

## Before Starting the Project Application

**To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.**

### Things to Remember

- Additional training resources can be found at on the OneCPD Resource Exchange at <https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the OneCPD Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2013 CoC NOFA.
- To ensure that applications are considered for funding, all sections of the FY 2013 CoC Program NOFA and the FY 2013 General Section NOFA, including the General Section Technical Correction, should be read carefully, and all requirements and criteria met.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2012 Project Application will not be imported into the FY 2013 Project Application, therefore applicants will be required to enter information into all required fields.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduction.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to the CoC Program interim rule (24 CFR part 578) and application requirements set forth in the FY 2013 CoC Program NOFA.

## 1A. Application Type

### Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: This is a required field for all renewal project applicants. Enter the correct expiring grant number as identified on the final HUD-approved GIW.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

### 1. Type of Submission:

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 01/10/2014

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: PA0241L3T111205

6. Date Received by State:

7. State Application Identifier:

## 1B. Legal Applicant

### Instructions:

The information on this form is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2013 Renewal Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the OneCPD Resource Exchange.

### 8. Applicant

**a. Legal Name:** Penn Foundation, Inc.

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 23-1496225

	<b>c. Organizational DUNS:</b>	013462395	<b>PL US 4</b>	
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### d. Address

**Street 1:** 807 Lawn Avenue

**Street 2:** P.O. Box 32

**City:** Sellersville

**County:** Bucks

**State:** Pennsylvania

**Country:** United States

**Zip / Postal Code:** 18960

### e. Organizational Unit (optional)

**Department Name:** Village of Hope

**Division Name:**

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

**Applicant:** Penn Foundation, Inc.

013462395

**Project:** Village of Hope SHP - Women's House

096118

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**Prefix:** Mr.

**First Name:** Don

**Middle Name:**

**Last Name:** Detweiler

**Suffix:**

**Title:** Program Director

**Organizational Affiliation:** Penn Foundation, Inc.

**Telephone Number:** (267) 404-5034

**Extension:**

**Fax Number:** (215) 453-5192

**Email:** ddetweiler@pennfoundation.org

## 1C. Application Details

### Instructions:

The information on this form is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode before clicking on "Back to FY 2013 Renewal Project Application" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the OneCPD Resource Exchange.

**9. Type of Applicant:** M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" please specify:

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

**11. Catalog of Federal Domestic Assistance Title:** CoC Program

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-5700-N-31B

**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

## 1D. Congressional District(s)

### Instructions:

**Areas Affected By Project:** This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

**Descriptive Title of Applicant's Project:** This field is populated with the name entered on the Project form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

**Congressional District(s):**

a. **Applicant:** This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this form. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

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

**Proposed Project Start and End Dates:** In this required field, indicate the operating start date and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

**Estimated Funding:** Fields intentionally left blank, cannot edit.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

**14. Area(s) affected by the project (State(s) only):** Pennsylvania  
(for multiple selections hold CTRL key)

**15. Descriptive Title of Applicant's Project:** Village of Hope SHP - Women's House

**16. Congressional District(s):**

a. **Applicant:** PA-008  
(for multiple selections hold CTRL key)

b. **Project:** PA-008  
(for multiple selections hold CTRL key)

**17. Proposed Project**

a. **Start Date:** 03/01/2014

**b. End Date:** 02/28/2015

**18. Estimated Funding (\$)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. Compliance

### Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: [http://www.whitehouse.gov/omb/grants\\_spoc](http://www.whitehouse.gov/omb/grants_spoc)

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected an explanation is required in the space provided on this screen.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

- 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:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2013 CoC Program NOFA (Section VI.A.1.b) and in the e-snaps Project Applicant Profile.

