

**CoC Project Application (Exhibit 2)**

**NOTE: This is a list of data elements to be included in the 2009 electronic application process. The order in which data elements appear on the screens in the electronic application process may differ from the order presented here.**

<b>Project Information—Page 1 (New and Renewal Projects) Data Element /Question</b>	<b>New in 2009 (Yes/No)</b>	<b>Response Categories/Type</b>
Indicate the project type	No	Select One: New, Renewal
If renewal project, indicate the previous grant number and PIN (if applicable)	No	Fill in the blank
<b>Is the project included in the CoC reallocation process for this year?</b>	<b>Yes</b>	<b>Select One:</b> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• <b>Not Applicable (CoC is not reallocating)</b></li> </ul>
Indicate the program type	No	Select One: <ul style="list-style-type: none"> <li>• SHP</li> <li>• S+C</li> <li>• SRO</li> </ul>
Indicate the component type	No	Select One (Depending on Program Type): <ul style="list-style-type: none"> <li>• SHP: TH, PH, SSO, SH, HMIS</li> <li>• S+C: TRA, SRA, PRA, PRAR, SRO</li> <li>• SRO: SRO</li> </ul>
Project Name	No	Fill in the blank
In which state is the project located?	No	Select from list of all states.
Indicate the Congressional District(s) served by the project	No	Select from available Congressional Districts
Provide a general description of the project.	No	Fill in the blank.

<b>Project Information—Page 2 (New and Renewal Projects) Data Element /Question</b>	<b>New in 2009 (Yes/No)</b>	<b>Response Categories/Type</b>
Was the original grant awarded under the Samaritan (or Chronic) Housing Initiative?	No	Yes, No
Is the project requesting funds under a Special Housing Initiative?	No	Yes, No
Were one or more projects consolidated with this project?	No	Yes, No
If yes, list the most recent grant number, project name, and annual renewal amount for each project/grant consolidated with this project/grant?	No	Fill in the blank for each: <ul style="list-style-type: none"> <li>• Grant number</li> <li>• Project Name</li> <li>• Annual Renewal Amount</li> </ul>
Does the project use Energy Star?	No	Yes, No

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Is the project located in a Rural Area?	No	Yes, No
Is the project located on land previously owned by the military?	No	Yes, No
Indicate the geographic code(s) for area(s) served by the project	No	Select from available geographic codes
Indicate the grant term	No	Select One (Depending on Program Type and Component Type): <ul style="list-style-type: none"> <li>• New SHP – 2 or 3 years</li> <li>• New SHP-HMIS or New SHP-PH Reallocation – 1, 2, or 3 years</li> <li>• Renewal SHP – 1, 2, or 3 years</li> <li>• New S+C – 5 yrs</li> <li>• New S+C SRO or PRAR– 10 years</li> <li>• New SRO – 10 years</li> <li>• Renewal S+C – 1 year</li> </ul>

Project Location Data Element /Question	New in 2009 (Yes/No)	Response Categories/Type
Enter the physical address of the project and indicate the ownership of the location.	No	Fill in the blank for each: <ul style="list-style-type: none"> <li>• Location Name:</li> <li>• Property Ownership (Select One: Own, Lease)</li> <li>• Street Address 1</li> <li>• Street Address 2</li> <li>• City</li> <li>• State</li> <li>• Zip Code</li> </ul>

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Project Applicant Information Data Element /Question	New in 2009 (Yes/No)	Response Categories/Type	
Organization Name (collected on SF-424)	No	Fill in the blank	
Organization Type (collected on SF-424)	No	Select from drop down list: A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority	M. Nonprofit N. Nonprofit O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)
Duns Number (collected on SF-424)	No	Fill in the blank	
Tax ID or EIN (collected on SF-424)	No	Fill in the blank	
Street Address 1 (collected on SF-424)	No	Fill in the blank	
Street Address 2 (collected on SF-424)	No	Fill in the blank	
City (collected on SF-424)	No	Fill in the blank	

