**https://osh.sccgov.org/sites/g/files/exjcpb671/files/CoC%20Eligible%20Costs%20for%20Supportive%20Services.pdf#:~:text=24%20CFR%20%C2%A7%20578.53%20Annual%20Assessment%20of%20Service,include%20truck%20rental%20and%20hiring%20a%20moving%20company**](https://osh.sccgov.org/sites/g/files/exjcpb671/files/CoC%20Eligible%20Costs%20for%20Supportive%20Services.pdf#:~:text=24%20CFR%20%C2%A7%20578.53%20Annual%20Assessment%20of%20Service,include%20truck%20rental%20and%20hiring%20a%20moving%20company)**.**

**A request for indirect costs based on a federally approved rate or the use of a 10% de minimus rate can be requested. Please refer to the HUD guidelines to calculate costs. The guidelines can be found here:** [**https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-financial-management/direct-vs-indirect-costs/#:~:text=Once%20determined%2C%20there%20are%20no%20HUD%20requirements%20for,and%20ESG%20Indirect%20Cost%20Toolkit%20for%20more%20information**](https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-financial-management/direct-vs-indirect-costs/#:~:text=Once%20determined%2C%20there%20are%20no%20HUD%20requirements%20for,and%20ESG%20Indirect%20Cost%20Toolkit%20for%20more%20information)

**Provide costs based on a three year project term**

**Note for this initial application: Indirect costs are asked to be presented as a lump sum. If the project is chosen to be included in the collaborative application, indirect costs will be associated with applicable budget line items.**

|  |  |  |
| --- | --- | --- |
| **Category** | **Description of use of funds** **Provide Detail of about what is being requested related to the delivery of SSO-Street Outreach** | **Amount Requested** |
| **SSO Street Outreach** |  |  |
| **Subtotal of additional rural set aside components if applicable from table below** |  |
|  |  |
| **\*Indirect Costs can be based on Federally approved rate or a de minimus rate of 10% and does not apply to TBRA or Leasing**  |  |
|  | **Admin Costs Requested** |
| **Administrative costs**(Administrative Costs are calculated based on 7% of total project costs including indirect costs | **Multiply Subtotal of all project costs by 7%--Place that amount in the box to the right.** |  |
| **Total Request** |  |  |

**For rural set aside only: If these components are included in the SSO-Street Outreach project component, provide sufficient detail for each component requested.**

|  |  |  |
| --- | --- | --- |
|  | **Provide sufficient detail to justify the request. Items for each component, as applicable, must include # of FTE, occupancy costs, component program costs, # of households estimated to be served, # of lodging nights/vouchers, types of repairs, etc.****The detail must be unique to the component** | **Total Requested** |
| **Rent or Utility Assistance to Prevent Eviction** |  |  |
| **Short-term Lodging** |  |  |
| **Repairs** |  |  |
| **Capacity building activities** |  |  |
| **Emergency food and clothing assistance**  |  |  |
| **Costs related to Federal Inventory Property Programs** |  |  |

**Project Description and three year budget for**

**Supportive Services Only (SSO-CE): Coordinated Entry**

|  |
| --- |
| **Project will take place as a part of which LCEH(s)** |
| **1. Provide a detail description about how funds will be used to expand coordinated entry in the LCEH** |
| **2. How will the coordinated process be affirmatively marketed and easily accessible by individuals and families seeking assistance?** |
| **3. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance** |
| **4. Does the coordinated entry process use a comprehensive, standardized assessment process?** |
| **5. Does the coordinated entry process use a comprehensive, standardized assessment process?** |
| **6. Describe the referral process and how the coordinated entry process ensures program participants are directed to appropriate housing and services.** |
| **7. Describe how this project is aligned with the LCEH Action Plan and addresses gaps that are identified in the plan just completed in Mid-August. The list of LCEH leads is provided at** [**https://housing.az.gov/sites/default/files/documents/files/LCEH-Leads-Contact-List-updated-8.2022.pdf**](https://housing.az.gov/sites/default/files/documents/files/LCEH-Leads-Contact-List-updated-8.2022.pdf)**. Contact the LCEH Lead to get a copy of the plan.** |
| **8. If this project will take place in counties eligible for the rural set-aside, check all additional components that are proposed to be provided as part of SSO-Coordinated Entry**[ ]  **Rent or Utility Assistance** [ ]  **Short-term Emergency Lodging**[ ]  **Repairs** [ ]  **Capacity Building Activities**[ ]  **Emergency food and clothing assistance**[ ]  **Costs associated with making use of Federal Inventory Property Programs** |
| **In the rows that follow provide additional description about how this component will be used as a part of the Coordinated Entry Project** |
| **Rent or Utility Assistance** |
| **Short-term Emergency Lodging** |
| **Repairs**  |
| **Staff Capacity Building Activities:** |
| **Emergency Food and Clothing Assistance** |
| **Costs associated with making use of Federal Inventory Property Programs** |

**THREE YEAR BUDGET REQUEST FOR SSO-Coordinated Entry**

The budget information is basic. Additional detail will be requested for components that are approved to be included in the AZBOSCOC Special NOFO collaborative application.