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

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

All forms, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps

**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:** Wayne

**Middle Name:** Arnold

**Last Name:** Mugrauer

**Suffix:**

**Title:** CEO

**Telephone Number:** (215) 453-5160  
**(Format: 123-456-7890)**

**Applicant:** Penn Foundation, Inc.

013462395

**Project:** Village of Hope SHP - Women's House

096118

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**Fax Number:** (267) 517-0021  
**(Format: 123-456-7890)**

**Email:** wmugrauer@pennfoundation.org

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

**Date Signed:** 01/10/2014

## 2A. Project Subrecipients

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

Total Expected Sub-Awards: \$0

Organization	Type	Sub-Award Amount
This list contains no items		

## 3A. Project Detail

### Instructions:

The selections made on this form will determine which additional forms will need to be completed for this project application.

**Expiring Grant Number:** This field is pre-populated with the expiring grant number entered on form "1A. Application Type."

**CoC Number and Name:** Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC".

**CoC Applicant Name:** Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose; however, in the case of a Competing CoC, there may be more than one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

**Project Name:** This is pre-populated from the "Project" form and cannot be edited.

**Project Status:** The default selection is "Standard", indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2013 competition. The selection should only be changed to "Appeal" in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see the Appeals Notice that is published by HUD after the FY 2013 CoC Program NOFA is published.

**Component Type:** This is a required field. Select the component type that identifies the renewal project application type.

**Energy Star:** this field is required. Select "Yes" or "No" to indicate if Energy Star is being used in this project at one or more properties that will receive funding in this CoC Program Competition.

**Title V:** This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

**1. Expiring Grant Number:** PA0241L3T111205

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

**2a. CoC Number and Name:** PA-511 - Bristol/Bensalem/Bucks County CoC

**2b. CoC Applicant Name:** County of Bucks

**3. Project Name:** Village of Hope SHP - Women's House

**4. Project Status:** Standard

**5. Component Type:** TH

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

**7. Does this project use one or more properties that have been conveyed through the Title V process?** No

## **3B. Project Description**

### **Instructions:**

## ALL PROJECTS

Provide a description that addresses the entire scope of the proposed project: This field is required. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Does your project participate in a CoC Coordinated Assessment System: This is a required field. Select "Yes" if the project is currently participating in a coordinated assessment system. If a coordinated assessment system does not exist in the CoC or if the project does not participate, select "No."

Does your project have a specific population focus: This is a required field. Select "Yes" if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If "Yes" is selected, select the relevant checkbox(es) to identify the project's population focus.

## PH PROJECTS ONLY

Does the project follow a "Housing First" model: This is a required field for PH projects only. Select "Yes" if the project currently follows a housing first approach that allows the homeless to enter without barriers such as income, sobriety, etc. Select "No" if the project does not follow a housing first approach.

Does the PH project provide PSH or RRH: This is a required field. If PSH is selected, a follow up field will appear with the following pre-populated, "Unlimited Assistance". If RRH is selected, a follow-up field will appear in which the applicant will need to "

Indicate the maximum length of assistance". RRH projects may provide assistance to participants for a period of up to 24 months but may choose from 3, 12, 18, and 24 month periods. There is no time limit for PSH projects. Therefore, when PSH is selected, "Unlimited Assistance" will automatically populate and will be read only. TH AND SSO PROJECTS ONLY:

Do you plan on serving homeless households with children and youth defined as homeless under other federal statutes (Paragraph 3 of the definition of homeless found at 24 CFR 578.3)? Please note that no project is permitted to serve this population unless the CoC has requested and is approved to do so: This is a required field. Projects are only permitted to serve households with children and youth defined as homeless under other federal statutes (Paragraph 3 of the definition of homeless found at 24 CFR 578.3), if the CoC has requested and is approved to use funds for such a purpose. CoCs that wish to request that projects within the CoC be permitted to use funds to serve this population had to identify the specific project(s) that would use funding for this purpose (up to 10 percent of CoC total award) by submitting an attachment with the CoC Application. HUD will only consider TH and SSO projects for approval under the above conditions.

## TH PROJECTS ONLY:

Indicate the maximum length of assistance: This is a required field. The maximum length of assistance allowed for TH projects is 24 months.