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State (collected on SF-424)	No	Fill in the blank
Zip Code (collected on SF-424)	No	Fill in the blank
Is the applicant a faith-based organization? (collected on SF-424)	No	Fill in the blank
Is the applicant's code of conduct on file with HUD? (collected on SF-424)	No	Yes, No (If no, applicant must attach a copy)
Has the applicant ever received a federal grant? (collected on SF-424)	No	Yes, No
Nonprofit Status Verification - must submit one if non-profit organization. (collected on SF-424)	No	Must attach one of the following: <ul style="list-style-type: none"> <li>• 501 (c) (3) IRS Letter</li> <li>• United Way Certified Agency CPA Certification Letter</li> <li>• Letter from authorized official for public nonprofit community mental health center</li> </ul>
List all HUD McKinney-Vento awards (excluding ESG) received 2002-2008.	Yes	<p><b>If yes, provide information on each of the following (fill in the blank):</b></p> <ul style="list-style-type: none"> <li>• Grant Term</li> <li>• Award Amount</li> <li>• HUD Execution Date</li> <li>• Expenditures to Date</li> <li>• Have any of the awards listed had implementation delays which exceed the applicable timeliness standards described in the NOFA?</li> <li>• Have there been any monitoring/audit findings?</li> <li>• Describe delay(s) for any award listed.</li> </ul>
Applicant Contact Information	Yes	<p><b>Provide Information on each of the following:</b></p> <ul style="list-style-type: none"> <li>• <b>Contact Type</b> (primary, alternative, or data entry)</li> <li>• <b>Contact Prefix</b></li> <li>• <b>Contact First Name</b></li> <li>• <b>Contact Last Name</b></li> <li>• <b>Contact Suffix</b></li> <li>• <b>Contact Title</b></li> <li>• <b>Contact e-mail</b></li> <li>• <b>Confirm e-mail</b></li> <li>• <b>Contact Phone</b></li> <li>• <b>Alternate Phone</b></li> <li>• <b>Contact Fax</b></li> </ul>

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Project Sponsor Information Data Element /Question	New in 2009 (Yes/No)	Response Categories/Type	
Is the project applicant the same as the project sponsor?	No	Yes, No (If no, the following information needs to be collected regarding the project sponsor. If yes, the information will auto-fill).	
Organization Name	No	Fill in the blank	
Organization Type	No	Select from drop down list: A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority	M. Nonprofit N. Nonprofit O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)
Duns Number	No	Fill in the blank	
Tax ID or EIN	No	Fill in the blank	

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Street Address 1	No	Fill in the blank
Street Address 2	No	Fill in the blank
City	No	Fill in the blank
State	No	Fill in the blank
Zip Code	No	Fill in the blank
Is the sponsor a faith-based organization?	No	Fill in the blank
Has the sponsor ever received a federal grant, either directly from a federal agency or through a State/local agency?	No	Yes, No
Nonprofit Status Verification - must submit one if non-profit organization	No	<p>Must attach one of the following:</p> <ul style="list-style-type: none"> <li>• 501 (c) (3) IRS Letter</li> <li>• United Way Certified Agency CPA Certification Letter</li> <li>• Letter from authorized official for public nonprofit community mental health center</li> </ul>
<b>List all HUD McKinney-Vento awards (excluding ESG) received 2002-2008.</b>	<b>Yes</b>	<p><b>If yes, provide information on each of the following (fill in the blank):</b></p> <ul style="list-style-type: none"> <li>• Grant Term</li> <li>• Award Amount</li> <li>• HUD Execution Date</li> <li>• Expenditures to Date</li> <li>• Have any of the awards listed had implementation delays which exceed the applicable timeliness standards described in the NOFA?</li> <li>• Have there been any monitoring/audit findings?</li> <li>• Describe delay(s) for any award listed.</li> </ul>
Sponsor Contact Information	No	<p>Provide information on each of the following:</p> <ul style="list-style-type: none"> <li>• Prefix</li> <li>• First Name</li> <li>• Last Name</li> <li>• Suffix</li> </ul> <ul style="list-style-type: none"> <li>• Title</li> <li>• E-mail address</li> <li>• Confirm e-mail address</li> <li>• Phone number</li> <li>• Extension</li> <li>• Fax Number</li> </ul>
Are there any unresolved monitoring/audit findings?	Yes	Yes, No (If yes, please explain)

