

## **Before Starting the Project Application**

**HUD strongly encourages ALL project applicants to review the following information BEFORE beginning the application.**

Things to Remember:

- Download and review the detailed instructions along with other resources available online at [www.hudhre.info/esnaps](http://www.hudhre.info/esnaps) to help successfully complete the application.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD through the HUD HRE Virtual Help Desk, which is accessible online at [www.hudhre.info/helpdesk](http://www.hudhre.info/helpdesk).
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR) in order to apply for funding under the Continuum of Care (CoC) competition. For more information see the FY2012 CoC NOFA.
- To ensure that applications are considered for funding, all sections of the FY2012 CoC NOFA and the FY2012 General Section NOFA should be read carefully, and all requirements and criteria met.
- Before completing the project application, all project applicants must complete or update (as applicable) the applicant profile in e-snaps.
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to the CoC program and application requirements set forth in the FY2012 NOFA.

## 1A. Application Type

### Instructions:

1. Type of Submission: This field is populated and cannot be changed.
2. Type of Application: This field is populated with the type of project application opened and cannot be changed.
3. Date Received: No action needed. This field is populated with the date on which the application is submitted. The date populated cannot be edited.
4. Applicant Identifier: Leave this field blank.
- 5a. Federal Entity Identifier: Leave this field blank.
- 5b. Federal Award Identifier: (required) Leave this field blank for all new funding applications.
6. Date Received by State: Leave this field blank.
7. State Application Identifier: Leave this field blank.

Additional Resources:

Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>

**1. Type of Submission:**

**2. Type of Application:** New Project Application

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

**If "Other", specify:**

**3. Date Received:** 01/03/2013

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**  
**(e.g., expiring grant number)**

**6. Date Received by State:**

**7. State Application Identifier:**

# 1B. Legal Applicant

## Instructions:

8. Applicant: The following fields are populated from the Applicant Profile and must reflect the information from the applicant organization that can legally request homeless assistance funding from HUD.

a. Legal Name: This field is populated from the Applicant Profile. It is important that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained online at - <http://esnaps.hudhre.info>

b. Employer/Taxpayer Number (EIN/TIN): This field is populated from the Applicant Profile.

c. Organizational DUNS: This field is populated from the Applicant Profile. The number will include 9 digits. If the legal applicant organization is not in the US or is not legally organized, enter 444444444. Information on obtaining a DUNS number may be obtained online at - <http://www.dnb.com>

d. Address: This field is populated from the Applicant Profile.

e. Organizational Unit: If applicable, this field is populated from the Applicant Profile.

f. Name and contact information of person to be contacted on matters involving this applicant: This field is populated from the Applicant Profile and from the alternate point of contact for the applicant organization information. This person may or may not be the authorized representative.

Additional Resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>

## 8. Applicant

a. Legal Name: North Carolina Housing Coalition

b. Employer/Taxpayer Identification Number (EIN/TIN): 58-1798953

	c. Organizational DUNS:	943921726	PL US 4	
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## d. Address

Street 1: 118 St. Mary's Street

Street 2:

City: Raleigh

County:

**State:** North Carolina

**Country:** United States

**Zip / Postal Code:** 27605

**e. Organizational Unit (optional)**

**Department Name:**

**Division Name:**

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

**Prefix:** Ms.

**First Name:** Sonia

**Middle Name:**

**Last Name:** Ensenat

**Suffix:**

**Title:** Program Operations Director

**Organizational Affiliation:** North Carolina Housing Coalition

**Telephone Number:** (919) 827-4500

**Extension:**

**Fax Number:** (919) 881-0350

**Email:** sensenat@nchousing.org

# 1C. Application Details

### Instructions:

9. Type of Applicant: (required) This field is populated from the Applicant Profile. Applicants cannot modify the populated data on this form. However, applicants may modify the Applicant Profile to correct any errors identified.

10. Name Of Federal Agency: This field is populated with the Department of Housing and Urban Development. The field cannot be edited.

