

## Project Information - Page 1

### Instructions:

The selections made on this form will determine the remaining forms that must be completed with this application.

CoC Number and Name (required) √ select the appropriate Continuum of Care (CoC) name and number from the drop-down menu.

Project Name (populated) √ this field will populate in a read-only format for all applications. Return to the applicant project listing to update the name of the project.

Project Type (required) √ indicate whether the project is eligible for new or renewal funds during the current competition. Renewal projects are defined as those HUD McKinney-Vento grants that have received funding in a previous competition and are eligible to renew during the current competition.

Program Type (required) √ select one of the three HUD homeless assistance programs that appropriately identifies the competitive program under which the application should be funded and operated - Supportive Housing Program (SHP), Shelter Plus Care (S+C), or Section 8 Moderate Rehabilitation for Single Room Occupancy (Section 8 SRO).

Component Type (required) √ each homeless assistance program features several components to help homeless people achieve independence. Select the one component that appropriately identifies the application being submitted.

In which state is the project located (required) √ of the available states listed, select the state(s) in which the project is located. The selected state(s) will be used to populate the available geography codes on the next form (Project Information - Page 2) of this application.

In which Congressional District(s) is the project located (required) √ of the available congressional districts listed, select the district(s) in which the project is located. The selected district(s) will be used to send correspondence to the appropriate Congressional Representative(s).

Project Description (required) √ in the last field on this form, provide a general description of the project. The description must include a response to the program requirements under which the project will operate. The description must also include information on the homeless needs that are addressed by the project, the type of housing that will be provided, and the target population that the project will serve. Completion of this field is required of all new and renewal projects.

Additional resources:

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

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

**Complete or update the form fields in the order of appearance. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please verify that all populated fields are correct.**

**Expiring Grant Number**

**CoC Number and Name** NC-507 - Raleigh/Wake County CoC

**Project Name** Carolina Homeless Information Network- Wake Portion

**Project Type** New Project

**Program Type** SHP

**Content depends on "Project Type" selection**

**Component Type** HMIS

**Content depends on "Program Type" selection**

**In which state is the project located?** North Carolina  
(for multiple state selections hold CTRL+Key)

**In which Congressional District(s) is the project located?** NC-013, NC-004, NC-002  
(for multiple selections hold CTRL + Key)

**Provide a general description of the project.**  
(Max 3000 characters)

This is a dedicated HMIS project to support for the Carolina Homeless Information Network (CHIN), the statewide Homeless Management Information Network (HMIS) for North Carolina. CHIN is a project of the North Carolina Housing Coalition.

## Project Information - Page 2

### Instructions:

The fields that must be completed on this form will vary based on the project, program, and component type selected on Page 1 of the Project Information form.

#### NEW PROJECTS:

Is the project requesting new Special Housing funding (required) - for this competition there is only one special housing project - the Permanent Housing (PH) Bonus. New projects applying under the SHP-PH, S+C, or Section 8 SRO programs may qualify for PH Bonus funding.

#### RENEWAL PROJECTS:

Previous Samaritan Housing /Chronic Homeless Initiative funding (required) - if the project previously received funds under the Samaritan Housing or Chronic Homeless Initiatives, the project must continue to meet the requirements of either initiative for the life of the project.

Grant Consolidation (required) - indicate whether or not the project has recently consolidated two or more grants that have been approved through HUD's grant amendment process. Each consolidated grant must be listed on the "Grant Consolidation" form.

#### NEW AND RENEWAL PROJECTS:

A response to the following fields is required by both new and renewal projects - Grant term (required) - the available terms will vary depending on the project and program types; Use of energy star (required); Located in a rural area (required) - as defined in the 2009 NOFA; Located on land previously owned by the military (required); and Geographic areas served by the project (required).

