

Ozanam Grant Application:
to HUD through the Continuum of Care Grant

Section I: Project Summary Information

Part A: General Project Information (All Projects)

1. Project Priority Number (From Project Priority Chart in Exhibit1): <u> 3 </u>	2. <input checked="" type="checkbox"/> New Project	3. If renewal, list previous grant number & project identifier number (PIN):	Previous Grant Number:
<input type="checkbox"/> Check box if project is a #1 Priority Samaritan Bonus Project	Renewal Project		PIN Number:
4. HUD-Defined CoC Name: Kansas City/Wyandotte County COC		5. CoC Number: KS-501	
6. Applicant's Organization Name (Legal Name from SF-424) Unified Government of Wyandotte County/Kansas City Kansas		8. Applicant's DUNS Number (From SF-424):	
7. <input type="checkbox"/> Check box if Applicant is a Faith-Based Organization <input checked="" type="checkbox"/> Check box if Applicant has ever received a federal grant, either directly from a federal agency or through a state/local agency		03-069-3592	
9. Project Applicant's Address (From SF-424) Street: 701 N. 7 th Street City: Kansas City State: KS Zip: 66101		10. Applicant's Employer Identification Number (EIN) (From SF-424): 48-6031181	
11. Contact person of Project Applicant: (From SF-424) Name: LaVert A. Murray Phone number: (913) 573-5730 Title: Director, Department of Development Fax number: (913) 573-5115 Email Address: LMurray@wycokck.org		12. Check box if Project Applicant is the same as Project Sponsor	
13. Project Name: Transitional Housing		14. Project's location 6-digit Geographic Code: 201776 & 209209	
15. Project Address (S+C SRAs, if multiple sites list all addresses including): Street: 4125 Thompson, 4122 Thompson City: Kansas City State: KS Zip: 66103		18. <input type="checkbox"/> Check box if Energy Star is used in this project	
16. <input type="checkbox"/> Check box if project is located in a Rural Area 17. If project contains housing units, are these units: <input checked="" type="checkbox"/> Leased? <input type="checkbox"/> Owned?		19. Project Congressional District(s): Kansas 3 rd Congressional District	
20. Project Sponsor's Organization Name (If different from Applicant) Cornerstones of Care/Ozanam Pathways		22. Sponsor's DUNS Number: 04-6396615	
21. <input type="checkbox"/> Check box if Project Sponsor is a Faith-Based Organization <input checked="" type="checkbox"/> Check box if Project Sponsor has ever received a federal grant, either directly from a federal agency or through a state/local agency			
23. Project Sponsor's Address (if different from Applicant) Street: 3459 Broadway City: Kansas City State: MO Zip: 64111		24. Sponsor's Employer Identification Number (EIN): 44-0545442	
25. Contact person of Project Sponsor (if different from Applicant) Name: Dorothy Loyd Phone number: (816) 561-2266 Title: Vice President of Transitional Services Fax number: (816) 756-2839 Email Address: dorothyl@ozanam.org			

Part B: Project Summary Budget

B1. Supportive Housing Program (SHP) (All SHP Projects)

a. <input checked="" type="checkbox"/> SHP Program		c. Grant Term* (Check only one box)		
b. Component Types (Check only one box) <input checked="" type="checkbox"/> Safe Haven/TH <input type="checkbox"/> PH <input type="checkbox"/> SSO <input type="checkbox"/> HMIS <input type="checkbox"/> Safe Haven/PH		<input type="checkbox"/> 1 Year	<input checked="" type="checkbox"/> 2 Years	<input type="checkbox"/> 3 Years
d. Proposed SHP Activities	e. SHP Dollars Request	f. Cash Match	g. Totals (Col. e + Col. f)	
1. Acquisition				
2. Rehabilitation				
3. New Construction				
4. Subtotal (Lines 1 through 3)				
5. Real Property Leasing From Leasing Budget Chart	\$62,160.00		\$62,160.00	
6. Supportive Services From Supportive Services Budget Chart	\$4968.00	\$1242.00	\$6,210.00	
7. Operations From Operating Budget Chart	\$33,330.00	\$8,325.00	\$41,625.00	
8. HMIS From HMIS Budget Chart	\$1500.00	\$400.00	\$1500.00	
9. SHP Request (Subtotal lines 4 through 8)	\$101,958	Total Cash Match	Total Budget (Total SHP Request + Total Cash Match)	
10. Administrative Costs (Up to 5% of line 9)	\$5097.90			
11. Total SHP Request (Total lines 9 and 10)	\$107,055.90	\$9,967.00	\$117,022.90	

*New projects must be 2 or 3 years, except new HMIS projects and new hold harmless reallocation projects, which can be 1, 2 or 3 years.

