

## 2007 Continuum of Care Local Supplemental Application

<b>1. Sponsor and Project Information</b>		
Project Name:		
Name of Lead Agency/Organization (project Sponsor)		
DUNS Number:		
Mailing Address:		
Contact Person		
Telephone:	Fax:	E-mail:
If you are submitting a project on behalf of a group of agencies/organizations, list below any agencies you are including in your proposal as subrecipients or subcontractors:		
Total Project Cost: \$	Total HUD Funds Requested: \$	
HUD Program from which funding is being requested		
<input type="checkbox"/> <b>NEW</b> <input type="checkbox"/> <b>RENEWAL</b> _____ # yrs		
<input type="checkbox"/> Supportive Housing Program (SHP) check component below. <input type="checkbox"/> Permanent Housing for Persons with Disabilities <input type="checkbox"/> Safe Haven Permanent Housing <input type="checkbox"/> Safe Haven Non-permanent Housing <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Supportive Services Only	<input type="checkbox"/> Shelter Plus Care Program (S+C) check components below. <input type="checkbox"/> Tenant-Based Rental Assistance (TRA) <input type="checkbox"/> Sponsor-Based Rental Assistance (SRA) <input type="checkbox"/> Project-Based Rental Assistance (PRA)	<input type="checkbox"/> SRO

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<b>2. Project's Ability to meet HUD Samaritan Initiative Bonus Criteria</b>		
	Yes	No
<p>Will this permanent supportive housing project exclusively serve persons who meet the HUD definition of chronically homeless? (An unaccompanied homeless individual with a disabling condition who has either been homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. Chronically homeless persons must be living in a place not meant for human habitation (e.g. living on the streets or in an emergency shelter).</p>		

<b>3. Program Goals for the Project</b>
Please list your project goals under each of the following areas:
<p>Program Goal A. Residential Stability</p>   
<p>Program Goal B. Increased Skills and/or income</p>   
<p>Program Goal C. Greater Self-Determination</p>   

<b>4. Project's Ability to Meet Local Priorities</b>
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**A. Regional Priorities**

Explain how your project will augment at least one of the Southern Nevada Homeless and Housing 10 point Plan for local priorities. Provide a narrative response under each of the appropriate points.

- **Enhance coordination between non-profit organizations and government**  
 Ensure awareness and support for coordinated responses to eliminate homelessness.

- **Provide seamless client services through effective partnerships**  
 Provide better access to supportive services that promote long-term stability and improved functioning.

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- **Foster self-sufficiency through access to education, training and employment opportunities**

Assist people who are homeless to obtain skills and knowledge necessary to participate in the workforce.

- **Increase the availability of stable and sustainable housing**

Develop permanent and transitional housing opportunities.

- **Facilitate the transition from homelessness through intensive case management**

Ensure that there are supportive services for those who are changing their lives.

### **B. Priorities for Effective use of Community Resources**

(Project must address all of the following)

1. Describe how your project will collaborate with and access resources from community-wide service systems appropriate to the consumer population. Identify specific service systems below:

2. Describe how your project will collaborate with other parts of the homeless continuum of care system. Describe specific collaboration activities below:

3. In the boxes below, include your projects reasonable costs to the community for the number of persons served and the type of housing and services being provided.

A. Cost Efficiency (based on Exhibit 2, Section1, Parts B & C)

<b>A. Projected number of Units</b>	<b>B. Annual project costs (ALL HUD plus cash match)</b>	<b>C. Annual cost per unit (Divide B by A)</b>
	\$	\$



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### D. Community Collaborations

Describe how your agency partners with other agencies in the Continuum. Describe the extent does your agency participates in the COH, the homeless count, the homeless stand down, provider meetings, Mainstream Programs Basic Trainings, Nevada Homeless Alliance, and any other Continuum wide programs/projects.

<b>4. Local Submission Required Attachments</b>
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- A. Full Itemized Project Budget
- B. Last Certified Audit with Findings for Corrective Measures (if your agency is required to submit to an audit)
- C. Last APR (for Renewing projects)

**Submit 15 copies of this full application and required attachments to Michele Fuller-Hallauer, 1600 Pinto Lane, 3<sup>rd</sup> floor by 3:00 pm March 23, 2007.**

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<b>6. Local Assurances</b>
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1. The applicant acknowledges and understands that, although the Southern Nevada Regional Coalition-Committee on Homelessness and the Continuum of Care Technical advisory Board will review each application to be submitted in the 2007 Consolidated Continuum of Care Application for Clark County and provide technical assistance to applicants and advise applicant of obvious errors and omissions as time permits, the applicant assumes ultimate responsibility for preparing an accurate and complete application for submission to HUD that meets all federal rules and regulations.
2. The applicant is in compliance with applicable civil right laws and Executive Orders and meets all standards outlined in the U.S. Department of housing and Urban Development Notice of Funding availability.
3. The submission of this application has been approved by the organization's Board of Trustees or other applicable governing body.

\_\_\_\_\_  
Signature, Chief Executive Officer

\_\_\_\_\_  
Printed name and title

\_\_\_\_\_  
Date