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

#### Additional resources:

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

**Complete or update the form fields in the order of appearance. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please verify that all populated fields are correct.**

**Grant Term** 1 Year

**Note: the 1 year grant term option is permitted for new HMIS and renewal applications only.**

**Does the project use Energy Star?** Yes

**Is the project located in a rural area?** No

**Is the project located on land previously owned by the military?** No

**Select the geographic code(s) for area(s) served by the project** 370504 CARY, 372304 RALEIGH, 379183 WAKE COUNTY  
(for multiple selections hold CTRL + Key)

**HMIS** ☐

## Project Expansion Information

### Instructions:

Expanding an existing housing facility or supportive service (required) - select Yes or No from the drop-down menu to denote if the applicant is proposing to expand one or more existing housing facilities or supportive service activities. If Yes, click on the "Save" button below to identify the specific expansion activities. If No, click on the "Save & Next" button below to advance to the next form.

One or more of the following five(5) activities may constitute an expansion project:

- 1) Bring existing facilities up to state or local government health and safety standards
- 2) Replace the loss of nonrenewable funding
- 3) Increase HMIS capacity and/or functionality
- 4) Increase the number of homeless persons served
- 5) Provide additional supportive services to homeless persons

Additional resources:

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

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

[www.hud.gov/offices/cpd/about/staff/fodirectors](http://www.hud.gov/offices/cpd/about/staff/fodirectors)

**Complete the form fields below to indicate whether or not the project will expand one or more existing housing facilities or service activities.**

**Will the project use an existing homeless facility or incorporate activities provided by an existing project?** Yes  
(if yes, click on the "Save" button below to identify the expansion activities)

**Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details.** Increase HMIS capacity and functionality

### HMIS capacity and functionality

**Indicate how the project "will increase HMIS capacity and functionality."** Increase # of HMIS participating agencies and/or programs

**Describe how the HMIS will be increased as indicated above.**  
(such as services received, case management, referrals, street outreach, etc. collected in HMIS)

This project will allow Wake County to increase the number of agencies participating in HMIS, as well as increase the number of users at agencies that are currently using the system. Increased participating agencies and increased HMIS users will allow the Wake CoC to have increased bed coverage and strengthen our data quality.

## Project Sponsor Information

### Instructions:

Sponsor Same as Applicant (required) - select Yes or No from the drop-down menu to denote if the applicant is the same as the project sponsor. If Yes, select the "Save" button to review the SF-424 data populated in the form fields. If No, select the "Save" button to complete or update the form fields as required.

DUNS Number (required) - enter or update DUNS Number in the proper format.

Tax ID or EIN (required) - enter or update the sponsor's ID or EIN in the proper format.

Street Address 1 (required) - enter or update the number and street name.

Street Address 2 (no input required) - enter the unit, suite, or floor if applicable.

City (required) - enter the location city.

State (required) - select or update the location State abbreviation from the drop-down menu.

Zip Code (required) - enter the location Zip Code in the proper format.

Faith Based Organization (required) - select Yes or No from the drop-down menu to denote if the sponsor is a faith based organization.

Prior Federal Grant Recipient (required) - select Yes or No from the drop-down menu to denote if the sponsor is a faith based organization.

Additional resources:

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

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

**Complete or update the form fields in the order of appearance. The form fields will populate data from the 2008 application submission, if applicable, and the SF-424, if the applicant is the same entity as the sponsor. Please verify that all populated fields are correct.**

**Is the project applicant the same as the project sponsor?** Yes  
**(If yes click on the "Save" button to auto-fill the fields below)**

**Organization Name** North Carolina Housing Coalition

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

**If "Other" specify:**

<b>DUNS Number</b> Format: xxxxxxxx or xxxxxxxxxxxxxx	943921726	<b>PLU</b> <b>S 4</b>	
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**Tax ID or EIN** 58-1798953  
**Format: 12-3456789**

**Street Address 1** 118 St. Mary's Street

**Street Address 2**

**City** Raleigh

**State** North Carolina

**Zip Code** 27603  
**Format: 12345 or 12345-1234**

**Is the sponsor a Faith-Based Organization?** No

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

## Project Sponsor Contact Information

### Instructions:

Prefix (no input required) ⌵ select Dr., Mr., Mrs., Ms., Miss, Rev ... from dropdown menu.