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<b>Participants in Project Data Element /Question</b>	<b>New in 2009 (Yes/No)</b>	<b>Response Categories/Type</b>
Indicate the total number of households with dependent children and composition of those households	No	Fill in the blank for each population (adults, children, disabled adults, disabled children)
Indicate number of persons (adults, children, disabled adults, and disabled children) in each subpopulation.	No	Fill in the blank for each subpopulation (Chronically Homeless, Severely mentally ill, Chronic substance abusers, Veterans, Persons with HIV/AIDS, Victims of Domestic violence)
Indicate the total number of households without dependent children and composition of those households	No	Fill in the blank for each population (adults, unaccompanied youth, disabled adults, disabled youth)
Indicate number of persons (adults, unaccompanied youth, disabled adults, disabled unaccompanied) in each subpopulation	No	Fill in the blank for each subpopulation (Chronically Homeless, Severely mentally ill, Chronic substance abusers, Veterans, Persons with HIV/AIDS, Victims of Domestic violence)

<b>Outreach for Participants Data Element /Question</b>	<b>New in 2009 (Yes/No)</b>	<b>Response Categories/Type</b>
Indicate the percentage of homeless participants for each of the available categories.	No	Fill in the blank for each of the following categories: <ul style="list-style-type: none"> <li>• Persons coming from streets or other places not meant for human habitation</li> <li>• Persons coming from emergency shelter</li> <li>• Persons coming from Safe Havens</li> <li>• Persons coming from transitional housing who came directly from the street, emergency shelter or safe haven.</li> </ul>
<b>Describe the other places that persons served may come from and how these persons would meet the HUD definition of homelessness.</b>	<b>Yes</b>	<b>Fill in the blank</b>

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<b>Type of Housing in Project Data Element /Question</b>	<b>New in 2009 (Yes/No)</b>	<b>Response Categories/Type</b>
Indicate the type of housing and number of participants for project.		
Select Housing Type:	No	<ul style="list-style-type: none"> <li>• Multi-family, separate units</li> <li>• Multi-family, dormitory style</li> <li>• Multi-family, congregate style</li> <li>• Single-Family House, one family</li> <li>• Single-Family House, shared housing</li> <li>• Scattered Site apartments/units</li> <li>• Multiple facility types</li> </ul>
Total for each selected housing type:	No	Fill in the blank for the following: <ul style="list-style-type: none"> <li>• Units</li> <li>• Beds</li> <li>• Bedrooms</li> </ul>

<b>Discharge Policy Data Element /Question</b>	<b>New in 2009 (Yes/No)</b>	<b>Response Categories/Type</b>
Are there policies and protocols developed or implemented for the discharge of persons from publicly funded institutions or systems of care in order to prevent such discharge from immediately resulting in homelessness or requiring HUD McKinney-Vento homeless assistance for such persons in your jurisdiction?	No	Yes, No (Question only applies to State and Local government applicants)

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<b>Leveraging Data Element /Question</b>	<b>New in 2009 (Yes/No)</b>	<b>Response Categories/Type</b>
Will the project leverage other resources for this project?	No	Yes, No
If yes, for each resource, indicate type of contribution, source of contribution, source type, what contribution will be used for, date of written commitment, and value of written commitment.	No	Fill in the blank for each of the categories: <ul style="list-style-type: none"> <li>• Type of contribution</li> <li>• Source of contribution</li> <li>• Source Type</li> <li>• Contribution usage</li> <li>• Date of written commitment</li> <li>• Value of written commitment</li> </ul>

