Before Starting the Exhibit 2 (Project) Application

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the 2009 Exhibit 2 (Project) Application.

Training resources are available online at: www.hudhre.info/esnaps - Training modules are available to help complete or update the Exhibit 2 application, including attaching required forms. - The HUD HRE Virtual Help Desk is available for submitting technical and policy questions directly to HUD. - Guidance is available on obtaining a DUN and Bradstreet DUNS Number, and completing, updating or renewing CCR registration.

Things to Remember - Review the 2009 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program for specific application and program requirements. - Renewal applications - the 2009 Exhibit 2 application forms will be populated with information from the 2008 application, if applicable. The populated information must be verified and updated, if necessary. - First-time renewal and new applications will not have pre-populated information and must complete all Exhibit 2 forms. - The 2009 SHP funding request for each budget activity must be consistent with the amounts in the 2009 SHP Grant Inventory Worksheets, as approved by HUD. - The S+C rental assistance request for each unit in the project must be consistent with unit configuration listed in the 2009 S+C Grant Inventory Worksheets, as approved by HUD. - HUD will announce the 2009 conditional awards for renewal applications within 30-60 days of the closing of the CoC competition.

| Exhibit 2 | Page 1 | 10/19/2009 |

09-1325.E3.1

Project Information - Page 1

Instructions:

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

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

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

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

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

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

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

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

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

 Additional resources:
 http://esnaps.hudhre.info/training
 http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo

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

Expiring Grant Number   CA0318B9T250801

CoC Number and Name   CA-525 - El Dorado County CoC

| Exhibit 2 | Page 2 | 10/19/2009 |

09-1325.E3.2

Project Name	El Dorado County HMIS
Project Type	Renewal Project
Program Type **Content depends on "Project Type" selection**	SHP
Component Type **Content depends on "Program Type" selection**	HMIS
In which state is the project located? **(for multiple state selections hold CTRL+Key)**	California
In which Congressional District(s) is the project located? **(for multiple selections hold CTRL + Key)**	CA-004

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

The El Dorado County Public Housing Authority (EDCPHA) is the lead organization for the El Dorado County Continuum of Care and is also the organization responsible for implementation and administration of the El Dorado County HMIS. This organization will be responsible for applying for funding, serving as grantee, providing oversight and monitoring, coordinating individualized participating agency training, and will continue to promote and encourage the participation of new and existing providers. This funding request is for a renewal of the original dedicated HMIS project, to continue to maintain the HMIS and make it available to community agencies that serve the homeless. This project will provide user licenses, computers (if necessary), customization and training of the HMIS once implementation is completed for the 2007 funding competition.

The need to implement a countywide HMIS became the top priority of the CoC Stakeholders Committee in 2007, due to the difficulty in obtaining unsheltered homeless counts within the rural community and a need to provide streamlined referrals with community service agencies. The implementation of the HMIS will increase knowledge on usage patterns, seasonal needs and resource barriers that affect the homeless in our community, and will also provide accurate and unduplicated numbers that will be crucial for determining the CoC's unmet needs. A desired goal of the project is to assist in streamlining services to the homeless community, and to ensure that the needs of user agencies are fully addressed so that the system wil meet the functional needs of each agency.

In 2007, EDCPHA submitted a Continuum of Care Exhibit 2 funding request for implementation of a dedicated HMIS throughout El Dorado County and was notified of funding award. El Dorado County is currently receiving technical assistance from HUD for guidance with HMIS implementation and a vendor has been selected and is currently under contract. An HMIS policy and procedure manual has been developed and reviewed by the HMIS committee.

Exhibit 2	Page 3	10/19/2009

09-1325.E3.3

Project Information - Page 2

Instructions:

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

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

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

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

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

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

Additional resources:
http://esnaps.hudhre.info/training
http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo

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

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

Grant Term   1 Year

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

Does the project use Energy Star?   No

Is the project located in a rural area?   Yes

Exhibit 2	Page 4	10/19/2009

09-1325.E3.4

Is the project located on land previously owned by the military?	No
Select the geographic code(s) for area(s) served by the project (for multiple selections hold CTRL + Key)	069017 El Dorado County
HMIS	X

| Exhibit 2 | Page 5 | 10/19/2009 |

09-1325.E3.5

Project Sponsor Information

Instructions:

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

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

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

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

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

City (required) - enter the location city.

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

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

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

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

Additional resources:
http://esnaps.hudhre.info/training
http://www.hudhre.info/index.cfm?do=viewHomelessAndHousingProgramInfo

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

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

Organization Name   El Dorado County Human Services-Community Services Division

Organization Type   B. County Government

If "Other" specify:

DUNS Number Format: xxxxxxxxx or xxxxxxxxxxxxx	965067382	PLU S 4	

Exhibit 2	Page 6	10/19/2009

09-1325.E3.6

Tax ID or EIN
Format: 12-3456789 94-6000511

Street Address 1 937 Spring Street

Street Address 2

City Placerville

State California

Zip Code
Format: 12345 or 12345-1234 95667

Is the sponsor a Faith-Based Organization? No

| Exhibit 2 | Page 7 | 10/19/2009 |

09-1325.E3.7

Project Sponsor Contact Information

Instructions:

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

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

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

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

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

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

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

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

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

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

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

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

Prefix	Mrs.
First Name	Cynthia
Middle Name	
Last Name	Wallington
Suffix	
Title	Program Manager II
E-mail Address	cynthia.wallington@edcgov.us
Confirm E-mail Address	cynthia.wallington@edcgov.us
Phone Number **Format: 123-456-7890**	530-642-7272
Extension	
Fax Number **Format: 123-456-7890**	530-295-2598

| Exhibit 2 | Page 8 | 10/19/2009 |

09-1325.E3.8

HMIS Budget - Equipment

Instructions:

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

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

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

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

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

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

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

	SHP Request Year 1	Total
Equipment		
1. Central Server(s)	$0	$0
2. Personal Computers and Printers	$3,600	$3,600
3. Networking	$0	$0
4. Security	$0	$0
Subtotal Equipment Request	$3,600	$3,600
Cash Match	$0	$0
Total Equipment Budget	$3,600	$3,600
Other Resources (cash and in-kind)	$0	$0

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

Exhibit 2	Page 9	10/19/2009

09-1325.E3.9

HMIS Budget - Software

Instructions:

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

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

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

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

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

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

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

	Year 1 SHP Request	Total
Software		
5. Software/User Licensing	$6,000	$6,000
6. Software Installation	$0	$0
7. Support and Maintenance	$0	$0
8. Supporting Software Tools	$0	$0
Subtotal Software Request	$6,000	$6,000
Cash Match	$0	$0
Total Software Budget	$6,000	$6,000
Other Resources (cash and in-kind)	$0	$0

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

| Exhibit 2 | Page 10 | 10/19/2009 |

09-1325.E3.10

HMIS Budget - Services

Instructions:

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

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

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

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

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

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

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

	Year 1 SHP Request	Total
Services		
9. Training by Third Parties	$0	$0
10. Hosting/Technical Services	$0	$0
11. Programming: Customization	$600	$600
12. Programming: System Interface	$0	$0
13. Programming: Data Conversion	$0	$0
14. Security Assessment and Setup	$0	$0
15. On-line Connectivity (Internet Access)	$0	$0
16. Facilitation	$0	$0
17. Disaster and Recovery	$0	$0
Other (must specify *)		
	$0	$0
Subtotal HMIS Services Request	$600	$600
Cash Match	$0	$0
Total HMIS Services Budget	$600	$600

Exhibit 2	Page 11	10/19/2009

09-1325.E3.11

Other Resources **(cash and in-kind)**	$0	$0

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

Exhibit 2	Page 12	10/19/2009

09-1325.E3.12

HMIS Budget - Personnel

Instructions:

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

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

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

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

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

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

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

	Year 1 SHP Request	Total
Personnel		
18. Project Management/Coordination	$1,158	$1,158
19. Data Analysis	$368	$368
20. Programming	$0	$0
21. Technical Assistance and Training	$978	$978
22. Administrative Support Staff	$0	$0
Subtotal Personnel Request	$2,504	$2,504
Cash Match	$3,176	$3,176
Total Personnel Budget	$5,680	$5,680
Other Resources (cash and in-kind)	$0	$0

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

Exhibit 2	Page 13	10/19/2009

09-1325.E3.13

HMIS Budget - Space & Operations

Instructions:

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

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

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

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

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

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

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

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

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

Exhibit 2	Page 14	10/19/2009

09-1325.E3.14

HMIS Budget Summary

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

	Year 1
25. Total SHP HMIS Request	$12,704
26. Total Cash Match	$3,176
27. Total HMIS Costs	$15,880

Exhibit 2	Page 15	10/19/2009

09-1325.E3.15

Supportive Housing Program (SHP) Summary Budget

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

Selected Grant Term   1 Year

SHP Activities	SHP Dollars Request	Cash Match	Totals
1. Acquisition	$0	$0	$0
2. Rehabilitation	$0	$0	$0
3. New Construction	$0	$0	$0
4. Subtotal **(Lines 1 - 3)**	$0	$0	$0
5. Real Property Leasing **From Leasing Budget Chart**	$0		$0
6. Supportive Services **From Supportive Services Budget Chart**	$0	$0	$0
7. Operations **From Operating Budget Chart**	$0		$0
8. HMIS **From HMIS Budget Chart**	$12,704	$3,176	$15,880
9. SHP Request **(Subtotal lines 4-8)**	$12,704		
10. Administrative Costs **(Up to 5% of line 9)**	$635		
	Total SHP Request **(Total lines 9 and 10)**	**Total Cash Match**	**Total Budget** **(Total SHP Request + Total Cash Match)**
	$13,339	$3,176	$16,515

| Exhibit 2 | Page 16 | 10/19/2009 |

09-1325.E3.16

Program Outcome Logic Model (HUD 96010) Attachment

Document Type	Required?	Document Description	Date Attached
Logic Model for Program Outcome (HUD 96010)	Yes	Logic Model	10/19/2009

| Exhibit 2 | Page 17 | 10/19/2009 |

09-1325.E3.17

Program Outcome Logic Model (HUD 96010) Attachment Detail

Document Description: Logic Model

| Exhibit 2 | Page 18 | 10/19/2009 |