## PH AND TH PROJECTS ONLY:

If applicable, indicate the type of rental assistance: This is a required field. If requesting rental assistance, select the type, PRA, SRA, or TRA, from the dropdown menu. Each type has unique requirements and applicants should refer to 24 CFR 578.51 before making a selection. If not requesting rental assistance in this project application, select N/A.

Describe the method for determining the type, amount, and duration of rental assistance that participants can receive. If the project is requesting rental assistance, describe the method or process the applicant will use to determine the type, amount, and duration of rental assistance that participants can receive

For SHP projects renewing under the CoC Program for the first time, is the project budget being revised to rental assistance from leasing? (This change must have been listed on the final HUD-approved GIW. See 24 CFR 578.49(b)(8)); This is a required field. "Yes" should only be selected if the change from leasing to rental assistance was approved by HUD during the GIW process.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

### 1. Provide a description that addresses the entire scope of the proposed project.

The need for safe, affordable, and supportive housing for persons with co-occurring mental health and substance use issues is great. Persons with these disabilities have difficulty remaining engaged in broader society and without support, often cycle through periods of inpatient treatment, joblessness, incarceration, and homelessness. The Village of Hope - Women's House is transitional housing located in a four bedroom group home that provides supportive services (such as case management; transportation to appointments, work, and school; life skills training; linkage to treatment/rehabilitation services; and connection to community housing opportunities) for eight adult women at a time, who are homeless and dealing with co-occurring mental health and substance use issues. Outcomes focused on by the program including looking at persons leaving to permanent housing (targeted to be 4 out of 5 estimated persons exiting in a year, or 80%), and persons aged 18 through 61 years who increased their earned income as of the end of the operating year or program exit (targeted to be 2 out of 10 persons served in a year, or 20%).

### 2. Does your project participate in a CoC Coordinated Assessment System? Yes

### 3. Does your project have a specific population focus? Yes

#### 3a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>



**Other:**

**4. Do you plan on serving homeless households with children and youth defined as homeless under other federal statutes (Paragraph 3 of the definition of homeless found at 24 CFR 578.3)? Please note that no project is permitted to serve this population unless the CoC has requested and is approved to do so.** No

**5. Indicate the maximum length of assistance:** Up to 24 months

**6a. If applicable, indicate the type of rental assistance:** N/A

## **4A. Supportive Services for Participants**

### **Instructions:**

#### ALL PROJECTS EXCEPT HMIS

Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: This is a required field. Select "Yes," "No," or "N/A" to indicate whether the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with local and federal educational laws, including the McKinney-Vento Act. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Does the proposed project have a designated staff person to ensure that children are enrolled in school and receive educational services, as appropriate: This is a required field. Select "Yes," "No," or "N/A" to indicate whether the project has a designated staff person responsible for ensuring that children and youth 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. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Describe the manner in which the project applicant will take into account the educational needs of children when youth and/or families are placed in housing: This is a required field if a response of "No" is given for either one of the two preceding questions. Use this space to explain how the project will plan to meet the educational needs of children and youth participants according to the requirements specified under section 426.B.4 of the McKinney-Vento Act as amended by HEARTH.

For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider or mode of Access is relevant for a single service, please select the provider and mode of access that corresponds to the highest frequency.

- Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, "Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider closest to the grant funds (i.e. Applicant, then Subrecipient, then Partner, and lastly, non-Partner).

- Access: Select the most common method of access for participants. If more than one mode is equally common, choose the most convenient.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as "—select—" when services are not applicable.

