

Project Information - Page 1

CoC Number and Name OH-507 - Ohio Balance of State CoC

Project Name COHHIO SPC Renewal

Project Type Renewal Project

Program Type
Content depends on "Project Type" selection

Component Type
Content depends on "Program Type" selection

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

In which Congressional District(s) is the project located? OH-001
(for multiple selections hold CTRL + Key)

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

COHHIO SPC Renewal is a Shelter Plus Care Project that serves households with chronic substance abuse with tenant based rental assistance.

The following fields must be completed for every project application.

Was the original project awarded as Samaritan Housing project? Yes

Were one or more projects consolidated with this project? No
If "yes" additional information is required on the following page.

Grant Term: 1 Year

Does the project use Energy Star? Yes

Is the project located in a rural area? Yes

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

Select the geographic code(s) for area(s) served by the project 399127 Perry County
(for multiple selections hold CTRL + Key)

Project Location(s)

The following list summarizes the project location(s) that have been entered. To add a location to this list, click on the  symbol.

Location Name	Street Address 1	Street Address 2	City	State	Zip
--	--	--	Ohio City	Ohio	55555

Project Location Detail

Enter the physical address of the project and indicate the ownership of the location. Scattered site projects should refer to the instructions for details on completing the field on this screen.

Location Name
Property Ownership Lease
Street Address 1
Street Address 2
City Ohio City
State Ohio
Zip Code 55555
Format: (12345 or 12345-1234)

Project Sponsor Information

Complete the following fields to identify the project sponsor, including its legal name, type of organization, DUNS number, employer/taxpayer number, and physical address.

Is the project applicant the same as the project sponsor? No
 (If yes select the "Save" button to auto-fill the fields below)

Organization Name Ohio County Alcohol and Drug Addiction Services
Organization Type M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:

DUNS Number 999999999
Format: xxxxxxxxx or xxxxxxxxxxxxxx

Tax ID or EIN 98-7654321
Format: 12-3456789

Street Address 1 222 W. Church St.
Street Address 2
City Ohio City
State Ohio
Zip Code 55555
Format: 12345 or 12345-1234

Is the sponsor a Faith-Based Organization? No
Identify source documentation for sponsor's nonprofit status: IRS letter or ruling showing 501(c)(3) status

Non-Profit Documentation Attachment

Document Type	Required?	Document Description	Date Attached
Proof of non-profit status	Yes	COHHIO SPC Renewa...	08/02/2008

Non-Profit Documentation Attachment Detail

Document Description: COHHIO SPC Renewal - non-profit

Project Sponsor Contact Information

Provide the name and contact information of the person to be contacted for matters regarding project operations. If the sponsor is the same entity as the applicant, the system will auto-populate the fields below.

Prefix Mr
First Name Harry
Middle Name Housing
Last Name Coordinator
Suffix MSW
Title Housing Coordinator
E-mail Address harryhousingcoordinator@ohioada.org
Confirm E-mail Address harryhousingcoordinator@ohioada.org
Phone Number 999-765-4321
Format: 123-456-7890
Extension 21
Fax Number 999-765-4322
Format: 123-456-7890

Assessment Tool Attachment Detail

Type and Scale of Housing

The following list summarizes all housing units that will be used for participants in the project. To add information to this list, click on the icon and enter the requested information.

Housing Type	Units	Beds	Bedrooms
Scattered-site apartments (...)	10	10	10

Type and Scale of Housing Detail

Housing Type: Scattered-site apartments (including efficiencies)

Total for Selected Housing Type

Units: 10
Beds: 10
Bedrooms: 10

Project Participants - Households with Dependent Children

Indicate the total number of households that include a homeless adult with dependent children. Also identify the number of persons and subpopulations within each household in the project.

Total Number of Households	10					
	Total Persons	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Adults	0	0	0	0	0	0
Non-Disabled Adults	0		0	0		0
Disabled Children	0	0	0		0	0
Non-Disabled Children	0		0			0
Total Persons (select "Save" to auto-calculate)	0	0	0	0	0	0
Total Number of Adults (select "Save" to auto-calculate)	0					
Total Number of Children (select "Save" to auto-calculate)	0					

Project Participants - Households without Dependent Children

Indicate the total number of households that include a homeless adult without dependent children. Also identify the number of persons and subpopulations within each household in the project.