**It is critical that the guidance be consulted related to eligible costs. All requests for ineligible costs will be rejected.**

**Note: if the project is approved to be included in the AZBOSCOC Consolidated Application additional detailed information will be required to complete the budget in ESNAPS. Types of detailed information will include:**

* **Number of FTE that include type of position and fringe benefits**
* **Positions can also be calculated on a flat hourly rate.**
* **Specific unit costs/rates related to any of the supportive services that are included in the budget. See list below.**
* **Federal letter confirming Indirect Cost rate.**

**Refer to this HUD document related to eligibility to ask for supportive services.**

[**https://osh.sccgov.org/sites/g/files/exjcpb671/files/CoC%20Eligible%20Costs%20for%20Supportive%20Services.pdf#:~:text=24%20CFR%20%C2%A7%20578.53%20Annual%20Assessment%20of%20Service,include%20truck%20rental%20and%20hiring%20a%20moving%20company**](https://osh.sccgov.org/sites/g/files/exjcpb671/files/CoC%20Eligible%20Costs%20for%20Supportive%20Services.pdf#:~:text=24%20CFR%20%C2%A7%20578.53%20Annual%20Assessment%20of%20Service,include%20truck%20rental%20and%20hiring%20a%20moving%20company)**.**

**A request for indirect costs based on a federally approved rate or the use of a 10% de minimus rate can be requested. Please refer to the HUD guidelines to calculate costs. The guidelines can be found here:** [**https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-financial-management/direct-vs-indirect-costs/#:~:text=Once%20determined%2C%20there%20are%20no%20HUD%20requirements%20for,and%20ESG%20Indirect%20Cost%20Toolkit%20for%20more%20information**](https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-financial-management/direct-vs-indirect-costs/#:~:text=Once%20determined%2C%20there%20are%20no%20HUD%20requirements%20for,and%20ESG%20Indirect%20Cost%20Toolkit%20for%20more%20information)

**Provide costs based on a three year project term**

**Note for this initial application: Indirect costs are asked to be presented as a lump sum. If the project is chosen to be included in the collaborative application, indirect costs will be associated with applicable budget line items.**

|  |  |  |
| --- | --- | --- |
| **Category** | **Description of use of funds** **Provide Detail of about what is being requested related to the delivery of SSO-CE** | **Amount Requested** |
| **SSO Coordinated Entry** |  |  |
| **Subtotal of additional rural set aside components if applicable from table below** |  |
|  |  |
| **\*Indirect Costs can be based on Federally approved rate or a de minimus rate of 10% and does not apply to TBRA or Leasing**  |  |
|  | **Admin Costs Requested** |
| **Administrative costs**(Administrative Costs are calculated based on 7% of total project costs including indirect costs | **Multiply Subtotal of all project costs by 7%--Place that amount in the box to the right.** |  |
| **Total Request** |  |  |

**For rural set aside only:**

**Project Description and three year budget for**

**Supportive Services -Other**

**Applicants select this SSO subtype if the project will fund stand-alone support services to individuals and families experiencing homelessness or who have been homeless in the prior 6-months but are now residing in permanent housing (that is not PSH or RRH). This means, the recipient is providing supportive services to individuals and families experiencing homelessness for whom the applicant is not also providing housing or housing assistance. Examples of stand-alone supportive services include (1) housing navigation activities for people experiencing homelessness when the applicant is not also providing any ongoing housing assistance (e.g., rental assistance), (2) childcare services to individuals and families experiencing homelessness, (3) drop-in centers that provide supportive services to people experiencing homelessness, and (4) family reunification services to reunite people experiencing homelessness with their families**