11. Catalog Of Federal Domestic Assistance (CFDA) Title/Number: This field is populated with the CFDA title and number.

12. Funding Opportunity Number/Title: This field is populated with the funding opportunity number and title of the opportunity under which assistance is requested, as found in this year's Federal Register announcement.

13. Competition Identification Number/Title: Leave this field blank.

Additional Resources:

Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>

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

**If "Other" please specify:**

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

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

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-5600-N-41

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

**13. Competition Identification Number:**

**Title:**

# 1D. Congressional District(s)

### Instructions:

14. Areas Affected By Project: (required) Select the State(s) in which the proposed project will operate and serve homeless persons. The state(s) selected will determine the list of geographic areas and congressional districts displayed elsewhere in this application.

15. Descriptive Title of Applicant's Project: This field is populated with the name from the Project form when the project application was initiated. Return to the Project form to make changes to the name.

16. Congressional District(s):

a. Applicant: This field is populated from the Applicant Profile. Applicants cannot modify the populated data on this form. However, applicants may modify the Applicant Profile to correct any errors identified.

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

17. Proposed Project Start and End Dates: (required) Indicate the operating start and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

18. Estimated Funding: Leave these fields blank.

Additional Resources:

Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>

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

**15. Descriptive Title of Applicant's Project:** Carolina Homeless Information Network (CHIN): Buncombe Portion

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

**a. Applicant:** NC-013, NC-012, NC-009, NC-008, NC-011, NC-010, NC-005, NC-004, NC-007, NC-006, NC-002, NC-003, NC-001

**b. Project:** NC-011, NC-010  
**(for multiple selections hold CTRL key)**

**17. Proposed Project**

**a. Start Date:** 07/01/2013

**b. End Date:** 06/30/2014

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

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

# 1E. Compliance

## Instructions:

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

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

If "YES" is selected enter the date this application was made available to the State for review.

20. Is the Applicant Delinquent on any Federal Debt?: (required) Select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "YES" is selected include an explanation in the space provided on this screen.

Additional Resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>

**19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

**If "YES", enter the date this application was made available to the State for review:**

**20. Is the Applicant delinquent on any Federal debt?** No

**If "YES," provide an explanation:**

# 1F. Declaration

## Instructions:

I Agree: (required) Select the checkbox next to 'I Agree' to (1) certify to the statements contained in the list of certifications\*\*, (2) certify that the statements herein are true, complete, and accurate to the best of my knowledge, (3) certify that the required assurances\*\* are provided, and (4) agree to comply with any resulting terms if I accept an award. Any false, fictitious, or fraudulent statements or claims may subject the authorized representative and the applicant organization to criminal, civil, or administrative penalties .(U.S. Code, Title 218, Section 1001)

\*\*The list of certifications and assurances are contained in the CoC NOFA and in the e-snaps Applicant Profile.

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

Additional Resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>

**By signing and submitting this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE:

## 21. Authorized Representative

Prefix: Ms.

First Name: Tharesa

Middle Name:

Last Name: Lee

Suffix:

Title: Board President

Telephone Number: (919) 881-0707  
(Format: 123-456-7890)

**Fax Number:** (919) 881-0350  
**(Format: 123-456-7890)**

**Email:** LeeT@newbern-nc.org

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

**Date Signed:** 01/03/2013

## 2A. Project Subrecipients

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

### Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

## 2B. Experience of Applicant, Subrecipient(s), and Other Partners

### Instructions:

The specific narratives that must be provided will vary based on the project type.

1. – 3. Knowledge and Experience: (required) Describe why the applicant, subrecipients, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) are the appropriate entities to receive funding. Provide concrete examples that illustrate their experience and expertise in the following: 1) working with and addressing the target population's identified housing and supportive services needs; 2) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; 3) identifying and securing matching funds from a variety of sources; and 4) managing basic organization operations including financial accounting systems.