B2. Shelter Plus Care (S+C) (All S+C Projects) N/A

a. <input type="checkbox"/> S+C Program	c. Grant Term (Renewals are 1 year only)		
b. Component Types (Check only one box) <input type="checkbox"/> TRA <input type="checkbox"/> SRA <input type="checkbox"/> PRA <input type="checkbox"/> PRAR <input type="checkbox"/> S+C/SRO	(Check only one box)		
	<input type="checkbox"/> Renewal 1 Year	<input type="checkbox"/> New 5 Years	<input type="checkbox"/> New 10 Years (PRAR, S+C/SRO)
1. Total S+C Rental Assistance Amount from S+C and SRO Budget Chart	\$		

B3. Section 8 Single Room Occupancy (SRO) (All Section 8 SRO Projects) N/A

a. <input type="checkbox"/> SRO Program	c. Grant Term
b. Component Type <input type="checkbox"/> (SRO)	<input type="checkbox"/> 10 Years
1. Total SRO Rental Assistance Amount from SRO Budget Chart	\$

Part C: Point in Time Housing and Participants Chart

(All Projects Except Dedicated HMIS Projects)

1. Housing Type* (Check all that apply)	1a. <input type="checkbox"/> Multi-family <input type="checkbox"/> Single-family <input type="checkbox"/> Congregate Facility	1b. <input checked="" type="checkbox"/> Scattered Site <input type="checkbox"/> Project Based	
2. Units, Bedrooms, Beds	a. Current Level (Point-in-Time)	b. New Effort or Change in Effort (If Applicable)	c. Projected Level (column a + col. b)
Number of Units	0	5	5
Number of Bedrooms	0	0	0
Number of Beds	0	0	0
3. Participants	0	1	1
a. Number of Households with Dependent Children			
i. Number of adults	0	1	1
ii. Number of children	0	1	1
iii. Number of disabled persons			
b. Number of Households without Dependent Children	0	4	4
i. Number of disabled persons			
ii. Of all disabled persons, number of chronically homeless			
*Housing Types: Multi-family (apartments, duplexes, SROs, other buildings with 2 or more units); Single-family; Congregate Facility (dormitory, barracks, shared-living).			

Part D: Targeted Subpopulations

(All Projects Except Dedicated HMIS Projects)

List the approximate percentages for each homeless subpopulation you expect to serve. If you expect to serve subpopulations that fit more than one category (i.e. Severely Mentally Ill Persons with Chronic Substance Abuse), you may place overlapping approximate percentages on the appropriate lines. *If this is a #1 priority project, it must serve 100% chronically homeless persons to receive the Samaritan bonus.*

1. Homeless Subpopulations	2. Approximate Percentages (%)
Chronically Homeless (as defined by HUD)	10%
Severely Mentally Ill	10%
Chronic Substance Abusers	
Veterans	
Persons with HIV/AIDS	5%
Victims of Domestic Violence	50%
Unaccompanied Youth (Under 18 years of age)	25%

Part E: Discharge Policy (Only State & Local Government Applicants)

Yes <input type="checkbox"/> No	Are there policies and protocols developed or implemented for the discharge of persons from publicly funded institutions or systems of care (e.g., health care facilities, foster care or other youth facilities, or corrections programs and institutions) in order to prevent such discharge from immediately resulting in homelessness or requiring HUD McKinney-Vento homeless assistance for such persons in your jurisdiction?
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Part F: Project Leveraging Chart (All Projects)

HUD homeless program funding is limited and can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. HUD encourages applicants to use supplemental resources, including state and local appropriated funds, to address homeless needs. **Please be aware that undocumented leveraging claims may result in a re-scoring of your application and possible withdrawal of your conditional award(s).** For further instructions for filling out this section, see the Instructions section.