First Name (required) ⌵ enter or update the First Name of the primary sponsor representative.

Middle Name (required) ⌵ enter or update the Middle Name of the primary sponsor representative.

Last Name (required) ⌵ enter or update the Last Name of the primary sponsor representative.

Suffix (no input required) ⌵ select Jr., Sr., M.D., D.D.S., Ph.D, Esq ⌵ from dropdown menu.

Title (required) ⌵ enter or update the Title of the primary sponsor representative.

E-mail Address (required) ⌵ enter or update the e-mail address of the primary sponsor representative.

Confirm E-mail Address (required) ⌵ re-enter or update the sponsor e-mail address.

Phone Number (required) ⌵ enter or update the sponsor's 10-digit Phone Number in prescribed format XXX-XXX-XXXX.

Extension (no input required) ⌵ enter or update the Extension associated with the sponsor's Phone Number.

Fax Number (required) ⌵ enter the 10-digit sponsor Fax Number in prescribed format XXX-XXX-XXXX.

**Complete or update the form fields in the order of appearance. The form fields will populate data from the 2008 application submission, if applicable, and the SF-424, if the applicant is the same entity as the sponsor. Please verify that all populated fields are correct.**

**Prefix** Mr.  
**First Name** H.E.  
**Middle Name** "Hunter"  
**Last Name** Thompson  
**Suffix**  
**Title** Director  
**E-mail Address** hthompson@nchousing.org  
**Confirm E-mail Address** hthompson@nchousing.org  
**Phone Number** 919-827-4500  
**Format: 123-456-7890**  
**Extension**  
**Fax Number** 919-881-0350  
**Format: 123-456-7890**



## Experience of Project Applicant, Sponsor, and Partners

### Instructions:

The specific narratives that must be provided in the fields on this form will vary based on the project, program, and component type selected on Page 1 of the Project Information form.

Experience Narrative(s) (required) : each narrative must address the specific type and length of experience for the applicant, project sponsor, housing and supportive service providers, and if applicable, key subcontractors involved in implementing the project. In addition, the narratives must describe the experience of all entities, as it relates to working with homeless persons, and the experience directly related to the proposed activities being carried out, including: housing development, housing management, construction, rehabilitation, service delivery, and HMIS activities (for new HMIS projects).

Additional Resources:

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

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

**Describe the experience of the project applicant, sponsor, and partners, as it relates to providing supportive services and housing for homeless persons, and carrying-out the activities of the project.**

**Describe experience of project partners related to providing activities and working with homeless persons.**

The Carolina Homeless Information Network (CHIN) is North Carolina's centralized, balance of state homeless management information system (HMIS). It is designed as a computerized data collection tool to aggregate client-level information, over time, on characteristics, service needs and service utilization of individuals experiencing homelessness.

CHIN was formed to implement a statewide HMIS that could determine an unduplicated count of homeless individuals in North Carolina. CHIN began in August 2004 when CHIN's Steering Committee selected the NC Housing Coalition and the NC Coalition to End Homelessness as co-lead agencies to provide administrative and policy support.

Prior to August 2004, the NC Interagency Council for Coordinating Homeless Programs hosted a series of regional meetings across the state to discuss the concept of a balance of state HMIS and to recruit potential leadership. A Steering Committee was constituted after a competitive recruitment process. A diverse, twenty-member committee was selected to represent the public and private sector, direct and indirect service providers, and equitable geographic representation. Special attention was given to rural/urban parity and members with existing HMIS systems.

Wake County began using CHIN in January 2009.