Total Number of Households	10
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	Total Persons	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Adults	10	4	5	10	2	0	2
Non-Disabled Adults	0			0	0		0
Disabled Unaccompanied Youth	0		0	0		0	0
Non-Disabled Unaccompanied Youth	0			0			0
Total Persons (select "Save" to auto-calculate)	10	4	5	10	2	0	2
Total Number of Adults (select "Save" to auto-calculate)	10						
Total Number of Unaccompanied Youth (select "Save" to auto-calculate)	0						

Outreach for Participants

Complete the following fields related to the outreach plans to bring participants into the project.

Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations.

Note: this includes persons who ordinarily sleep in one of the places listed below but are spending a short time (30 consecutive days or less) in a jail, hospital, or other institution.

50%	Persons who came from the street or other locations not meant for human habitation.
50%	Person who came from Emergency Shelters.
0%	Persons who came from Safe Havens.
0%	Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens.
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.

Housing for Participants

Discharge Planning Policy

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

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

Yes

Project Leveraging

The following list summarizes the leveraging funds for the project. To add information to this list, click on the icon and enter the requested information.

Total value of written commitment \$114,950

Contributor	Source	Date of Commitment	Value of Commitment
Ohio County Alcoh...	Private	05/22/2008	\$5,000
Ohio Metropolitan...	Government	05/28/2008	\$1,000
Ohio Metropolitan...	Private	05/28/2008	\$6,000
Ohio Metropolitan...	Government	05/28/2008	\$3,000
Ohio Alcohol & Dr...	Government	05/26/2008	\$57,000
Ohio Mental Healt...	Government	05/25/2008	\$20,000
Ohio County One-S...	Government	05/30/2008	\$3,500
Second Harvest Fo...	Private	05/28/2008	\$1,200
Ohio County Unite...	Private	05/31/2008	\$10,000
Ohio County Goodw...	Private	05/27/2008	\$2,000
Ohio County Subst...	Government	05/29/2008	\$4,000
Ohio County 1st C...	Private	05/31/2008	\$1,000
Ohio County 2nd C...	Private	05/26/2008	\$500
Ohio County Alcoh...	Government	05/26/2008	\$750

Project Leveraging Detail

Select the Type of Contribution	In Kind
Name the Source of the Contribution	Ohio County Alcoholics Anonymous - AA Meetings
Select Type of Source	Private
Date of Written Commitment	05/22/2008
Value of Written Commitment	\$5,000
Select the Type of Contribution	In Kind
Name the Source of the Contribution	Ohio Metropolitan Housing Authority - office space
Select Type of Source	Government
Date of Written Commitment	05/28/2008
Value of Written Commitment	\$1,000

Project Leveraging Detail

Select the Type of Contribution	In Kind
Name the Source of the Contribution	Ohio Metropolitan Housing Authority - Grant Administration
Select Type of Source	Private
Date of Written Commitment	05/28/2008
Value of Written Commitment	\$6,000
Select the Type of Contribution	In Kind
Name the Source of the Contribution	Ohio Metropolitan Housing Authority - Program Coordination
Select Type of Source	Government
Date of Written Commitment	05/28/2008
Value of Written Commitment	\$3,000
Select the Type of Contribution	In Kind
Name the Source of the Contribution	Ohio Alcohol & Drug Addictions Agency - Substance Abuse Services
Select Type of Source	Government
Date of Written Commitment	05/26/2008
Value of Written Commitment	\$57,000
Select the Type of Contribution	In Kind
Name the Source of the Contribution	Ohio Mental Health Agency
Select Type of Source	Government
Date of Written Commitment	05/25/2008
Value of Written Commitment	\$20,000
Select the Type of Contribution	In Kind
Name the Source of the Contribution	Ohio County One-Stop Employment Services
Select Type of Source	Government
Date of Written Commitment	05/30/2008
Value of Written Commitment	\$3,500
Select the Type of Contribution	In Kind
Name the Source of the Contribution	Second Harvest Food Bank
Select Type of Source	Private
Date of Written Commitment	05/28/2008
Value of Written Commitment	\$1,200