Type of Contribution	Source of Contribution	Identify Source as: (G) Government* or (P) Private	Date of Written Commitment	Value of Written Commitment
Apt. deposit, apt.furniture	Ozanam	P	5/01/07	\$25,000.00
Services of CBO, MIS, And Ozanam	Program service fees	P	4/01/07	\$689,000.00
Pathways program staff	Contract services	G	7/01/06	\$147,627.00
UW allocation, Development allocation	Ozanam	P	5/01/07	\$150,000.00
Educational assistance	grant	P	5/01/07	\$15,000.00
*Government sources are appropriated dollars.			TOTAL:	\$ 1,026,627.00

Leveraging rate of 8.8 to 1

Part G: Project Participation and Data Coverage in Homeless Management Information System (HMIS)

(All Projects Except Dedicated HMIS Projects)

1. Is this project providing client level data to the HMIS either through direct data entry or data upload/integration at least annually? Yes XNo	
a. If no, when does the project anticipate providing client level data to the HMIS? If not applicable, briefly explain. __08/2007__ (mm/yyyy)	b. If yes, is the client level data collected on all persons served by the project provided to the HMIS? Yes No

Part H: Renewal Performance (All Renewal Projects)N/A

<p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Are there any unresolved HUD monitoring findings, or outstanding audit findings related to this project? If "Yes," briefly describe.</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>2. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Are there any significant changes in the project since the last funding approval? Check all that apply:</p> <p><input type="checkbox"/> Number of persons served: from _____ to _____.</p> <p><input type="checkbox"/> Number of units: from _____ to _____.</p> <p><input type="checkbox"/> Location of project sites.</p> <p><input type="checkbox"/> Line item or cost category budget changes more than 10%.</p> <p><input type="checkbox"/> Change in target population.</p> <p><input type="checkbox"/> Change in project sponsor.</p> <p><input type="checkbox"/> Change in component type.</p> <p><input type="checkbox"/> Other: _____</p> <p>Please explain changes: _____</p> <p>_____</p> <p>v</p>

H: Renewal Performance (Continued)

(For all S+C, SHP-PH, SHP-TH, SHP-Safe Haven, and SSO Renewals):

Use information from the most recently submitted Annual Progress Report (APR) to answer questions 3, 4, and 5. If an APR has not yet been submitted for this renewal project, please check the N/A box and skip these questions. N/A

3. Permanent Housing (PH) Performance (To be filled out by all SHP and S+C renewal permanent housing projects, including both SHP-PH and SHP-Safe Haven permanent housing). Complete the following chart using data based on the most recently submitted APR Questions 12(a) and 12(b):

a. Number of participants who exited PH project(s)—APR Question 12(a)	
b. Number of participants who did not leave the project(s)—APR Question 12 (b)	
c. Of those who exited , how many stayed 7 months or longer in PH—APR Question 12(a)	
d. Of those who did not leave , how many stayed 7 months or longer in PH—APR question 12(b)	
e. Percentage of all participants in PH projects staying 7 months or longer [(c + d) divided by (a + b)] x 100 = e. Example: [(16 + 15) divided by (20 + 20)] x 100 = 77.5%	%

4. Transitional Housing (TH) Performance (To be filled out by all SHP renewal transitional housing projects, including both SHP-TH and SHP-Safe Haven transitional housing).

Complete the following chart using data based on the most recently submitted APR Question 14:

a. Number of participants who exited TH project(s)—including unknown destination	
b. Number of participants who moved to PH —from any destination identified as permanent housing	
c. Of the number of participants who left TH, what percentage moved to PH? (b divided by a) x 100 = c Example: (14 / 18) x 100 = 77.7%.	%

H: Renewal Performance (Continued)

5. Supportive Services - Mainstream Programs and Employment Chart

(To be filled out by all S+C and SHP renewals, except dedicated HMIS projects)

HUD will be assessing the percentage of clients in your renewal project who gained access to mainstream services and, especially, who gained employment. Based on responses to APR Question 11 complete the following:

1 Number of Adults Who Left (Use the same number in each row)	2 Income Source	3 Number of Exiting Adults with Each Source of Income	4 % with Income at Exit (Col. 3 ÷ Col. 1 x 100)
Example: 105	a. Social Security Insurance (SSI)		
	b. Social Security Disability Insurance (SSDI)		
	c. Social Security		
	a. SSI		
	b. SSDI		
	c. Social Security		
	d. General Public Assistance		
	e. TANF		
	f. SCHIP		
	g. Veterans Benefits		
	h. Employment Income		
	i. Unemployment Benefits		
	j. Veterans Health Care		
	k. Medicaid		
	l. Food Stamps		
	m. Other (please specify)		
	n. No Financial Resources		

Section II: Project Budgets

Part I: SHP Project Budgets (All SHP Projects as Applicable)

II. SHP Leasing Budget (All SHP Projects with Leasing)

Leased Unit(s) for Housing and/or Services				
a. Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area: Kansas City				
b. New Projects Only, check the appropriate box that relates your rent to the published FMR. For Renewal Projects, skip to items c-g. x 1% to 99% of FMR <input type="checkbox"/> 100% of FMR <input type="checkbox"/> 101% to 110% of FMR (PHA approval letter must be attached). <input type="checkbox"/> Greater than 110% (HUD approval letter must be attached).				
c. Size of Units	d. Number of Units	e. HUD Paid Amount	f. Number of Months	g. Totals
SRO	x	x	=	\$
0 Bedroom	x	x	=	\$
1 Bedroom	5 x	\$518.00 x	24 =	\$ 62,160.00
2 Bedrooms	x	x	=	\$
3 Bedrooms	x	x	=	\$
4 Bedrooms	x	x	=	\$
5 Bedrooms	x	x	=	\$
6 Bedrooms	x	x	=	\$
Other:	x	x	=	\$
h. Totals:	x	x	=	\$62,160.00
Leased Structure(s) for Housing and/or Services - No Applicable FMR				
Structure 1		x	=	\$
Address:	Street: _____ City: _____ State: _____ Zip: _____			
Structure 2		x	=	\$
Address:	Street: _____ City: _____ State: _____ Zip: _____			

12. SHP Supportive Services Budget (All SHP Projects as Applicable)

Supportive Services Costs	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
1. Outreach Quantity:				
2. Case Management Quantity: 6% of \$36,000x1.15fringe benefits	\$2484.00	\$2484.00		\$4968
3. Life Skills (outside of case management) Quantity:				
4. Alcohol and Drug Abuse Services Quantity:				
5. Mental Health and Counseling Services Quantity:				
6. HIV/AIDS Services Quantity:				
7. Health Related & Home Health Services Quantity:				
8. Education and Instruction Quantity:				
9. Employment Services Quantity:				
10. Child Care Quantity:				
11. Transportation Quantity:				
12. Transitional Living Services Quantity:				
13. Other (must specify *) Quantity:				
14. Total SHP dollars requested:** (lines 1 to 13)	\$2484.00	\$2484.00		\$4968.00
<i>*If not specified, the costs will be removed from the budget.</i>				
<i>**Total of Line 14 must match line 6, column e., on the Project Summary Budget. The amount of the SHP request entered must be no more than 80 percent of the Total Supportive Services Costs entered on Line 16.</i>				
15. Total cash match to be spent on SHP eligible supportive service activities:	\$621.00	\$621.00		\$1242.00
16. Total supportive services costs: ***	\$3105.00	\$3105.00		\$6210.00
<i>*** The Total Supportive Services Costs includes the cash match entered on line 15, and the SHP dollars requested on line 14. The total of Line 16 must match line 6, column g., on the Project Summary Budget.</i>				