**Are there any unresolved monitoring or audit findings on HUD McKinney-Vento Act grants, excluding ESG?** No  
(If yes, click on the "Save" button below to explain findings)

## **Discharge Planning Policy**

**The following question must be completed by project applicants that are State or Local government agencies.**

**Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs?**

Not Applicable

## Project Leveraging

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

Total value of written commitment \$18,813

Contributor	Source	Date of Commitment	Value of Commitments
North Carolina Ho...	Private	11/20/2009	\$18,813

## Project Leveraging Detail

### Instructions:

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

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

Name of Contributor (required) ☐ enter or update the name of the contribution.

Type of Leveraging source (required) ☐ select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP), HUD-VASH (VA Supportive Housing program), and the American Reinvestment and Recovery (ARRA) Act funds may be considered Government sources. Applicants are encouraged to leverage the funds from these sources, whenever possible. Applicants that identify NSP funds as a source of leveraging may receive extra points during the project threshold review process.

Date of written commitment (required) ☐ enter or update the date of the written contribution.

Value of written commitment (required) ☐ enter or update the total numeric value (\$) of the contribution.

Additional resources:

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

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

<b>Select the Type of Contribution</b>	Cash
<b>Name the Source of the Contribution</b>	North Carolina Housing Coalition
<b>Select Type of Source</b>	Private
<b>Date of Written Commitment</b>	11/20/2009
<b>Value of Written Commitments</b>	\$18,813

## Homeless Management Information System (HMIS) Participation

### Instructions:

Participation in the CoC's HMIS (required) ☐ indicate whether or not annual data regarding project participants are reported in the CoC's HMIS. Click on the "Save" button below to indicate the reported data percentages or reason(s) for non-participation.

If the project is providing participant data in the HMIS ☐ indicate the total number of participants served by the project, and the total number of clients reported in the HMIS. Also, for those participant records that were reported in the HMIS, indicate the percentage of values that were missing ("Null or Missing Values") and/or unknown ("Don't Know or Refused"). If there were no unknown values, enter a "0" value in any field within the chart, and click on the "Save and Next" button below to move on to the next page of the form.

If the project is not providing participant data in the HMIS ☐ indicate one or more of the four (4) reason(s) for non-participation:

- Federal law prohibits (please cite specific law)
- State law prohibits (please cite specific law)
- New project not yet in operation
- Other (please specify prohibition)

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

**All projects must indicate their level of participation in the CoC's HMIS.**

**Does this project provide client level data to HMIS at least annually?** Not Applicable (HMIS Dedicated Projects Only)

**Click on the "Save" button below to enter additional information.**

## **HMIS Dedicated Project Information**

### **Instructions:**

HMIS funding justification (required) ¿ Describe how needs assessment, resource allocation and service coordination will be improved through the new or expanded HMIS project.

State/Federal Funds Overlap Assessment (required) ¿ Demonstrate that HUD funds for this project will not replace state or local government funds.

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

**All new dedicated HMIS projects must complete the questions below.**

**Describe how needs assessment, resource allocation and service coordination will be improved through the new or expanded HMIS project.**

CHIN's HMIS is a scalable computerized, data collection tool which provides agencies with the ability to capture client-level information over time on characteristics of service needs and services utilization of individuals experiencing homelessness. By using ServicePoint software from Bowman System, Inc. and the Carolina Homeless Information Network (CHIN), agencies are able to quickly add services items to a client's file, update eligibility status, create goals and document progress through assessments and case notes.

CHIN is designed to promote greater efficiency and consistency of service delivery and coordination. Agencies access a fast and secure network that provides well-organized client services and case management features. A module called ClientPoint allows users to enter, edit, view, or print client information. Additionally, ClientPoint offers sophisticated features such as building and tracking family relationships, restricting client records, and conducting case management. The software also supports client intake, assessments, outcome measurement tracking and performance reporting.

The software is easily configurable. System administrators can quickly build detailed agency profiles to display a complete list programs, services and shelter resources. Also, by using a module called ResourcePoint, agencies can quickly search and sort available resources and make on-demand referrals to other agencies. These real-time referrals greatly improve an agency's ability to match clients with the services they need. With CHIN, it is possible to understand a client's entire service history across multiple providers. With such powerful functionality, the continuum will receive immediate benefits through streamlined, interagency referrals. The data gathered enables the continuum to understand the degree and characteristics of service provision while identifying critical services gaps.