To what extent are most community amenities available to project participants: This field is required. Select the answer that best fits the accessibility of community amenities such as: Schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks or recreation facilities. If accessibility varies significantly by amenity, choose the level that best describes most of the amenities or the average accessibility of amenities.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

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

**1b. 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



**2. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.**  
Click 'Save' to update.

Supportive Services	Provider	Access	Frequency
Assessment of Service Needs	Applicant	Onsite	As needed
Assistance with Moving Costs			
Case Management	Applicant	Onsite	As needed
Child Care			
Education Services			
Employment Assistance and Job Training			
Food	Applicant	Onsite	Daily
Housing Search and Counseling Services	Applicant	Onsite	As needed
Legal Services			
Life Skills Training	Applicant	Onsite	Daily
Mental Health Services	Partner	Short walk	As needed
Outpatient Health Services	Non-Partner	Public/private regional transportation	As needed
Outreach Services			
Substance Abuse Treatment Services	Partner	Short walk	As needed
Transportation	Applicant	Program van	Daily
Utility Deposits			

**3. How accessible are most community amenities to project participants?**

Most Community Amenities	Access
Schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks or recreation facilities.	Somewhat accessible: Minor transportation barriers, requires effort for participants.

## 4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 1

Total Beds: 8

Total Dedicated CH Beds: 0

Total Non-Dedicated CH Beds: 8

Housing Type	Units	Beds	CH Beds	Non-CH Beds
Shared housing	1	8	0	8

## 4B. Housing Type and Location Detail

### Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail form should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail form. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail form.

**Housing Type:** This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

**Indicate the maximum number of units and beds available for project participants at the selected housing site:** This is a required field. Indicate the number of units and beds that will be served by this project.

**How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless:** This is a required field. Based on the number of beds listed in the above question, how many, if any, of the beds are dedicated for the chronically homeless. "Dedicated" chronically homeless beds can ONLY be used by chronically homeless persons. If none of the beds are dedicated for the chronically homeless, enter "0."

**How many of the total beds entered in "b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs:** This is a required field. In this field, indicate the number of beds that are not dedicated to the chronically homeless but where the chronically homeless will have priority for admission when a bed becomes available through turnover.

**Address:** This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

**Select the geographic area(s) associated with the address:** This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

### 1. Housing Type: Shared housing

### 2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 1

**b. Beds:** 8

**c. How many of the total beds entered in "b. Beds" are dedicated to the chronically homeless?** 0

**d. How many of the total beds entered in "b. Beds" are not dedicated to the chronically homeless but will still be used to assist the chronically homeless?** 8

**3. Address:**

**Street 1:** 807 Lawn Avenue

**Street 2:** P.O. Box 32

**City:** Sellersville

**State:** Pennsylvania

**ZIP Code:** 18960

**4. Select the geographic area(s) associated with the address:** 429017 BUCKS COUNTY, 420726 BRISTOL TOWNSHIP, 420438 BENSalem TOWNSHIP  
(for multiple selections hold CTRL Key)

## 4C. HMIS Participation

### Instructions:

ALL PROJECTS EXCEPT HMIS

Does this project provide client level data to the HMIS at least annually: This is a required field. Select "Yes" or "No" from the drop down menu.

If "No" was selected, indicate the reason for non-participation in the HMIS by selecting one or more of the following reasons for not participating in the CoC's HMIS: Federal law prohibits, State law prohibits, New project not yet operating, and other. If "Federal/State prohibition" cite the applicable law in the text box provided. For "Other" provide an explanation in the text box.

If "Yes" was selected:

Indicate the number of clients served from 1/1/2012 – 12/31/2012: Enter the number of participants reported in the HMIS, only positive integers will be accepted. This should be a cumulative yearly count of clients served.

Of the clients served from 1/1/2012 – 12/31/2012, indicate the number reported in the HMIS: Enter a number that is smaller than or equal to the answer in the above question. Only positive integers will be accepted.

Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.' Please add a value for each cell below. If there are no values to report for a cell, please enter "0:" At least one value must be entered into the grid. Enter a number in the applicable fields that represents the percentage of each data element that have null or missing values, and a number that represents the percentage of each data element were reported as "Don't Know or Refused."