13. SHP Operating Budget (All SHP Projects with Operating Costs) N/A

Operating Costs	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
1. Maintenance/Repair Quantity: general upkeep, carpet cleaning and repairs to apartments	\$1200.00	\$1200.00		\$2400.00
2. Staff: (position, salary, % time, fringe benefits)				
3. Utilities Quantity: Telephone, gas, electric for 5 apts.	\$7500.00	\$7500.00		\$15000.00
4. Equipment (lease/buy) Quantity:				
5. Supplies Quantity: start up supplies	\$750.00	\$750.00		\$1500.00
6. Insurance Quantity: liability insurance	\$600.00	\$600.00		\$1200.00
7. Furnishings Quantity:				
8. Relocation Quantity: (number of persons)				
9. Food Quantity: monthly grocery assistance	\$6,600.00	\$6,600.00		\$13,200.00
10. Other Operating Activity: * Quantity:				
11. Total SHP Operating Dollars Requested (lines 1 to 10): **	\$16,650.00	\$16,650.00		\$33,300.00
<i>*If not specified, the costs will be removed from the budget.</i>				
<i>**Total of Line 11 must match line 7 column e., on the Project Summary Budget. The amount of the SHP request entered must be no more than 75 percent of the Total Operating Costs entered on Line 12.</i>				
12. Total cash match to be spent on SHP eligible operations activities:	\$4,162.50	\$4,162.50		\$8,325.00
13. Total Operating Costs: ***	\$20,812.50	\$20,812.50		\$41,625.00
*** The Total Operating Costs includes the cash match entered on line 12 and the SHP dollars requested on line 11. The total of Line 13 must match line 7, column g., on the Project Summary Budget.				

14. SHP New Project Multiple Structures Budget (All New SHP Projects as Applicable) To be used only for projects with multiple structures with acquisition, rehabilitation or new construction funds. Fill out an additional chart for each structure. N/A

Structure A			Structure B		
Address:			Address:		
City, State, Zip:			City, State, Zip:		
	SHP Request	Total Budget		SHP Request	Total Budget
1. Acquisition			1. Acquisition		
2. Rehabilitation			2. Rehabilitation		
3. New Construction			3. New Construction		
4. Real Property Leasing			4. Real Property Leasing		
5. Supportive Services			5. Supportive Services		
6. Operations			6. Operations		
7. HMIS			7. HMIS		
8. Total			8. Total		

15. SHP HMIS Budget (All SHP Projects with HMIS Costs) N/A

HMIS Costs	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
Equipment				
1. Central Server(s)				
2. Personal Computers and Printers				
3. Networking				
4. Security				
Subtotal:				
Software				
5. Software/User Licensing	\$750.00	\$750.00		\$1500.00
6. Software Installation				
7. Support and Maintenance				
8. Supporting Software Tools				
Subtotal:	\$750.00	\$750.00		\$1500.00
Services				
9. Training by Third Parties				
10. Hosting/Technical Services				
11. Programming: Customization				
12. Programming: System Interface				
13. Programming: Data Conversion				
14. Security Assessment and Setup				
15. On-line Connectivity (Internet Access)				
16. Facilitation				
17. Disaster and Recovery				
Subtotal:				
Personnel				
18. Project Management/Coordination				
19. Data Analysis				
20. Programming				
21. Technical Assistance and Training				
22. Administrative Support Staff				
Subtotal:				

HMIS Space and Operations				
23. Space Costs				
24. Operational Costs				
Subtotal:				
25. Total SHP HMIS dollars requested: *	\$750.00	\$750.00		\$1500.00
<i>* Total of Line 25 must be no more than 80 percent of the Total HMIS Costs entered on Line 27.</i>				
26. Total cash match to be spent on SHP eligible HMIS activities:	\$200.00	\$200.00		\$400.00
27. Total HMIS Costs**	\$950.00	\$950.00		\$1900.00
<i>**The Total HMIS Costs includes the SHP dollars requested on line 25 and the cash match entered on line 26. The total on line 27 must match line 8, column g., on the Project Summary Budget.</i>				

Part J: Shelter Plus Care and Section 8 SRO Project Budgets

(All S+C and SRO Projects as Applicable)

