

Appendix A – Written Application for Bonus/DV Bonus Project & Expansion Project
PLEASE COMPLETE ALL THE QUESTIONS BELOW AND PROVIDE THE REQUIRED DOCUMENTS UNLESS IT SAYS OTHERWISE.

Project Overview:

- a. Name of Organization.
- b. Contact Person(s):
 - Contact 1:
 - Contact 2:
 - i. Email for each contact person
 - ii. Phone Number for each contact person
- c. New Project Name.
- d. Type of Project (as described in the TPCH FY 2018 NOFA Process Document)
- e. Target population(s)

Budget

Instructions Regarding the Project Budget

- a. Administrative expenses above 10% are not allowed.
- b. Match as defined in 24 CFR 578.73 totaling 25% is required with the exception of leasing funds.
- c. Leverage totaling 150% of the total project expansion budget is required.
- d. Budget must match the *ESNAPs* application submitted to the Collaborative Applicant.

If you are applying for any new project, other than an Expansion Project, fill out the “New Project Budget” table below. If you are applying for an Expansion Project, fill out the “Expansion Project Budget” table.

New Project Budget	
Line Item	Amount
Operations	
Supportive Services	
Rental Assistance	
Leasing	
Administration	
Matching Funds	
Leverage	
Total Funding Request	

Expansion Project Budget			
Eligible Costs	Annual Assistance Requested (Applicant)	Expansion Assistance Requested (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$ -
1b. Rehabilitation			\$ -
1c. New Construction			\$ -
2a. Leased Units			\$ -
2b. Leased Structure			\$ -
3. Rental Assistance			\$ -
4. Supportive Services			\$ -
5. Operating			\$ -
6. HMIS			\$ -
7. Sub-total Costs Requested			
			\$ -
8. Admin (Up to 10%)			
			\$ -
9. Total Assistance Plus Admin Requested			
			\$ -
10. Cash Match			
			\$ -
11. In-Kind Match			
			\$ -
12. Total Match			
			\$ -
13. Total Budget			
			\$ -

Budget Justification

1. Provide a justification for all line items requested in your budget.
2. Describe the source of your leverage.

Project Description

1. Describe how this project will address community need and priorities?
2. Describe how this project will document literal homelessness?

Statutory, and Regulatory Requirements: (To be eligible for funding under this NOFA, project applicants must meet all statutory and regulatory requirements in 24 CFR 578)

1. Describe your organization's financial and management capacity to carry out the project.
2. Describe how your project will be cost-effective with such costs not deviating substantially from the norm in that locale for the type of structure or kind of activity.

3. Describe how your organization will administer this project in the most integrated setting appropriate to the needs of qualified homeless with disabilities. This means that programs or activities must be offered in a setting that enables the homeless with disabilities to interact with others without disabilities to the fullest extent possible.
4. Describe how you will ensure that all program participants will meet the eligibility requirements per the 2018 NOFA and 24 CFR 578.3.

Project Quality Requirements

1. Describe your use of a *Housing First* model, including your experience in operating a successful *Housing First* program. Describe a program design that meets the definition of *Housing First* as described in Section II.A.4 of this FY 2018 CoC Funding Notice.
2. Describe how your project will participate in coordinated entry.

Rating Criteria Scoring Table

Below is an overview of how TPCH will score projects. A maximum of 100 points is possible in the application.

Rating Criteria	Possible Points
Budget and Budget Justification	10
Project Description	20
Statutory and Regulatory Requirements	10
Project Quality Requirements (Housing First, Coordinated Entry)	10
Esnaps Application Quality	50
Total:	100