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

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

**2a. Indicate the number of clients served from 1/1/2012 - 12/31/2012** 13

**2b. Of the clients served from 1/1/2012 - 12/31/2012, indicate the number reported in the HMIS** 13

**3. Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.' Please add a value for each cell below. If there are no values to report for a cell, please enter "0".**



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

## 5A. Project Participants - Households

### Instructions:

ALL PROJECTS EXCEPT HMIS

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

**Households:** Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

**Households with at least One Adult and One Child:** Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

**Adult Households without Children:** Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

**Households with Only Children:** Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Characteristics:** Enter the total number of homeless that fall under one of the characteristics listed.

**Persons in Households with at least One Adult and One Child:** Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

**Adult Persons in Households without Children:** Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

**Persons in Households with Only Children:** Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Totals:** All fields in the "Total Number..." and "Total Persons" rows will automatically calculate when the "Save" button is clicked.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households		8		8

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Disabled Adults over age 24		7		7
Non-disabled Adults over age 24				0
Disabled Adults ages 18-24		1		1
Non-disabled Adults ages 18-24				0
Accompanied Disabled Children under age 18				0
Accompanied Non-disabled Children under age 18				0
Unaccompanied Disabled Children under age 18				0
Unaccompanied Non-disabled Children under age 18				0
Total Number of Adults over age 24	0	7		7
Total Number of Adults ages 18-24	0	1		1
Total Number of Children under age 18	0		0	0
Total Persons	0	8	0	8

Click Save to automatically calculate totals

## 5B. Project Participants - Subpopulations

### Instructions:

ALL PROJECTS EXCEPT HMIS

\*This form can only be completed once form "5A. Project Participants – Households" has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on the form according to household types.

Persons in Households with at Least One Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the "Total Persons" rows will calculate automatically when the "Save" button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

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

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Disabled Adults over age 24										
Non-disabled Adults over age 24										
Disabled Adults ages 18-24										
Non-disabled Adults ages 18-24										
Disabled Children under age 18										
Non-disabled Children under age 18										

Total Persons	0	0	0	0	0	0	0	0	0	0
---------------	---	---	---	---	---	---	---	---	---	---

### Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Disabled Adults over age 24				7		7				
Non-disabled Adults over age 24										
Disabled Adults ages 18-24				1		1				
Non-disabled Adults ages 18-24										
Total Persons	0	0	0	8	0	8	0	0	0	0

Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Accompanied Disabled Children under age 18										
Accompanied Non-disabled Children under age 18										
Unaccompanied Disabled Children under age 18										
Unaccompanied Non-disabled Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

## 5C. Outreach for Participants

### Instructions:

ALL PROJECTS EXCEPT HMIS

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens
- Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (only applicable to TH and SSO projects)
- Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the "Save" button is clicked. A warning message will appear if the total is greater than 100%.

If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements.

AND/OR

If "Persons at imminent risk..." is greater than 0 percent, identify the project as either an SSO or TH project and verify that persons served will be within 14 days of losing their housing and becoming literally homeless: This field is required if the total percentage calculated above is less than 100 percent or if a number greater than 0 was entered in the "Persons at imminent risk of losing their nighttime residence" field. If both apply, the project applicant must provide a response to both questions in this field.

If the total percentage calculated above is less than 100 percent, explain where the unaccounted for participants will come from. All participants served in CoC Program funded projects must meet eligibility criteria set forth in the CoC Program interim rule and the FY 2013 CoC Program NOFA.

If the field for "Persons at imminent risk of losing their nighttime residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing" contains a percentage greater than 0, the project applicant must indicate how these persons meet the eligibility criteria for the project component being requested (may only be TH or SSO).