J1. Shelter Plus Care and Section 8 SRO Rental Assistance Budget N/A

a. Check the box to indicate the type of program: <input type="checkbox"/> S+C <input type="checkbox"/> Section 8 SRO				
b. Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area:				
c. Check the appropriate box that relates your rent to the published FMR*:				
<input type="checkbox"/> 1% to 99% of FMR				
<input type="checkbox"/> 100% of FMR				
<input type="checkbox"/> 101% to 110% of FMR (PHA approval letter must be attached).				
<input type="checkbox"/> Greater than 110% (HUD approval letter must be attached).				
d. Size of Units	e. Number Of Units	f. FMR or Actual Rent**	g. Number of Months	h. Total
SRO	x	x	=	\$
0 Bedroom	x	x	=	\$
1 Bedroom	x	x	=	\$
2 Bedrooms	x	x	=	\$
3 Bedrooms	x	x	=	\$
4 Bedrooms	x	x	=	\$
5 Bedrooms	x	x	=	\$
6 Bedrooms	x	x	=	\$
Other:	x	x	=	\$
i. Totals:	x	x	=	\$

**Please be advised that the actual FMRs used in calculating your S+C or SRO grant will be those in effect at the time the grants are conditionally approved, which may be higher or lower than the FMRs listed above.*

***If requested rent is other than the published FMR, your project will be funded at the requested amount and will not receive an FMR update.*

J2. New Shelter Plus Care Single Room Occupancy (S+C/SRO) and New Section 8 Single Room Occupancy (SRO) Project Budget N/A

a. List below an estimate of the total costs of developing the S+C/SRO project:	
Type	Amount
Total Rehabilitation Costs (Eligible and Ineligible):	
Acquisition:	
Other Costs (Eligible & Ineligible, e.g., furniture):	
Total:	\$
b. List any commitments from public and private sources that you are able to provide at this time to help cover the costs of developing the project:	
Source	Amount
Total:	\$

Section III: New Project Narratives

Part K: General Project Narrative Information

(All New Projects Except Dedicated HMIS Projects)

<p>1. Provide a general description of the new project. (use less than one-half page). USD 500 office of Homeless Liaison works with over 500 homeless children and youth each school year. Many though they are unaccompanied by adults struggle everyday to get to school and every night to find a place to call home, if just for one night. They are attempting to finish high school while 'couch' surfing, or sleeping in empty cars, or abandoned building, or abandoned houses, or the streets. Amazingly they get to school each day, maybe a little tattered, they wash up in the school bathroom and rush to class. They are desperate to finish high school because they know that is their one hope on escaping the vicious cycle of homelessness.</p>
<p>2. Enter the percentage of homeless participants(s) that will be served (N/A for dedicated HMIS projects):</p> <p> <u>50</u> % Persons who came from the street or other locations not meant for human habitation.*</p> <p> <u>10</u> % Persons who came from Emergency Shelters.*</p> <p> <u>40</u> % Persons in TH who came directly from the street or Emergency Shelters.*</p> <p> 100 % Total of above percentages. If the total is less than 100%, describe very specifically where the other persons you propose to serve would be coming from, and how these persons would meet the HUD homeless definition (use less than one-quarter page).</p> <p>*This includes persons who ordinarily sleep in one of the above places but are spending a short time (30 consecutive days or less) in a jail, hospital, or other institution.</p>
<p>3. Describe the outreach plan to bring these homeless participants into the project. This is a collaborative project with the USD #500 in which we will seek out unaccompanied youth who are homeless yet wish you attend a high school in Wyandotte County/Kansas City, Kansas</p>
<p>4. Will basic community amenities (e.g., medical facilities, grocery store, recreation facilities, schools, etc.) be readily accessible (e.g., walking distance, near bus line, etc.) to your clients?</p> <p>X Yes, very accessible <input type="checkbox"/> Somewhat accessible <input type="checkbox"/> Not accessible</p>
<p>5. For transitional housing component only: List the program's maximum allowable length of stay: <u>24</u> months</p>
<p>6. For permanent housing for persons with disabilities component where more than 16 persons will reside in a structure: Describe what local market conditions necessitate the development of a project of this size and how the housing will be integrated into the neighborhood. N/A</p>
<p>7. For Shelter Plus Care TRA projects only: Will participants be required to live in particular structures or units during the first year and in a particular area within the locality in subsequent years, or to live in a particular area for the entire period of participation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Explain how and why the project will implement this requirement (use less than one-half page).</p>

8. **For Section 8 SRO projects only:**

- a. Describe the rehabilitation proposed for the property and the responsibility you and any other organizations will have in operating and maintaining the property.
- b. Include a photograph of the building to be assisted with the address (street, city, zip) on the photograph.
- c. For Non-PHA applicants you must submit a certification letter from the PHA that will administer the rental assistance. Please refer to the instructions for letter content.

