

## 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.
- Carefully complete the application and ensure that it meets the requirements of the FY2012 NOFA and the interim CoC Program regulations, effective August 30, 2012. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant.
- For legacy S+C projects requesting renewal funding, the number of units requested for each unit size in the project must be consistent with the number of units indicated on the CoC's HUD-approved FY2012 Grant Inventory Worksheet (GIW).
- For legacy SHP projects requesting renewal funding, the total budget request must be consistent with the annual renewal demand (ARD) listed on the HUD-approved FY2012 GIW. If the ARD is reduced through the CoC's reallocation process, the budget request must be reflected accordingly.
- HUD reserves the right to reduce or reject any 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) This field will be blank for all renewals applications. The correct expiring grant number must be entered and exactly match the grant number entered on the HUD-approved Grant Inventory Worksheet. The number may have either 15 or 11 digits and begins with the initials of your state or territory. Here are three examples of what your grant number might look like: NY0999B2T001104, MS0999C1T001003, CA01C900151.
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:** Renewal Project Application

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

**If "Other", specify:**

**3. Date Received:** 01/17/2013

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:** GU0004B9C001104

**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:** Government of Guam/Guam Housing & Urban Renewal Authority

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 96-0001279

	<b>c. Organizational DUNS:</b>	855031519	<b>PL US 4</b>	0000
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### d. Address

**Street 1:** 117 Bien Venida Avenue

**Street 2:**

**City:** Sinajana

**County:**  
**State:** Guam  
**Country:** United States  
**Zip / Postal Code:** 96910-4643

**e. Organizational Unit (optional)**

**Department Name:** GHURA  
**Division Name:** Research Planning & Evaluation

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

**Prefix:** Ms.  
**First Name:** Amor  
**Middle Name:** MU  
**Last Name:** Say  
**Suffix:**  
**Title:** Planner  
**Organizational Affiliation:** Government of Guam/Guam Housing & Urban  
Renewal Authority  
**Telephone Number:** (671) 475-1406  
**Extension:**  
**Fax Number:** (671) 477-5057  
**Email:** amsay@ghura.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:** F. U.S. Territory or Possession

**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 entered on 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):** Guam  
**(for multiple selections hold CTRL key)**

**15. Descriptive Title of Applicant's Project:** HMIS

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

**a. Applicant:** GU-000

**b. Project:** GU-000

**(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?** Yes

**If "YES", enter the date this application was made available to the State for review:** 12/19/2012

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

**If "YES," provide an explanation:** Not Applicable



## 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:** Katherine

**Middle Name:** E

**Last Name:** Taitano

**Suffix:**

**Title:** Acting Chief Planner

**Telephone Number:** (671) 475-1322  
**(Format: 123-456-7890)**



**Fax Number:** (671) 477-5057  
**(Format: 123-456-7890)**

**Email:** katherine@ghura.org

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

**Date Signed:** 01/17/2013

## 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: \$79,082**

Organization	Type	Sub-Award Amount
The Salvation Army	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	\$79,082

## 2A. Project Subrecipients

### Instructions:

Enter the contact information for a person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

a. Organization Name: (required) Enter the legal name of the organization that will serve as the subrecipient.

b. Organization Type: (required) Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see NOFA for conditions); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

c. Tax ID or EIN: (required) Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.

d. DUNS Number: (required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at <http://www.dnb.com>.

e. Address: Enter the street address, city, state, and zip code (required); county, province, and country (optional). Enter the mailing address if different from the address entered.

f. Congressional District(s): (required) Select the congressional district(s) in which the subrecipient is located.

g. Faith Based Organization: (required) - Select Yes or No if the subrecipient is a faith based organization.

h. Prior Federal Grant Recipient: (required) Select Yes or No to indicate if the subrecipient has ever received a federal grant.