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

### 1. Enter the percentage of project participants that will be coming from each of the following locations.

5%	Directly from the street or other locations not meant for human habitation.
35%	Directly from emergency shelters.
	Directly from safe havens.
	From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.
30%	Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (TH and SSO projects only)
	Homeless persons as defined under other federal statutes (TH and SSO only and HUD approval REQUIRED)
	Persons fleeing domestic violence.
70%	Total of above percentages

**2. If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements**

**AND/OR**

**If "Persons at imminent risk..." is greater than 0 percent, identify the project as either an SSO or TH project and verify that persons served will be within 14 days of losing their housing and becoming literally homeless.**

According to the updated homeless definition, an individual or family is considered "literally homeless if they are exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering the institution." It is estimated that the remaining 30% of residents would come from this situation.

Furthermore, the Village of Hope - Women's House is a Transitional Housing (TH) program, and for persons meeting the "imminent risk of losing their nighttime residence within 14 days", the program requires the necessary proof/documentation of this fact prior to this type of applicants become residents of the program.

## 6A. Standard Performance Measures

### Instructions:

ALL PROJECTS EXCEPT SSO and HMIS

**Housing Measures:** This is a required field. Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year: Count each participant who is still living in your units supported by your facility, or clients who have exited your units and moved into another permanent housing situation

**Income Measure:** This is a required field where at least one option must be chosen by the project applicant.

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: Not applicable for youth below the age of 18. Total income can include all sources, public and private.

b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

For each measure, enter a number in the blank cells according to the following instructions:

**Universe (#):** Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

**Target (#):** Enter the number of applicable clients from the universe who are expected to achieve the measure within the operating year. The Target is the total number of persons from the pool that are affected.

**Target (%):** This field will be calculated automatically when all required fields are entered and saved. 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%."

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

### 1. Specify the universe and target for the housing measure. Click 'Save' to calculate the target percent (%).

Housing Measure	Target (#)	Universe (#)	Target (%)
a. Persons exiting to permanent housing (subsidized or unsubsidized) during the operating year.	4	5	80%

### 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 percent (%).



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Income Measure	Target (#)	Universe (#)	Target (%)
a. Persons age 18 and older who increased their total income (from all sources) as of the end of the operating year or program exit.			0%
OR			
b. Persons age 18 through 61 who increased their earned income as of the end of the operating year or program exit.	2	10	20%

## 6B. Additional Performance Measures

Use this form to submit additional measures on which the project will report performance in the Annual Performance Report (APR).

Proposed Measure
This list contains no items

## 7A. Funding Request

### Instructions:

#### ALL PROJECT APPLICATIONS

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

Do any of the properties in this project have an active restrictive covenant: This is a required field. Select "Yes" or "No" to indicate whether or not one or more of the project properties are subject to an active restrictive covenant.

Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project: This is a required field. Indicate if this project previously received funds under either the Samaritan Housing or Permanent Housing Bonus initiative. If yes, then the project must continue to meet the requirements of the initiative, as specified in the Homeless Assistance Grants NOFA for the year in which funds were originally awarded, in order to continue to receive renewal funding under the CoC Program Competition.

Are the requested renewal funds reduced from the previous award as a result of reallocation?: This is a required field. Select "Yes" or "No" to indicate whether the renewal project is reduced through the reallocation process. The response will be compared to the reallocation responses in the CoC Application.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select 'Yes' or 'No' to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult OMB circulars A-122 and A-87 and contact your local HUD office.

Select a grant term: This field is pre-populated with a one-year grant term.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budget for which funding is being requested. The choices available will depend on the component and project type selected at the beginning of this project application. The following eligible costs may be listed: leased units, leased structures, short-term/medium-term rental assistance, long-term rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the final HUD-approved FY2013 GIW.