CHIN staff are able to provide the BOS CoC with detailed statistics that measure any dimension of a client's service record. Because all data entry transactions are recorded and stored within the network, any field of information can be easily converted into either standardized or customized ad hoc reports. By using de-identified, aggregate data, the network enables the continuum to answer critical questions on demographics, disabilities, sources of income and types of resources used. These reports can be used to help shape informed policy decisions.

**Demonstrate that HUD funds for this project will not replace state or local government funds.**

In 2006, HUD Headquarters granted CHIN permission to utilize our Balance of State HMIS grant for all CHIN users within across North Carolina, regardless of whether their agency was within the Balance of State region. Since 2006, CHIN's users have continued to increase and the area served by CHIN has grown to 99 out of North Carolina's 100 counties. Wake County joined CHIN in January 2009. To date, their use has been partially funded through CHIN's Balance of State grant. This new project application will allow more users to join CHIN, increasing the percentage of beds covered in the HMIS.

## HMIS Implementation Timetable

### Instructions:

Activity (no input required) √ the list denotes the possible HMIS implementation activities, including: Customize Software; Software Update; Data Conversion; Beta/Pilot Phase; Basic Computer Training; HMIS Software Training for Sys Admin; HMIS Software Training; Data Quality Training; Security Training; Privacy/Ethics Training; and HMIS PIT Count Training.

Other (must specify) √ enter or update the additional categories and annotate date column in prescribed format (MM/YYYY).

Does Activity Apply? (required) √ select Yes or No from drop-down menu for each HMIS implementation activity listed.

If Yes, enter mm/yyyy (required) √ enter or update the date in prescribed format (MM/YYYY) for each activity for which Yes is selected.

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

### Complete the following fields to demonstrate the timetable for implementation of the Homeless Management Information System

Activity	Does Activity Apply?	If "Yes", enter mm/yyyy
Customize Software	No	
Software Update	Yes	07/2010
Data Conversion	No	
Beta/Pilot Phase	No	
Basic Computer Training	Yes	03/2010
HMIS Software Training for Sys Admin	Yes	01/2010
HMIS Software Training	Yes	03/2010
Data Quality Training	Yes	03/2010
Security Training	Yes	03/2010
Privacy/Ethics Training	Yes	03/2010
HMIS PIT Count Training	Yes	01/2010
Other (must specify)		



## HMIS Implementation Progress

### Instructions:

Total # of emergency shelter beds in CoC (required) ¿ enter or update the appropriate numeric value from the Housing Inventory Worksheet.

Projected # of ES beds in HMIS in grant year 1, 2, and/or 3 (required) ¿ enter or update the projected numeric value.

Total # of transitional beds in CoC (required) ¿ enter or update the appropriate numeric value from the Housing Inventory Worksheet.

Projected # of TH beds in HMIS in grant year 1, 2, and/or 3 (required) ¿ enter or update the projected numeric value.

Total # of permanent supported beds in CoC (required) ¿ enter or update the appropriate numeric value from the Housing Inventory Worksheet.

Projected # of permanent beds in HMIS in grant year 1, 2, and/or 3 (required) ¿ enter or update the projected numeric value.

Total # of Safe Haven beds in CoC (required) ¿ enter or update the appropriate numeric value from the Housing Inventory Worksheet.

Projected # of Safe Haven beds in HMIS in grant year 1, 2, and/or 3 (required) ¿ enter or update the projected numeric value.