4. Are there any unresolved monitoring or audit findings for any HUD McKinney-Vento Act Grants (including ESG) operated by the applicant or subrecipient(s): (required) Select Yes or No to indicate whether or not the subrecipient has open OIG audit findings; poor or non-compliance with applicable Civil Rights Laws and/or Executive Orders; or open McKinney-Vento related monitoring findings. The question is related to those projects for which the subrecipient organization is either a direct recipient or a subrecipient.

#### Additional Resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

<http://www.hudhre.info/coc/>

### 1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

CHIN has been in operation since 2004. In that time, it has grown to cover all of North Carolina, as several Continua of Care (CoC), have moved from other HMIS to CHIN. CHIN effectively supports a variety of agencies including emergency shelter ( of up to 600 beds), soup kitchens, food pantries, PATH teams, day shelters, transitional and permanent supportive housing. We are continually updating our system to remain compliant with changes in HUD standards and implementing new tools that drive efficiencies for our participating agencies.

Since 2008, the NC Office of Economic Opportunity has used CHIN as the system for compiling state-wide data for all Emergency Shelter Grants and in 2009, it was chosen as the data collection tool for the state's Homeless Prevention and Rapid Rehousing Program (HPRP). CHIN staff actively participates in the Southeastern Regional HMIS Collaborative and in 2009, CHIN received HUD's Achievement Award in Effective Project Management.

### 2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

The NC Housing Coalition has operated CHIN for eight years. It has successfully leveraged funds from the Emergency Shelter Grant Program, the Homelessness Prevention and Rapid Re-Housing Program, the NC Interagency Council on Coordinating Homeless Programs and agency fees.

**3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.**

The Carolina Homeless Information Network (CHIN) is a program of the North Carolina Housing Coalition and is guided by an Advisory Committee, comprised of representatives from its participating Continua of Care (CoC). CHIN is North Carolina's centralized homeless management information system (HMIS). CHIN is the HMIS for all of North Carolina's Continua of Care. 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 provides the software and its maintenance, data security, backups, system administration, interface with the software vendor, end-user training, agency setup and customization, data quality monitoring assistance, reports and reports training. We assist participating agencies and Continua of Care in preparing and submitting reports required by the U.S. Department of Housing and Urban Development (HUD) and the NC Department of Health and Human Services such as Point in Time, AHAR, APR, ESG, and NOFA reports. We also provide technical assistance to communities on special projects such as Project Homeless Connect and coordinated intake. CHIN's data collection and reports are continually updated to match changes to HUD's HMIS standards. CHIN also collaborates with entities like the N.C. Interagency Council for Coordinating Homeless Programs (ICCHP) to fund opportunities for developing CHIN's technical capacity and/or preparing network-wide statistical analysis.

CHIN is co-directed by the Program Operations Director and the Program Analysis and Development Director. NCHC's Executive Director provides supervision to the co-directors and provides oversight of the project.

The NCHC Finance Team is responsible for management and compliance of all financial accounting related to grants and other federal awards received by the North Carolina Housing Coalition. In addition to our internal controls and auditing and monitoring, we contract with an independent accountant to audit all financial records annually.

**4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)?** No

If Yes, click "Save" to explain findings.

**4b. Describe the unresolved monitoring or audit findings.**

### 3A. Project Detail

#### Instructions:

Complete all fields on this form, as appropriate. Please ensure that the information provided is both accurate and complete in light of the implementation of the HEARTH Act and the interim CoC program regulations, effective August 30, 2012. The selections made on this form will determine the remaining forms that must be completed with this application.

1a. CoC Number and Name: (required) Select the appropriate Continuum of Care (CoC) number and name. The CoC Name is defined by geography and is independent of the legal name of the authorized CoC collaborative applicant.