If you do not see the funding budgets that you expected, you may need to return to form "3A. Project Detail" to review the "Component Type" and/or "3B. Project Description" to review the type of project selected. For example, a rental assistance project that does not see the "Long-term rental assistance" budget may have incorrectly identified as a rapid re-housing project on form "3B. Project Description." See the FY2013 CoC Program NOFA for additional guidance.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

**1. Do any of the properties in this project have an active restrictive covenant?** No

**2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?** No

**3. Are the requested renewal funds reduced from the previous award as a result of reallocation?** Yes

**4. Does this project propose to allocate funds according to an indirect cost rate?** No

**5. Select a grant term:** 1 Year

**6. Select the costs for which funding is being requested:**

Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Short-Term/Medium-term Rental Assistance	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operations	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

## 7F. Supportive Services Budget

### Instructions:

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

**Eligible Costs:** The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

**Quantity AND Description:** This is a required field. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

**Annual Assistance Requested:** This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants. The request should match the budget amounts identified on the HUD-approved GIW.

**Total Annual Assistance Requested:** This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

**Grant Term:** This field is populated with the value "1 Year" and will be read only.

**Total Request for Grant Term:** This field is automatically calculated based total amount requested for each eligible cost multiplied by the grant term.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

**A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.**

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	House Case Manager .2 FTE + benefits @ 17.5%	\$4,433
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	\$50/week average 7.25 residents	\$12,358
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills	Various VOH staff .3 FTE + benefits @ 17.5%	\$6,759
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

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<b>14. Substance Abuse Treatment Services</b>		
<b>15. Transportation</b>	Supportive Services Drivers .875 FTE + benefits @ 17.5%; gas, insurance, maintenance & repairs on vehicles used directly in supportive services	\$19,626
<b>16. Utility Deposits</b>		
<b>Total Annual Assistance Requested</b>		\$43,176
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$43,176

**Click the 'Save' button to automatically calculate totals.**

## 7G. Operating Budget

### Instructions:

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

**Eligible Costs:** The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

**Quantity AND Detail:** This is a required field. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

**Annual Assistance Requested:** This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility. The request should match the budget amounts identified on the HUD-approved GIW

**Total Annual Assistance Requested:** This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

**Grant term:** This field is populated with the value "1 Year" and will be read only.

**Total Request for Grant Term:** This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

**A quantity AND description must be entered for each requested cost. Any cost without a quantity and a description will be removed from the budget.**

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	Maintenance & minor repair costs for housing facility; grounds maintenance costs, trash removal	\$5,564
2. Property Taxes and Insurance	Allocated portion of agency insurance as per approved allocation policy	\$2,536
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	Includes electric, heat, water & sewer	\$4,384
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		\$12,484
Grant Term		1 Year
Total Request for Grant Term		\$12,484

**Click the 'Save' button to automatically calculate totals.**



## 7I. Sources of Match/Leverage

The following list summarizes the funds that will be used as Match or Leverage for the project. To add a Matching/Leverage source to the list, select the icon. To view or update a Matching/Leverage source already listed, select the icon.

### Summary for Match

Total Value of Cash Commitments:	\$28,497
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$28,497

### Summary for Leverage

Total Value of Cash Commitments:	\$84,705				
Total Value of In-Kind Commitments:	\$0				
Total Value of All Commitments:	\$84,705				
Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments
Match	Cash	Government	Bucks County Depa...	12/30/2013	\$28,497
Leverage	Cash	Government	Bucks County Depa...	12/30/2013	\$84,705

## Sources of Match/Leverage Detail

### Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage form will populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

**1. Will this commitment be used towards Match or Leverage?**

Match

**2. Type of Commitment:**

Cash

**3. Type of Source:**

Government

**4. Name the Source of the Commitment:**  
(Be as specific as possible and include the office or grant program as applicable)

Bucks County Department of Mental Health/Developmental Programs

**5. Date of Written Commitment:**

12/30/2013

**6. Value of Written Commitment:**

\$28,497

## Sources of Match/Leverage Detail

### Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this form. Please review the CoC Program interim rule and the FY2013 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible. A CoC may receive a higher leveraging score if any of its project applicants identify NSP funds as a source of leverage for one or more projects.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage form will populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

**1. Will this commitment be used towards** Leverage  
**Match or Leverage?**

**2. Type of Commitment:** Cash

**3. Type of Source:** Government

**4. Name the Source of the Commitment:** Bucks County Department of Mental  
**(Be as specific as possible and include the** Health/Developmental Programs  
**office or grant program as applicable)**

**5. Date of Written Commitment:** 12/30/2013

**6. Value of Written Commitment:** \$84,705

## 7J. Summary Budget

### Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field "8. Admin (Up to 10%)."