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

<b>Total # of emergency shelter beds in CoC</b> <b>(from Housing Inventory Chart)</b>	596
<b>Projected # of ES beds in HMIS in grant year 1</b>	596
<b>Total # of transitional beds in CoC</b> <b>(from Housing Inventory Chart)</b>	402
<b>Projected # of TH beds in HMIS in grant year 1</b>	346
<b>Total # of permanent supported beds in CoC</b> <b>(from Housing Inventory Chart)</b>	670
<b>Projected # of PH beds in HMIS in grant year</b> <b>1</b>	577
<b>Total # of Safe Haven beds in CoC</b> <b>(from Housing Inventory Chart)</b>	0
<b>Projected # of Safe Haven beds in HMIS in</b> <b>grant year 1</b>	0

## HMIS Budget - Equipment

### Instructions:

HMIS costs (populated) - the system populates a list of eligible activities associated with the implementation of an HMIS and for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible cost activities, which are not listed.

SHP Request (required) - for each grant year, enter or update the amount (\$) requested for each cost activity that is DIRECTLY related to implementing the HMIS, and eligible for SHP funding. For renewal projects, the SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

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

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

Other Resources (optional) - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount (\$) available per grant year.

Additional resources:

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

<http://www.hudhre.infor/index.cfm?do=viewShpDeskguideD>

**For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please make sure that the budget request for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

	SHP Request Year 1	Total
Equipment		
1. Central Server(s)		\$0
2. Personal Computers and Printers		\$0
3. Networking		\$0
4. Security		\$0
Subtotal Equipment Request		\$0
Cash Match		\$0
Total Equipment Budget	\$0	\$0
Other Resources (cash and in-kind)		\$0

**The Total values are automatically calculated by the system when you click the "Save" button.**

## HMIS Budget - Software

### Instructions:

HMIS costs (populated) - the system populates a list of eligible activities associated with the implementation of an HMIS and for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible cost activities, which are not listed.

SHP Request (required) - for each grant year, enter or update the amount (\$) requested for each cost activity that is DIRECTLY related to implementing the HMIS, and eligible for SHP funding. For renewal projects, the SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

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

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

Other Resources (optional) - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount (\$) available per grant year.

Additional resources:

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

<http://www.hudhre.infor/index.cfm?do=viewShpDeskguideD>

**For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please make sure that the budget request for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

	Year 1 SHP Request	Total
Software		
5. Software/User Licensing		\$0
6. Software Installation		\$0
7. Support and Maintenance		\$0
8. Supporting Software Tools		\$0
Subtotal Software Request		\$0
Cash Match		\$0
Total Software Budget	\$0	\$0
Other Resources (cash and in-kind)		\$0

**The Total values are automatically calculated by the system when you click the "Save" button.**

## HMIS Budget - Services

### Instructions:

HMIS costs (populated) - the system populates a list of eligible activities associated with the implementation of an HMIS and for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible cost activities, which are not listed.

SHP Request (required) - for each grant year, enter or update the amount (\$) requested for each cost activity that is DIRECTLY related to implementing the HMIS, and eligible for SHP funding. For renewal projects, the SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

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

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

Other Resources (optional) - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount (\$) available per grant year.

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

**For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please make sure that the budget request for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

	Year 1 SHP Request	Total
<b>Services</b>		
9. Training by Third Parties		\$0
10. Hosting/Technical Services		\$0
11. Programming: Customization		\$0
12. Programming: System Interface		\$0
13. Programming: Data Conversion		\$0
14. Security Assessment and Setup		\$0
15. On-line Connectivity (Internet Access)		\$0
16. Facilitation		\$0
17. Disaster and Recovery		\$0
Other (must specify *)		
		\$0
<b>Subtotal HMIS Services Request</b>		\$0
<b>Cash Match</b>		\$0
<b>Total HMIS Services Budget</b>	\$0	\$0

**Applicant:** North Carolina Housing Coalition

94-392-1726

**Project:** Carolina Homeless Information Network- Wake Portion

EX2\_017985

Other Resources (cash and in-kind)		\$0
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**The Total values are automatically calculated by the system when you click the "Save" button.**

## HMIS Budget - Personnel

### Instructions:

HMIS costs (populated) - the system populates a list of eligible activities associated with the implementation of an HMIS and for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible cost activities, which are not listed.