<b>HMIS Participation Data Element /Question</b>	<b>New in 2009 (Yes/No)</b>	<b>Response Categories/Type</b>		
Does the project provide client level data to HMIS?	No	Yes, No, Not applicable (for HMIS dedicated projects only)		
If yes, indicate client records and indicate data quality (% records with no value or value of unknown) for calendar years 2007 and 2008.	No	<table border="0"> <tr> <td>                             Fill in the blank for the following categories:                             <ul style="list-style-type: none"> <li>• Name</li> <li>• Date of birth</li> <li>• Ethnicity</li> <li>• Race</li> <li>• Gender</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>• Veteran Status</li> <li>• Disabling Condition</li> <li>• Residence prior to program entry Zip code of last permanent address</li> </ul> </td> </tr> </table>	Fill in the blank for the following categories: <ul style="list-style-type: none"> <li>• Name</li> <li>• Date of birth</li> <li>• Ethnicity</li> <li>• Race</li> <li>• Gender</li> </ul>	<ul style="list-style-type: none"> <li>• Veteran Status</li> <li>• Disabling Condition</li> <li>• Residence prior to program entry Zip code of last permanent address</li> </ul>
Fill in the blank for the following categories: <ul style="list-style-type: none"> <li>• Name</li> <li>• Date of birth</li> <li>• Ethnicity</li> <li>• Race</li> <li>• Gender</li> </ul>	<ul style="list-style-type: none"> <li>• Veteran Status</li> <li>• Disabling Condition</li> <li>• Residence prior to program entry Zip code of last permanent address</li> </ul>			
If no, indicate reason for non participation and cite federal/state law.	No	Select from the following: <ul style="list-style-type: none"> <li>• Federal law prohibits</li> <li>• State law prohibits</li> <li>• New project, not yet operational</li> <li>• Other (must specify)</li> </ul>		

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SHP Budget Activities Data Element /Question	New in 2009 (Yes/No)	Response Categories/Type	
<b>Supportive Services Budget</b>			
Enter SHP request for each line item.	No	Fill in the blank for each category: <ul style="list-style-type: none"> <li>• Outreach</li> <li>• Case management</li> <li>• Life skills</li> <li>• Alcohol and drug abuse services</li> <li>• Mental health and counseling services</li> </ul>	<ul style="list-style-type: none"> <li>• HIV/AIDS services</li> <li>• Education and instruction</li> <li>• Employment services</li> <li>• Child care</li> <li>• Transportation</li> <li>• Food</li> <li>• Other (must specify)</li> </ul>
Enter total cash match amount for Supportive Services.	No	Fill in the blank.	
<b>Operating Budget</b>			
Enter SHP request for each line item.	No	Fill in the blank for each category: <ul style="list-style-type: none"> <li>• Maintenance/repair</li> <li>• Staff</li> <li>• Utilities</li> <li>• Equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Supplies</li> <li>• Insurance</li> <li>• Furnishings</li> <li>• Relocation</li> <li>• Food</li> <li>• Other (must specify)</li> </ul>
Enter total cash match amount for Operations	No	Fill in the blank.	
<b>HMIS Budget</b>			
Enter SHP request for each HMIS activity (equipment, software, services, personnel, HMIS Space and Operations)	No	Fill in the blank for each category: <ul style="list-style-type: none"> <li>• Central server</li> <li>• Personal computers</li> <li>• Networking</li> <li>• Security</li> <li>• Software/ User Licensing</li> <li>• Software installation</li> <li>• Support and maintenance</li> <li>• Supporting software tools</li> <li>• Training by third parties</li> <li>• Hosting/Technical services</li> </ul>	<ul style="list-style-type: none"> <li>• Programming data conversion</li> <li>• Security assessment and set up</li> <li>• On-line connectivity</li> <li>• Facilitation</li> <li>• Disaster and Recovery</li> <li>• Project management/coordination</li> <li>• Data analysis</li> <li>• Programming</li> </ul>