9. **(SHP ONLY)** Will your proposed project use an existing homeless facility or incorporate activities that you are currently providing? xYes No

If Yes, check one or more of the activities below that describe your proposed project.

Facilities that you are currently operating and activities you are currently undertaking to serve homeless persons may only receive SHP funding for the four purposes listed below.

My project will:

Increase the number of homeless persons served.

Provide additional supportive services for residents of supportive housing and/or homeless persons not residing in supportive housing.

Bring existing facilities up to a level that meets state and local government health and safety standards. Please explain.

Replace the loss of nonrenewable funding from private, Federal, or other sources (except from the state or local government), which will cease on or before the end of **2008**.

By law, no SHP funds may be used to replace state or local government funds previously used, or designated for use, to assist homeless persons [see 24 CFR 583.150(a)].

If this (fourth) box is checked, you must fully describe the following in order to be eligible for funding:

- a. The source of the nonrenewable funding, indicating that it is not under the control of the State or local government.
- b. Why it is nonrenewable.
- c. When it will cease.
- d. Document the specific steps you took to obtain other funding, why there are no other sources of funding and why, without the SHP assistance, the activity will cease.

Part L: Supportive Services the Participants Will Receive

(All New Projects Except Dedicated HMIS Projects)

1. Indicate the type and frequency of the proposed supportive services that would fit the needs of the participants (regardless of the resources that will be used to pay for the services):					
Supportive Service	Daily	Weekly	Bi-monthly	Monthly	Other
<input type="checkbox"/> Outreach					
<input type="checkbox"/> Case management					
<input type="checkbox"/> Life skills (outside of case management)					
X Job training		x			
<input type="checkbox"/> Alcohol and Drug Abuse Services					
<input type="checkbox"/> Mental Health and Counseling Services					
<input type="checkbox"/> HIV/AIDS Services					
<input type="checkbox"/> Health Related & Home Health Services					
<input type="checkbox"/> Education and Instruction					
<input type="checkbox"/> Employment Services					
<input type="checkbox"/> Child Care					
X Transportation	x				
X Transitional Living Services	x				
xx Other – specify: financial assistance		x			

Part M: Accessing Permanent Housing

(All New Projects Except Dedicated HMIS Projects)

1. Describe specifically how participants will be assisted both to **obtain and also remain in permanent housing**. Youth who enter the program are assessed by staff. A determination is made regarding youth's ability to work full or part time while attending high school. Youth are required to disclose any financial liabilities so that a budget can be developed. Staff then works with each youth to ascertain future housing goals and a plan is then developed to meet those goals.

Part N: Participant Self-Sufficiency

(All New Projects Except Dedicated HMIS Projects)

1. Describe **specifically** how participants will be assisted both to increase their **employment** and/or income **and** to maximize their ability to **live independently**. Ozanam Pathways is a community based transitional living program with a central focus on the development and/or enhancement of the participant's knowledge of essential skills that will promote an independent life style. The program provides a wide range of services including: 1) housing, food, and utilities, 2) 24 hour access to support and assistance 3) Assist in financial planning 4) Coordinate health services 5)

job placement and coaching. Throughout the program's design the focus is on what we call the 4 "E's" education, encouragement, enlightenment and empowerment. Together with our collaborative partners, we will provide life skills training; provide referrals to community resources and work to connect disconnected youth back with their community. Clearly, the number one way we will assist these youth in increasing their employment opportunities and maximize their ability to live independently is to provide safe and stable living conditions so that they have only one thing to focus on and that is to graduate high school.

2. If you are proposing to serve persons with disabling conditions, please describe how this project will assist these persons to address their needs.