SHP Request (required) - for each grant year, enter or update the amount (\$) requested for each cost activity that is DIRECTLY related to implementing the HMIS, and eligible for SHP funding. For renewal projects, the SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

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

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

Other Resources (optional) - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount (\$) available per grant year.

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

**For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please make sure that the budget request for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

	Year 1 SHP Request	Total
<b>Personnel</b>		
18. Project Management/Coordination	\$71,666	\$71,666
19. Data Analysis		\$0
20. Programming		\$0
21. Technical Assistance and Training		\$0
22. Administrative Support Staff		\$0
Subtotal Personnel Request	\$71,666	\$71,666
Cash Match	\$18,813	\$18,813
Total Personnel Budget	\$90,479	\$90,479
Other Resources (cash and in-kind)		\$0

**The Total values are automatically calculated by the system when you click the "Save" button.**

## HMIS Budget - Space & Operations

### Instructions:

HMIS costs (populated) - the system populates a list of eligible activities associated with the implementation of an HMIS and for which SHP funds can be requested. Please use the 'Other' category to specify any additional, eligible cost activities, which are not listed.

SHP Request (required) - for each grant year, enter or update the amount (\$) requested for each cost activity that is DIRECTLY related to implementing the HMIS, and eligible for SHP funding. For renewal projects, the SHP Request should match budget amounts identified on the Grant Inventory Worksheet.

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

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

Other Resources (optional) - if there are in-kind or additional cash resources above the requested cash match requirement, enter the total amount (\$) available per grant year.

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

**For each year of the grant term, enter the total dollar amount of SHP funds requested for each HMIS activity. For renewal applications, the fields will populate with information from the 2008 application submission, if applicable. Please make sure that the budget request for all renewal projects correspond to the budget amounts on Grant Inventory Worksheet.**

	Year 1 SHP Request	Total
HMIS Space and Operations		
23. Space Costs		\$0
24. Operational Costs		\$0
Subtotal Space & Operations Request	\$0	\$0
Cash Match		\$0
Total Space & Operations Budget	\$0	\$0
Other Resources (cash and in-kind)		\$0

**The Total values are automatically calculated by the system when you click the "Save" button.**

## HMIS Budget Summary

The following information summarizes the total HMIS funding request for each year of the grant term.

	Year 1
25. Total SHP HMIS Request	\$71,666
26. Total Cash Match	\$18,813
27. Total HMIS Costs	\$90,479



## Supportive Housing Program (SHP) Summary Budget

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

**Selected Grant Term** 1 Year

SHP Activities	SHP Dollars Request	Cash Match	Totals
1. Acquisition	\$0	\$0	\$0
2. Rehabilitation	\$0	\$0	\$0
3. New Construction	\$0	\$0	\$0
4. Subtotal (Lines 1 - 3)	\$0	\$0	\$0
5. Real Property Leasing From Leasing Budget Chart	\$0		\$0
6. Supportive Services From Supportive Services Budget Chart	\$0	\$0	\$0
7. Operations From Operating Budget Chart	\$0		\$0
8. HMIS From HMIS Budget Chart	\$71,666	\$18,813	\$90,479
9. SHP Request (Subtotal lines 4-8)	\$71,666		
10. Administrative Costs (Up to 5% of line 9)	\$3,583		
	<b>Total SHP Request (Total lines 9 and 10)</b>	<b>Total Cash Match</b>	<b>Total Budget (Total SHP Request + Total Cash Match)</b>
	\$75,249	\$18,813	\$94,062

## Program Outcome Logic Model (HUD 96010) Attachment

Document Type	Required?	Document Description	Date Attached
Logic Model for Program Outcome (HUD 96010)	Yes	CHIN - Wake Logic...	11/20/2009

## Program Outcome Logic Model (HUD 96010) Attachment Detail

**Document Description:** CHIN - Wake Logic Model