1b. CoC Applicant Name: (required) Select the appropriate authorized CoC collaborative applicant. The CoC applicant name corresponds with the CoC collaborative applicant with which the project applicant is choosing to submit their application. This collaborative applicant will receive the application and determine whether to include it with the CoC application submission to HUD. In the extremely rare instance that two different CoC collaborative applicants are applying under the same CoC number, the project applicant must select the appropriate CoC collaborative applicant name from the available options. It is incumbent upon the project applicant to correctly identify the appropriate CoC collaborative applicant name. Project applicants who are unsure of which CoC collaborative applicant name to select should contact their preferred CoC collaborative applicant.

2. Project Name: This field is populated with the FY2012 project name from the Project form used to create the project in e-snaps. Return to the Project form to make changes to the name.

3. Project Status: This field is populated with the option "Standard" and should only be changed to "Appeal" for projects that are appealing a CoC's decision to reject the application. All other projects should leave the field with the option "Standard." If "Appeal" is selected, an additional Appeal form will become visible toward the end of the application and additional attachments will be required on the attachments form.

4. Component Type: (required) Select the component that appropriately identifies the project.

5. Energy star: (required) Select Yes or No to indicate whether or not energy star is being (or will be) used at one or more of the properties that will receive assistance using the requested funds.

6. Title V: (required) Select Yes or No to indicate whether or not one or more of the project properties has been conveyed under Title V.

Additional Resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

<http://www.hudhre.info/coc/>

**1a. CoC Number and Name:** NC-501 - Asheville/Buncombe County CoC

**1b. CoC Applicant Name:** City of Asheville

**2. Project Name:** Carolina Homeless Information Network (CHIN):  
Buncombe Portion

**3. Project Status** Standard

**4. Component Type:** HMIS

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

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

## **3B. Project Description**

### **Instructions:**

Complete all fields on this form, as appropriate.

**ALL PROJECTS**

1. Provide a description that addresses the entire scope of the proposed project: (required) A project description should be complete and concise. It must address the entire scope of the project, including a clear picture of the community/target population(s) to be served, the plan for addressing the identified needs/issues of the CoC community/target population(s), projected outcome(s), and any coordination with other source(s)/partner(s). In cases where the proposed project is expanding an existing facility or non-HMIS service, document, when applicable, how the requested funds will supplement existing services and resources or increase participants served. The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application. Applicants are encouraged to review the detailed instructions available on the left menu, as well as applicable program regulations and desk guides available online at <http://esnaps.hudhre.info>.

SSO projects that will establish a centralized or coordinated assessment system for the CoC must state explicitly that the project is for Coordinated Assessment, describe how that system will cover the CoC's entire geographic area, be made easily accessible to individuals and families seeking housing or services, be well advertised, and include a comprehensive and standardized assessment tool. Project applicants should provide a description of the coordinated process from the moment that a potential participant presents for homeless assistance, through intake, assessment, and, when necessary, placement into services through a coordinated referral. For more information on centralized or coordinated assessment, please refer to § 578.7 of the CoC Program interim rule and pages 11, 20, 21, and 58 of the NOFA.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: (required) This narrative must demonstrate how full capacity will be achieved over the term requested in this application.

**PH, TH, AND SSO PROJECTS ONLY**

3. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property: Required only for projects that depend upon the full or partial construction or rehabilitation of property for the operation of the proposed activities.

4. Do you plan on serving youth under category 3 of the homeless definition, "unaccompanied youth and families with children who are defined as homeless under other federal statutes and who do not otherwise qualify as homeless under this definition"? (required) To become eligible for serving youth under category 3, CoCs must first request and receive HUD approval. The CoC must then list the projects that will serve this population on the CoC applicant. The selection to this question must match the CoC application. Please confirm with your CoC before selecting "Yes."

**TH PROJECTS ONLY**

5. Maximum number of months participants are allowed to be housed at the project sites(s): (required) Use the text box provided to enter any number of months less than or equal to 24. Only numbers will be accepted.

**PH PROJECTS ONLY**

5. Will the project provide RRH? (required) The CoC program regulations describe two eligible types of PH, RRH and PSH. Select Yes if you plan on providing RRH, and NO if you plan on providing PSH. Applicants that select Yes will only be able to select short-term/medium-term rental assistance as a housing option. Applicants that select No will only be able to select long-term rental assistance, leased units, or leased structures as a housing option.