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		<ul style="list-style-type: none"> <li>• Programming customization</li> <li>• Programming system interface</li> <li>• Space costs</li> <li>• Operational costs</li> </ul>	<ul style="list-style-type: none"> <li>• Technical assistance and Training</li> <li>• Administrative support staff</li> </ul>
Enter total cash match amount for HMIS	No	Fill in the blank.	
<b>SHP Summary Budget</b>			
Enter administrative funds requested.	No	Fill in the blank.	

S+C and SRO Rental Assistance Budget Data Element /Question	New in 2009 (Yes/No)	Response Categories/Type
Indicate the name of the metropolitan area.	No	Select from list of all available metropolitan areas in a drop-down box.
Indicate the percentage of FMR requested.	No	Choose one: <ul style="list-style-type: none"> <li>• 1-99% of FMR</li> <li>• 100% of FMR</li> </ul>
Indicate the number of units by unit size	No	Enter number of units and monthly rent amount for each unit size: SRO 0-8 BR

New Projects Only: Narratives Data Element /Question	New in 2009 (Yes/No)	Response Categories/Type
<b>Outreach for participants</b>		
Indicate the outreach plan to bring participants into the project.	No	Fill in the blank.
<b>Supportive Services for participants.</b>		
Describe how participants will be assisted to obtain and remain in permanent housing.	No	Fill in the blank.
Describe how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently?	No	Fill in the blank.
Indicate the frequency of each supportive service provided to (or received by) homeless participants in this project.	No	For each supportive service indicate frequency from drop-down (choices are daily, weekly, bi-monthly, monthly, quarterly, never)

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		<ul style="list-style-type: none"> <li>• Outreach</li> <li>• Case management</li> <li>• Life Skills</li> <li>• Job training</li> <li>• Alcohol and drug abuse services</li> <li>• Mental health and counseling</li> </ul>	<ul style="list-style-type: none"> <li>• HIV/AIDS services</li> <li>• Health/Home Health services</li> <li>• Education and instruction</li> <li>• Employment services</li> <li>• Child care</li> <li>• Transportation</li> <li>• Other (Must specify)</li> </ul>
How accessible are basic community amenities?	No	Fill in the blank.	

Housing for Participants Data Element /Question	New in 2009 (Yes/No)	Response Categories/Type
<b>Will the project serve disabled persons?</b>	<b>Yes</b>	<b>Yes, No</b>
<b>If yes, describe how the project will assist disabled participants to address their needs?</b>	<b>Yes</b>	<b>Fill in the blank</b>
Will more than 16 persons reside in a structure (SHP/PH only)?	No	Yes, No
If yes, describe local market conditions that necessitate project of this size and how housing will be integrated into the neighborhood		Fill in the blank
<b>Indicate the maximum length of stay</b>	<b>Yes</b>	<b>Select One:</b> <ul style="list-style-type: none"> <li>• Up to 24 months</li> <li>• Less than 24 months</li> <li>• Unlimited length of stay</li> <li>• Not Applicable (not a housing project)</li> </ul>
Will participants be required to live in a particular structure? (New S+C TRA projects only)	No	Yes, No
If yes, explain how project will implement this requirement.	No	Fill in the blank
Describe the rehabilitation or new construction proposed for the property and the responsibility of each org. responsible for operating and maintaining the property. (New SRO projects, <b>new PRAR projects, or new SHP projects with new construction or rehabilitation costs</b> )	<b>Yes</b>	<b>Fill in the blank</b>