|  |
| --- |
| **Project will take place as a part of which LCEH(s)** |
| **1. Provide a detail description about how funds will be used for supportive services** |
| **2. Describe the population of focus for supportive services:** |
| **3. Describe how the project will participate in coordinated entry?** |
| **4. Describe how the supportive services will be provided to those with the highest service needs, including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.** |
| **5. Describe how project refers program participants to projects that specifically coordinates and integrates mainstream health, social services, and employment programs for which they may be eligible?** |
| **6. Describe how program participants will be assisted to obtain and remain in permanent****housing:** |
| **7. Describe how this project is aligned with the LCEH Action Plan and addresses gaps that are identified in the plan just completed in Mid-August. The list of LCEH leads is provided at** [**https://housing.az.gov/sites/default/files/documents/files/LCEH-Leads-Contact-List-updated-8.2022.pdf**](https://housing.az.gov/sites/default/files/documents/files/LCEH-Leads-Contact-List-updated-8.2022.pdf)**. Contact the LCEH Lead to get a copy of the plan.** |
| **8. If this project will take place in counties eligible for the rural set-aside, check all additional components that are proposed to be provided as part of the Supportive Services component.** [ ]  **Rent or Utility Assistance** [ ]  **Short-term Emergency Lodging**[ ]  **Repairs** [ ]  **Capacity Building Activities**[ ]  **Emergency food and clothing assistance**[ ]  **Costs associated with making use of Federal Inventory Property Programs** |
| **In the rows that follow provide additional description about how this component will be used as a part of the Supportive Services Project** |
| **Rent or Utility Assistance** |
| **Short-term Emergency Lodging** |
| **Repairs**  |
| **Staff Capacity Building Activities:** |
| **Emergency Food and Clothing Assistance** |
| **Costs associated with making use of Federal Inventory Property Programs** |

**THREE YEAR BUDGET REQUEST FOR** Supportive Services

The budget information is basic. Additional detail will be requested for components that are approved to be included in the AZBOSCOC Special NOFO collaborative application.

**It is critical that the guidance be consulted related to eligible costs. All requests for ineligible costs will be rejected.**

**Note: if the project is approved to be included in the AZBOSCOC Consolidated Application additional detailed information will be required to complete the budget in ESNAPS. Types of detailed information will include:**

* **Number of FTE that include type of position and fringe benefits**
* **Positions can also be calculated on a flat hourly rate.**
* **Specific unit costs/rates related to any of the supportive services that are included in the budget. See list below.**
* **Federal letter confirming Indirect Cost rate.**

**Refer to this HUD document related to eligibility to ask for supportive services.**

[**https://osh.sccgov.org/sites/g/files/exjcpb671/files/CoC%20Eligible%20Costs%20for%20Supportive%20Services.pdf#:~:text=24%20CFR%20%C2%A7%20578.53%20Annual%20Assessment%20of%20Service,include%20truck%20rental%20and%20hiring%20a%20moving%20company**](https://osh.sccgov.org/sites/g/files/exjcpb671/files/CoC%20Eligible%20Costs%20for%20Supportive%20Services.pdf#:~:text=24%20CFR%20%C2%A7%20578.53%20Annual%20Assessment%20of%20Service,include%20truck%20rental%20and%20hiring%20a%20moving%20company)**.**

**A request for indirect costs based on a federally approved rate or the use of a 10% de minimus rate can be requested. Please refer to the HUD guidelines to calculate costs. The guidelines can be found here:** [**https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-financial-management/direct-vs-indirect-costs/#:~:text=Once%20determined%2C%20there%20are%20no%20HUD%20requirements%20for,and%20ESG%20Indirect%20Cost%20Toolkit%20for%20more%20information**](https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-financial-management/direct-vs-indirect-costs/#:~:text=Once%20determined%2C%20there%20are%20no%20HUD%20requirements%20for,and%20ESG%20Indirect%20Cost%20Toolkit%20for%20more%20information)

**Provide costs based on a three year project term**

**Note for this initial application: Indirect costs are asked to be presented as a lump sum. If the project is chosen to be included in the collaborative application, indirect costs will be associated with applicable budget line items.**

|  |  |  |
| --- | --- | --- |
| **Category** | **Description of use of funds** **Provide Detail of about what is being requested related to the delivery of Supportive Services** | **Amount Requested** |
| **Supportive Services** |  |  |
| **Subtotal of additional rural set aside components if applicable from table below** |  |
|  |  |
| **\*Indirect Costs can be based on Federally approved rate or a de minimus rate of 10% and does not apply to TBRA or Leasing**  |  |
|  | **Admin Costs Requested** |
| **Administrative costs**(Administrative Costs are calculated based on 7% of total project costs including indirect costs | **Multiply Subtotal of all project costs by 7%--Place that amount in the box to the right.** |  |
| **Total Request** |  |  |

**For rural set aside only:**

**If these components are included in the Supportive Services project component, provide sufficient detail for each component requested.**

|  |  |  |
| --- | --- | --- |
|  | **Provide sufficient detail to justify the request. Items for each component, as applicable, must include # of FTE, occupancy costs, component program costs, # of households estimated to be served, # of lodging nights/vouchers, types of repairs, etc.****The detail must be unique to the component** | **Total Requested** |
| **Rent or Utility Assistance to Prevent Eviction** |  |  |
| **Short-term Lodging** |  |  |
| **Repairs** |  |  |
| **Capacity building activities** |  |  |
| **Emergency food and clothing assistance**  |  |  |
| **Costs related to Federal Inventory Property Programs** |  |  |