**PH AND TH PROJECTS ONLY**

6a. If applicable, indicate the type of rental assistance: (required) If applying for rental assistance, select either PRA, for project based, SRA, for sponsor based, or TRA, for tenant based. This field will populate the rental assistance budget forms. Applicants not applying for rental assistance should select N/A. Legacy S+C-SRO component projects should select PRA.

6b. Indicate the maximum length of rental assistance: (for rental assistance projects only) If applying for rental assistance, select either Up to 3 months; Up to 12 months; Up to 18 months; Up to 24 months; or, Unlimited assistance. TH projects may not select the option, Unlimited assistance.

6c. Describe the method for determining the type, amount, and duration of rental assistance that participants can receive: (for rental assistance projects only) Provide a narrative description of the method used to determine the assistance described in 6a and 6b.

PH PROJECTS ONLY

7a. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? (required) PH projects may require clients to live in a particular structure for the first year and in a defined geographical area for the entire term of stay in the program, even TRA.

7b. If yes, explain how and why the project will implement this requirement: (required) Provide a narrative description of the reason the applicant has chosen to enforce this requirement for participants.

8. More than 16 persons living in one structure: (required) Select Yes or No to indicate if more than 16 persons reside (or will reside) in any one of the structures assisted with funds requested through this application. If there are more than 16 people, then an explanation is required as to how local market conditions necessitate this size, and how neighborhood integration can be achieved for the residents. For more information on the 16-person limit, see Section 424(c) of the McKinney-Vento Act.

Additional Resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

<http://www.hudhre.info/coc/>

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

This project is a dedicated HMIS grant for Asheville/Buncombe's share of the costs for the Carolina Homeless Information Network (CHIN), North Carolina's statewide Homeless Management Information System (HMIS).

**2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.**

This grant will begin on July 1, 2013. CHIN's daily operating activities will proceed as usual. Upon receipt of HUD's revised HMIS Standards, CHIN staff will work with Bowman Systems and CHIN's Advisory Committee to ensure that we will be able to meet anticipated HEARTH reporting requirements.

### 3C. HMIS Expansion

**Instructions:**

Complete all fields on this form to indicate whether or not the proposed project expands an existing project scope, and describe the expanding activities.

1. Will the requested funds increase the capacity or function of the CoC's existing HMIS? (required) Select Yes or No to indicate whether or not the proposed project will increase the capacity or function of the CoC's existing HMIS.

2. Indicate the scope of the proposed expansion:

If Yes was selected for question 1, explain in narrative form how the project will build off of the current capacity or function of the existing HMIS. Please describe both how the new funds will be incorporated into the framework of the existing project and how the expansion will allow the CoC to operate more broadly and/or efficiently.

One or more of the following four activities may constitute an HMIS expansion project and each option requires the recipient to provide further explanation for the option(s) it has chosen:

- Replacing the loss of nonrenewable funding
- Increase the # of participating HMIS agencies and/or programs
- Increase geographic coverage of HMIS
- Increase HMIS functionality related to service information

If replacing the loss of non-renewable funding the applicant must answer what the non-renewable funding source, why the funds are non-renewable, the date the funds will expire, and what steps it is taking to obtain other funding sources.

If increasing the number of participating HMIS agencies and/or programs the applicant must identify the number of agencies and/or programs added according to the agencies and programs identified in the table. Additionally, the applicant must identify the expected increase in HMIS coverage by stating the current HMIS coverage rate per component type and identify the expected HMIS coverage rate that will result from awarding funds for this application.

If increasing the geographic coverage of HMIS the applicant must identify the additional geographies the HMIS is adding to its coverage.

If increasing HMIS functionality the applicant must describe the increased functionality.

Additional Resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

<http://www.hudhre.info/coc/>

**1. Will the requested funds increase the capacity or function of the CoC's existing HMIS?** Yes

Click the "Save" button to update the form.