**Admin (Up to 10%):** Enter the amount funds of requested administration funds. The request should match the amount identified on the HUD-approved GIW. The grant will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." If an ineligible amount is entered, the system will report an error and prevent application submission when the form is saved.

**Total Assistance plus Admin Requested:** This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is this is the total amount of funding the project applicant will request in the FY 2013 CoC Program Competition.

**Cash Match:** This field is automatically populated. If it needs to be changed, return to form "7I. Sources of Match/Leverage" to make changes to this field.

**In-Kind Match:** This field is automatically populated. If it needs to be changed, return to form "7I. Sources of Match/Leverage" to make changes to this field.

**Total Match:** This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to form "7I. Sources of Match/Leverage" to make changes..

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

**The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.**

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Leased Units	\$0	1 Year	\$0
1b. Leased Structures	\$0	1 Year	\$0
2. Short-term/Medium-term Assistance	\$0	1 Year	\$0
3. Long-term Rental Assistance	\$0	1 Year	\$0

**Applicant:** Penn Foundation, Inc.

013462395

**Project:** Village of Hope SHP - Women's House

096118

4. Supportive Services	\$43,176	1 Year	\$43,176
5. Operating	\$12,484	1 Year	\$12,484
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$55,660
8. Admin (Up to 10%)			\$810
9. Total Assistance plus Admin Requested			\$56,470
10. Cash Match			\$28,497
11. In-Kind Match			\$0
12. Total Match			\$28,497
13. Total Budget			\$84,967

## 8A. Attachment(s)

### Instructions:

**Subrecipient Nonprofit Documentation:** Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

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

If indicated on Forms 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Form 8A. Attachments:

**CoC Rejection Letter:** Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

**Commitment Letter:** SHP projects that are converting from Leasing to Rental Assistance and are non-profits must attach a commitment letter from the state, instrumentality of local government, or PHA that will administer the rental assistance. Please see the FY 2013 CoC Program NOFA for more additional information.

**Certification of Consistency with Consolidated Plan:** Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located confirming that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For most projects, the certification is attached to the CoC Application with a list of all associated projects. However, for projects that selected "No CoC" on form 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the OneCPD Resource Exchange:

<https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment	No		
3) Other Attachment	No		

## Attachment Details

**Document Description:** Non-Profit Documentation

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**



## 8B. Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

**Additional for Rental Assistance Projects:**

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

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

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

**1-Year Operation Rule.**

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

**C. Explanation.**

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

**Name of Authorized Certifying Official** Wayne Mugrauer

**Date:** 01/10/2014

**Title:** CEO

**Applicant Organization:** Penn Foundation, Inc.

**PHA Number (For PHA Applicants Only):**

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

X

## 9B. Submission Summary

Page	Last Updated
1A. Application Type	12/26/2013
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	12/26/2013
1E. Compliance	12/26/2013
1F. Declaration	12/26/2013
2A. Subrecipients	No Input Required
3A. Project Detail	12/26/2013
3B. Description	01/02/2014
4A. Services	01/02/2014
4B. Housing Type	12/26/2013
4C. HMIS Participation	12/26/2013
5A. Households	12/26/2013
5B. Subpopulations	No Input Required
5C. Outreach	12/26/2013
6A. Standard	12/26/2013
6B. Additional Performance Measures	No Input Required
7A. Funding Request	12/30/2013
7F. Supp. Svcs. Budget	01/09/2014
7G. Operating	01/09/2014
7I. Match/Leverage	01/10/2014
7J. Summary Budget	No Input Required
8A. Attachment(s)	No Input Required
8B. Certification	01/02/2014