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<p align="center"><b>New Projects: Project Expansion</b></p> <p align="center"><b>Data Element /Question</b></p>	<p align="center"><b>New in 2009 (Yes/No)</b></p>	<p align="center"><b>Response Categories/Type</b></p>
<p>Will the project use an existing homeless facility or incorporate activities currently provided?</p>	<p align="center">No</p>	<p>Yes, No</p>
<p>If yes, which of these purposes best describes the proposed project?</p>	<p align="center">No</p>	<p>Select all that apply:</p> <ul style="list-style-type: none"> <li>• Increase number of homeless persons served</li> <li>• Provide additional supportive services to homeless persons</li> <li>• Bring existing facilities up to state/local government health and safety standards</li> <li>• Increase HMIS coverage, number of agencies, and/or functionality.</li> <li>• Replace the loss of nonrenewable funding (private, federal, other excluding state/local government)</li> </ul>
<p>If reason is increase number of homeless persons indicate current and new effort levels:</p>	<p align="center">No</p>	<p>Fill in the blank for:</p> <ul style="list-style-type: none"> <li>• # of persons served at PIT</li> <li>• # of units</li> <li>• # of bedrooms</li> <li>• # of beds</li> <li>• New effort # of additional persons to be served (PIT)</li> <li>• # of additional units this project will provide</li> <li>• # of additional bedrooms this project will provide</li> <li>• # of additional beds this project will provide</li> </ul>
<p>If reason is increase supportive services indicate how the project is proposing to provide additional supportive services to the homeless persons served.</p>	<p align="center">No</p>	<p>Select all that apply:</p> <ul style="list-style-type: none"> <li>• Increase number of and/or expand variety of supportive services provided</li> <li>• Increase frequency and/ or intensity of supp services provided</li> </ul>
<p>(if applicable) Describe the reason for the supportive service increase indicated above.</p>	<p align="center">No</p>	<p>Fill in the blank</p>
<p>If reason is to increase HMIS coverage, number of agencies, and/or functionality, indicate how the project is proposing increase HMIS capacity and functionality.</p>	<p align="center">No</p>	<p>Select all that apply:</p> <ul style="list-style-type: none"> <li>• Increase number of HMIS participating agencies and/or programs</li> <li>• Increase geographic coverage of HMIS</li> <li>• Increase HMIS functionality related to service information such as services received, case management, referrals, street outreach, etc. collected in HMIS</li> </ul>

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If loss of non-renewable funding source, explain	No	Fill in the blank
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<b>SHP HMIS Dedicated Projects Only</b>	<b>New in 2009 (Yes/No)</b>	<b>Response Categories/Type</b>
<b>Data Element /Question</b>		
Describe how the needs assessment, resource allocation and service coordination will be improved through new or expanded HMIS project.	No	Fill in the blank
Provide implementation timetable to demonstrate progression.	No	Indicate month and year for each of the following activities: <ul style="list-style-type: none"> <li>• Customize software</li> <li>• Software upgrade</li> <li>• Data conversion</li> <li>• Beta / Pilot Phase</li> <li>• Basic computer training</li> <li>• HMIS software Training for sys admin</li> <li>• HMIS software training</li> <li>• Data Quality Training</li> <li>• Security Training</li> <li>• Privacy/ethics training</li> <li>• HMIS PIT count training</li> <li>• Other (specify)</li> </ul>
Total number of emergency shelter (ES) beds in CoC (from HIC)	No	Fill in the blank
Projected number of ES beds in HMIS for each year of grant	No	Fill in the blank
Total number of safe haven (SH) beds in CoC (from HIC)	No	Fill in the blank
Projected number of SH beds in HMIS for each year of grant	No	Fill in the blank
Total number of transitional housing (TH) beds in CoC (from HIC)	No	Fill in the blank
Projected number of TH beds in HMIS for each year of grant	No	Fill in the blank
Total number of permanent housing (PH) beds in CoC (from HIC)	No	Fill in the blank
Projected number of PH beds in HMIS for each year of grant	No	Fill in the blank
Demonstrate that HUD funds for this project will not replace state or local government funds	No	Fill in the blank