**2. Indicate the scope of the proposed expansion:** Increase HMIS functionality, Replace the loss of nonrenewable funding

Click 'Save' to update form.

**If replacing the loss of nonrenewable funding, respond to the following:**

**a) What is the source of non-renewable funding?** Federal

**b) Why are the project funds non-renewable?**

CHIN was able to increase capacity through the Homelessness Prevention and Rapid Re-Housing Program (HPRP). Those funds were time-limited. This funding will assist CHIN in maintaining and increasing current capacity. In addition, CHIN underwent a cost-restructuring process this year. Previously, the cost structure was based on a user fee. The new cost structure is based on a CoC fee and has been balanced to ensure that all 12 CoC that are participating in CHIN pay a fair share of the cost. This application will ensure that the Asheville/Buncombe CoC is able to cover its cost, reduce the burden of user fees on agencies, thus ensuring agencies can have an adequate number of end-users.

**c) On what date will the non-renewable funds expire?** 09/30/2012

**d) What steps were taken to obtain other funding sources?**

The CoC also looked at using Emergency Solutions Grants funds for the CoC CHIN fee. Other private funds were discussed, but it is clear that HMIS is a requirement of HUD and the community felt it was best to use HUD funding to ensure the CoC is able to meet this requirement.

**If increasing HMIS functionality, respond to the following:**

**a) Describe the increased functionality.**

This grant will assist CHIN is increasing reporting functionality to meet HEARTH reporting requirements including new performance standards.

## 4A. HMIS Standards

### Instructions:

Complete all fields on this form to indicate the proposed project's compliance with HMIS standards.

1a. Is the HMIS currently programmed to collect all Universal Data Elements (UDE's) as set forth in the HMIS Data Standard Notice? (required) Select Yes or No to indicate whether the HMIS is programmed to collect all of the Universal Data Elements, as outlined in the HMIS Data Standards, last revised in March 2010.

1b. If no, explain why and the planned steps for compliance: (required if No to 1a) Applicants must explain why they are not currently in compliance and how they intend to change their HMIS to comply with the Universal Data Elements.

2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, quarterly reports, data for CAPER/ESG reporting, etc): (required) Select Yes or No to indicate the ability for the HMIS to meet HUD reporting requirements, including Annual Performance Reports, quarterly reports, and data for CAPER/ESG reporting.

2b. If no, explain why and the planned steps for compliance: (required if No to 2a) Applicants must explain what they are not able to currently produce HUD-required reports and how they intend to change their HMIS to comply with reporting requirements.

3.-8.: Select Yes or No for each question to identify HMIS openness and capability and the HMIS' current level of security.

Additional resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

<http://www.hudhre.info/coc/>

**1a. Is the HMIS currently programmed to collect all Universal Data Elements (UDE's) as set forth in the HMIS Data Standard Notice?** Yes

**1b. If no, explain why and the planned steps for compliance.**  
**Max. 500 characters**

**2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, quarterly reports, data for CAPER/ESG reporting, etc).** Yes

**2b. If no, explain why and the planned steps for compliance.**  
**Max. 500 characters.**

- 3. Is the HMIS currently able to track a client's progress across projects in the CoC?** Yes
  
- 4. Can the HMIS currently allow end users to search client records to determine if a client is actively receiving services in the CoC?** Yes
  
- 5. Can the HMIS currently unduplicate client records within the HMIS?** Yes
  
- 6. Does the HMIS Lead have a security officer?** No
  
- 7. Does your organization conduct a background check on all employees who access HMIS or view HMIS data?** No
  
- 8. Does HMIS Lead conduct Security Training and follow up on security standards on a regular basis?** Yes
  
- 9. How long does it take to remove access rights to former HMIS users?** Within 24 hours

## 4B. HMIS Training

**Instructions:**

Enter the date of the last training (mm/yyyy): (required) - Enter the date of the last training for the HMIS trainings identified in the list in the prescribed format (mm/yyyy). If there has been no training, please enter 00/0000.