Project Leveraging Detail

Select the Type of Contribution	Cash
Name the Source of the Contribution	Ohio County United Way
Select Type of Source	Private
Date of Written Commitment	05/31/2008
Value of Written Commitment	\$10,000
Select the Type of Contribution	In Kind
Name the Source of the Contribution	Ohio County Goodwill - Job Placement
Select Type of Source	Private
Date of Written Commitment	05/27/2008
Value of Written Commitment	\$2,000
Select the Type of Contribution	In Kind
Name the Source of the Contribution	Ohio County Substance Abuse Residential Program
Select Type of Source	Government
Date of Written Commitment	05/29/2008
Value of Written Commitment	\$4,000
Select the Type of Contribution	In Kind
Name the Source of the Contribution	Ohio County 1st Church - December Holiday Basket
Select Type of Source	Private
Date of Written Commitment	05/31/2008
Value of Written Commitment	\$1,000
Select the Type of Contribution	In Kind
Name the Source of the Contribution	Ohio County 2nd Church - Thanksgiving Basket
Select Type of Source	Private
Date of Written Commitment	05/26/2008
Value of Written Commitment	\$500
Select the Type of Contribution	In Kind
Name the Source of the Contribution	Ohio County Alcohol, Drug Addictions & Mental Health Services Board - HMIS Administration
Select Type of Source	Government
Date of Written Commitment	05/26/2008
Value of Written Commitment	\$750

Homeless Management Information System (HMIS)

Participation

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

Does this project provide client level data to HMIS at least annually? Yes

Select the "Save" button to enter additional information.

Indicate the number of clients served from 1/1/2007 - 12/31/2007 13

Of the clients served from 1/1/2007 - 12/31/2007, indicate the number reported in the HMIS 13

Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.'

Data Quality	Null or Missing Values (%)	Don't Know or Refused (%)
Name	0%	0%
Social Security Number	0%	0%
Date of Birth	0%	0%
Ethnicity	0%	0%
Race	0%	0%
Gender	0%	0%
Veteran Status	0%	0%
Disabling Condition	0%	0%
Residence Prior to Prog. Entry	0%	0%
Zip Code of Last Permanent Address	0%	0%

Renewal Performance

The following fields must be completed by all renewal projects.

Are there any unresolved monitoring or audit findings on HUD McKinney-Vento Act grants, excluding ESG? No

Were there any amendments executed since the last funding approval? No

Shelter Plus Care Rental Assistance Budget

The following information summarizes the S+C rental assistance funding request for the total term of the project. To add information to this list, click on the icon and enter the requested information.

Total Shelter Plus Care Rental Assistance \$56,640

FMR_Area	Total Units	Total Requested
OH - Perry County, OH (3912799999)	10	56640

Shelter Plus Care Rental Assistance Budget Detail

Complete the following fields related to the S+C rental assistance funds being requested under the project.

Type of Program S+C

Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area OH - Perry County, OH (3912799999)

Indicate if the rent is at or below the published FMR (select "Save" before completing the budget below) 100% of FMR

Do not enter amounts greater than 100% of FMR. If an amount over 100% of FMR is entered, the budget will be reduced.

Size of Units	Number of Units		FMR or Actual Rent **		Number of Months		Total
SRO		x	\$353	x	12	=	\$0
0 Bedroom		x	\$471	x	12	=	\$0
1 Bedroom	10	x	\$472	x	12	=	\$56,640
2 Bedrooms		x	\$567	x	12	=	\$0
3 Bedrooms		x	\$709	x	12	=	\$0
4 Bedrooms		x	\$730	x	12	=	\$0
5 Bedrooms		x	\$839	x	12	=	\$0
6 Bedrooms		x	\$949	x	12	=	\$0
7 Bedrooms		x	\$1,059	x	12	=	\$0
8 Bedrooms		x	\$1,168	x	12	=	\$0
9 Bedrooms		x	\$1,278	x	12	=	\$0
Total	10					=	\$56,640

For projects that select "1-99% of FMR" above: the table below shows 100% of the FMR amounts for zero to four bedrooms for the FMR area selected above. Do not enter more than the FMR amount listed, or the budget will be reduced.

Unit	FMR
0 Bedroom	\$471
1 Bedroom	\$472
2 Bedroom	\$567
3 Bedroom	\$709
4 Bedroom	\$730

Public Housing Authority (PHA) Certification Attachment Detail

Program Outcome Logic Model (HUD 96010) Attachment

Document Type	Required?	Document Description	Date Attached
Logic Model for Program Outcome (HUD 96010)	Yes	COHHIO SPC Renewa...	08/02/2008