Part O: Experience Narrative (All New Projects)

1. List the specific type and length of experience of all organizations involved in implementing the proposed project, including the project sponsor, housing and supportive service providers, and any key subcontractors. Describe experience directly related to their role in the proposed project as well as their overall experience working with homeless people. For projects contracting for and overseeing the construction or rehabilitation of housing or administering rental assistance, describe experience, as applicable. A project sponsor must meet the same eligibility standards as applicants. Life theorists consider the 16-21 age transition, one of the key periods in life because of the density of this important developmental milestone. This transition period that if handled poorly can see things go from bad to worse. If handled well, this time can set a youth on a reasonable 'pathway' towards self reliance and self-sufficiency. Thus the number one focus for this program is to provide quality services for older youth who are in need of guidance, mentoring, coaching, and connections while providing a safe and supportive environment that is conducive to becoming self sufficient.

Ozanam was founded in 1948 and has served thousands and thousands of at risk youth. Ozanam has provided a comprehensive array of transitional living services since 1981. In 1995, the agency shifted for a community based group home focus to scattered site apartments and acquired the Pathways name. The Pathways program serves both males and females, including parenting teens. Ozanam Pathways began serving homeless youth in 2002 after a Pathways staff member come upon a young lady who was finding refuge in an abandoned building. She later became our first admission into our homeless program. To date the Program has provided TLP services to over 75 homeless youth and have assisted another 400 with referrals to shelters or other TLPs.

It has been said that the only difference between a dream and the goal is the "plan". Ozanam Pathways aspires to be that difference by assisting each youth with their plan of action that each can embrace and succeed in. Ozanam Pathways provides youth with comprehensive array of services that concentrates on education, vocation, self-sufficiency, transitional living services that will assist homeless youth develop the essential skills that will promote a healthy transition into adulthood. The program is rooted in the Positive Youth Development philosophy which embraces the belief that the best way to help young people is to provide them with those supports and services that all youth need to develop into caring, and competent citizens.

Ozanam's primary connection with other service providers is as a member agency of Cornerstones of Care, which provides a comprehensive array of services to children and their families. Collectively COC agencies have provided over 400 years of service to the residents of Kansas and Missouri. Beyond Cornerstones, the Pathways program has enjoyed a rich history of collaborative relationships. There remains a strong emphasis on linking homeless youth to their communities so that the foundation that is begun while in the program is sustain was the youth

has exited Pathways.

2. Have you ever received a Federal grant either directly from a Federal Agency or through a state/local agency? Yes No

If Yes,

- a. List **all** HUD McKinney-Vento Act grants, other than ESG, received after 2001, including for each grant: the year awarded, grant number, grant amount, and amounts spent to date. Only list HUD-issued grant numbers. If you are unclear about the HUD grant number assigned to any project, please contact your HUD field office for assistance. Add rows as needed.

Year Awarded	Grant Number	Grant Amount	Amount Spent to Date
Example: 2002	CA16B200062	\$500,000	\$375,412

- b. Please explain any delays in implementing any of the grants listed in (2a) above which exceed the applicable timeliness standards described in the Notice of Funding Availability (NOFA).
- c. Identify any unresolved HUD monitoring findings, or outstanding audit findings related to any of the grants listed in (2a).

3. Is the applicant or sponsor a nonprofit organization (rather than a state or unit of local Government)? Yes No

If Yes, one of the following must be attached for each organization:

- a. IRS ruling, providing tax-exempt status under Section 501 C (3) of the IRS Code of 1986, as amended, or documentation of nonprofit status as described in the Glossary in Section I.A.7 of the program section of the NOFA.
- b. Public nonprofit community mental health centers must attach a letter or other document acceptable to HUD from an authorized official stating that the organization is a public nonprofit organization.

Part P: HMIS Narrative (Dedicated HMIS Projects ONLY)

1. Describe how the CoC's homeless needs will be assessed, resources allocated, and services coordinated more efficiently and effectively through the introduction of a new or expanded CoC-wide HMIS.
2. Demonstrate that at least 50 percent of the beds (emergency, transitional and McKinney-Vento permanent housing) listed in the "Current Inventory in 2007" categories in the Fundamental Components in the CoC System – Housing Inventory Chart will be included in the CoC-wide HMIS.
3. Name the lead agency designated to oversee the HMIS project.
4. Provide the timetable for implementing the new or expanded HMIS.
5. Demonstrate that no state or local government funds would be replaced with the funding being requested of HUD for this project.