Specify Other(s): (optional) - enter up to 3 additional HMIS trainings that apply to the implementation of the proposed project, and enter the implementation date for each additional training.

3.-8.: Select Yes or No for each question to identify HMIS openness and capability and the HMIS' current level of security.

Additional Resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

<http://www.hudhre.info/coc/>

**Indicate the last training date or proposed training date for each HMIS training, as applicable.**

&nbsp;Activity	&nbsp;Enter date of last training or proposed next training (mm/yyyy)
Basic Computer Training	01/2013
HMIS Software Training for Sys Admin	01/2013
HMIS Software Training	01/2013
Data Quality Training	01/2013
Security Training	01/2013
Privacy/Ethics Training	01/2013
HMIS PIT Count Training	01/2013
Other (must specify)	
Advanced Reporting Tool Training	01/2013
PATH Reports Training	10/2012

## 7A. Funding Request

### Instructions:

The fields that must be completed on this form will vary based on the project type and component type.

1. Is it feasible for the project to be under grant agreement by September 30, 2014? (required) Select Yes or No to indicate whether or not the grant agreement will be execute and the project will begin operating by September 30, 2014. Unobligated funds will not be available after September 30, 2014. Applicants will not be able to submit project applications that cannot confirm feasibility for meeting the September 30, 2014.

2. Are special housing funds being requested for this project? (required) Select Yes or No to indicate whether or not the project is requesting funds under the Permanent Housing Bonus funding category. If yes, then the project will be referred to as a new PH Bonus project.

3. Select a grant term: (required) Indicate the number of years for which funding is being requested. The number of years that can be selected will vary depending on the component type, and applicants should refer to the NOFA for further guidance.

4. Select the costs for which funding is being requested: (required) All projects must identify the eligible activities for which funding is being requested. Depending on the component type, the following eligible costs may be listed: acquisition, new construction, and rehabilitation, leased units, leased structures, short-term/medium-term rental assistance, long-term rental assistance, supportive services, operations, and HMIS.

5. Is this project proposing to use funds reallocated from the CoC's annual renewal burden? (required) Select Yes or No to indicate whether or not the new project is using reallocated funds.

Additional resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>  
<http://www.hudhre.info/coc/>

**1. Is it feasible for the project to be under grant agreement by September 30, 2014?** Yes

**2. Are special housing funds being requested for this project?** No  
If Yes, click the "Save" button to identify the project as a PH Bonus.

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

**5. Is the project proposing to use funds reallocated from the CoC's annual renewal burden?** Yes

# 7I. HMIS Budget

### Instructions:

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

The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

1. Equipment: eligible equipment costs are for central server(s), personal computers and printers, networking, and security.

2. Software: eligible software costs are for software/user licensing, software installation, support and maintenance, and supporting software tools.

3. Services: eligible services costs are for training by third parties, hosting/technical services, programming (customization), programming (system interface), programming (data conversion), security assessment setup, on-line connectivity (internet access), facilitation, and disaster and recovery.

4. Personnel: eligible personnel costs are for project management/coordination, data analysis, programming, technical assistance and training, and administrative support staff.

5. Space & Operations: eligible space and operations costs are for space costs and operational costs associated with that space.

Quantity Detail: (required) Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS cost for which funding is being requested.

Annual Assistance Requested: (required) For each grant year, enter the amount (\$) requested for each activity.

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

Grant Term: This field is populated based on the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the per month rent entered in the first field, multiplied by 12 months, multiplied by the grant term.

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

#### Additional Resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

<http://www.hudhre.info/coc/>

**A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.**

Eligible Costs	Quantity Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software		

<b>3. Services</b>		
<b>4. Personnel</b>	Project Management/Coordination Costs: Includes staff time from 10.2 FTE HMIS staff	\$67,500
<b>5. Space &amp; Operations</b>		
<b>Total Annual Assistance Requested:</b>		\$67,500
<b>Grant Term:</b>		1 Year
<b>Total Request for Grant Term:</b>		\$67,500

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

## 7J. Summary Budget

**Instructions:**

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to the Total Requested for Grant Term for Admin, Cash Match, and In-Kind Match.