**CoC Project Application (Exhibit 2)**

**NOTE: This is a list of data elements to be included in the 2009 electronic application process. The order in which data elements appear on the screens in the electronic application process may differ from the order presented here.**

<b>SHP Acquisition/Rehabilitation/New Construction Budget Data Element /Question</b>	<b>New in 2009 (Yes/No)</b>	<b>Response Categories/Type</b>
Indicate the address for each structure	No	Fill in the blank for each category: <ul style="list-style-type: none"> <li>• Name</li> <li>• Street Address</li> <li>• City, State, Zip Code</li> </ul>
Indicate the SHP request by structure	No	Fill in the blank for each applicable category: <ul style="list-style-type: none"> <li>• Acquisition</li> <li>• Rehabilitation</li> <li>• New Construction</li> </ul>
Indicate the SHP cash match by structure	No	Fill in the blank for each applicable category: <ul style="list-style-type: none"> <li>• Acquisition</li> <li>• Rehabilitation</li> <li>• New Construction</li> </ul>
Indicate the total project budget by structure	No	Fill in the blank for each applicable category: <ul style="list-style-type: none"> <li>• Acquisition</li> <li>• Rehabilitation</li> <li>• New Construction</li> </ul>

<b>SHP Leased Units/Structures for Housing/Services Data Element /Question</b>	<b>New in 2009 (Yes/No)</b>	<b>Response Categories/Type</b>
Indicate if units are leased.	No	Yes, No
If yes, indicate number of units by unit size and associated monthly rent amount for each.	No	Fill in the number of units for each applicable unit size (SRO size to 8 bedroom size units)
If yes, indicate the FMR area (metropolitan or non-metropolitan)	No	Select from list of available FMR areas
Indicate if structures are leased for housing and or services.	No	Yes, No
If yes, list the address for each leased structure.	No	Fill in the blank for each category: <ul style="list-style-type: none"> <li>• Site name</li> <li>• Street Address</li> </ul>

**CoC Project Application (Exhibit 2)**

**NOTE: This is a list of data elements to be included in the 2009 electronic application process. The order in which data elements appear on the screens in the electronic application process may differ from the order presented here.**

		<ul style="list-style-type: none"> <li>• City, State/Province, and Zip Code</li> <li>• Monthly Rent Amount</li> </ul>
<b>Is a security deposit paid to the landlord for any damages to the leased units for homeless participants?</b>	<b>Yes</b>	<b>Yes, No</b>
<b>If yes, enter amount to be paid</b>	<b>Yes</b>	<b>Fill in the blank</b>

New S+C PRAR, S+C SRO, SRO Data Element /Question	New in 2009 (Yes/No)	Response Categories/Type
<b>Estimated total rehabilitation costs</b>	<b>Yes</b>	<b>Fill in the blank</b>
<b>Estimated total acquisition costs</b>	<b>Yes</b>	<b>Fill in the blank</b>
<b>Estimated other costs</b>	<b>Yes</b>	<b>Fill in the blank</b>
<b>List source and value of other funds available</b>	<b>Yes</b>	<b>Fill in the blank</b>

Renewal Projects (only) Data Element /Question	New in 2009 (Yes/No)	Response Categories/Type
Indicate any significant changes that have occurred since the last funding approval.	No	Select from types of changes: <ul style="list-style-type: none"> <li>• None</li> <li>• Number of persons served</li> <li>• Number of units</li> <li>• Number of beds</li> <li>• Number of bedrooms</li> <li>• Location of project sites</li> <li>• Target population</li> <li>• Project sponsor</li> <li>• Component type</li> <li>• Grantee/applicant</li> <li>• Grant Consolidation</li> <li>• More than 10% shift between activities</li> </ul>