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

**Cash Match:** (required) Enter the total amount of funds (\$) that the applicant will use for the project provided by sources other than the CoC program grant.

**In-Kind Match:** (required) Enter the total dollar value of non-cash resources that the applicant will use for the project provided by sources other than the CoC program grant.

**Total Match:** This field will automatically calculate the total combined value (\$) of the Cash and In-Kind Match. The total match must equal a minimum of 25% of the request listed in the field "Total Assistance Plus Admin Requested" minus the amount requested for Leased Units and Structures. There is no upper limit for Match. If an amount less than 25% is entered, the system will report an error and prevent application submission when the form is saved.

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

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

Additional Resources:  
 Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>  
<http://www.hudhre.info/coc/>

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

Eligible Costs			Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0

<b>3. Housing Relocation and Stabilization</b>	\$0	1 Year	\$0
<b>4. Short-term/Medium-term Assistance</b>	\$0	1 Year	\$0
<b>5. Long-term Rental Assistance</b>	\$0	1 Year	\$0
<b>6. Supportive Services</b>	\$0	1 Year	\$0
<b>7. Operating</b>	\$0	1 Year	\$0
<b>8. HMIS</b>	\$67,500	1 Year	\$67,500
<b>9. Sub-total Costs Requested</b>			\$67,500
<b>10. Admin (Up to 10%)</b>			\$0
<b>11. Total Assistance Plus Admin Requested</b>			\$67,500
<b>12. Cash Match</b>			
<b>13. In-Kind Match</b>			\$16,875
<b>14. Total Match</b>			\$16,875
<b>15. Total Budget</b>			\$84,375

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

## 7K. Sources of Leverage

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

**Total Value of Cash Commitments:**

**Total Value of In-Kind Commitments:**

**Total Value of All Commitments:**

Type	Contributor	Source	Date of Commitment	Value of Commitment
This list contains no items				

## 8A. Attachment(s)

### Instructions:

1. Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.
2. CoC Reject Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.
3. Con Plan Cert: Projects that select "No CoC" on form 3A must submit a consolidated plan certification for the community that they represent in order to be considered for funding.
4. Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

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

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## 8B. Applicant Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

**Additional for Rental Assistance Projects:**

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

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

**15-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

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

**C. For Rental Assistance Only.**

**Supportive Services.**

It will make available supportive services appropriate to the needs of the population served and equal in value to the aggregate amount of rental assistance funded by HUD for the full term of the rental assistance.

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

**Name of Authorized Certifying Official** Tharesa Lee

**Date:** 01/03/2013

**Title:** Board President

**Applicant Organization:** North Carolina Housing Coalition

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

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

X

## 9B. Submission Summary

Page	Last Updated
<b>1A. Application Type</b>	No Input Required
<b>1B. Legal Applicant</b>	No Input Required
<b>1C. Application Details</b>	No Input Required
<b>1D. Congressional District(s)</b>	12/19/2012
<b>1E. Compliance</b>	12/18/2012
<b>1F. Declaration</b>	12/17/2012
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Experience</b>	12/19/2012
<b>3A. Project Detail</b>	12/18/2012
<b>3B. Description</b>	12/19/2012
<b>3C. HMIS Expansion</b>	12/19/2012
<b>4A. HMIS Standards</b>	12/18/2012
<b>4B. HMIS Training</b>	12/19/2012
<b>7A. Funding Request</b>	12/18/2012
<b>7I. HMIS Budget</b>	01/03/2013
<b>7J. Summary Budget</b>	No Input Required
<b>7K. Sources of Leverage</b>	No Input Required
<b>8A. Attachment(s)</b>	No Input Required
<b>8B. Certification</b>	12/18/2012