i. Expected Sub-Award Amount: (required) Enter the total amount of funds that the applicant expects to award to this subrecipient. The amount must be in whole dollars (i.e. no decimals – only dollars, and not cents). This sum will be added to the total expected sub-award amount from all subrecipients automatically calculated on the parent form.

j. Contact Person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

#### Additional Resources:

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

**a. Organization Name** The Salvation Army

**b. Organization Type** M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

**If "Other" specify:**

**c. Employer or Tax Identification Number:** 52-1940234

	<b>* d. Organizational DUNS:</b>	855033457	PL US 4	0000
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**e. Physical Address**

**Street 1** 155003 Corsair Road

**Street 2**

**City** Tiyan

**State** Guam

**Zip Code** 96921

**f. Congressional District(s):** GU-000  
(for multiple selections hold CTRL key)

**g. Is the subrecipient a Faith-Based Organization?** Yes

**h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?** Yes

**i. Expected Sub-Award Amount:** \$79,082

**j. Contact Person**

**Prefix** Captain

**First Name** Michael

**Middle Name** E

**Last Name** Lutcher

**Suffix**

**Title** Guam Corps Officer / Micronesian Island Coordinator  
**E-mail Address** michael.lutcher@salvationarmy-guam.org  
**Confirm E-mail Address** michael.lutcher@salvationarmy-guam.org  
**Phone Number** 671-477-9866  
**Extension** 113  
**Fax Number** 671-477-9870

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

## 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.

1. Expiring Grant Number: This field is populated with the expiring grant number entered as the "Federal Award Identifier" on form 1A. Application Type of this application.

2a. CoC Number and Name: 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 lead agency.

2b. 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.

3. 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.

4. 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.

5. Component Type: Select the component that appropriately identifies the project. The component type selected here must match the component type listed in the HUD-approved FY2012 GIW.

6. 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.

7. 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/>

### 1. Expiring Grant Number: GU0004B9C001104

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

**2a. CoC Number and Name:** GU-500 - Guam CoC

**2b. CoC Applicant Name:** Government of Guam/Guam Housing & Urban  
Renewal Authority

**3. Project Name** HMIS

**4. Project Status** Standard

**5. Component Type:** HMIS

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

**7. Does this project use one or more  
properties that have been conveyed through  
the Title V process?** Yes



## 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>

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

2. 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**

3. 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**

3. 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**

4a. 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.

4b. 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.

4c. 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.

4d. Was the project originally awarded with a leased units budget line item that is now being converted to rental assistance? (required) Select No from the dropdown if the project was originally awarded under the S+C Program. Select Yes from the dropdown if the project was originally awarded under the SHP Program. A change from leasing to rental assistance must be reflected in the HUD-approved FY2012 GIW.

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.**

As a member of the Guam CoC (Guam Homeless Coalition), The Salvation Army (TSA) has continued to implement a Homeless Management Information System (HMIS) and continues to work with technical staff and GHC members to ensure seamless integration of all homeless data.

The initial three-year grant was used as a planning and development phase. During the initial phase, infrastructure and hardware were procured and implemented as a foundation for the HMIS. Under the purview of the GHC, an HMIS subcommittee was formed. This subcommittee consists of technical staff and program specialists from each service provider. Policies and procedures were established, resulting in the development of a Memorandum of Understanding signed by each provider and TSA HMIS Project Sponsor. The MetSYS Software was selected as the designated platform for Guam's HMIS based on its cost effectiveness and comprehensiveness.

MetSYS Inc. was purchase by Bitfocus on January 1,2012. Bitfocus, a Nevada Corporation, is a system integration and development consultant who provides services to both private and government sector clients. An advantage to this transition is the additional data capturing tools utilized by Bitfocus' Case Management Software. These tools will be beneficial when capturing data from the Veteran Affairs HUD-VASH and Grant Per Diem programs as well as data outside of HUD's reporting requirements. This capability will enhance HMIS's current data collection design and will be available to both HUD and non-HUD funded programs within the CoC. The project was enhanced by employing an HMIS Data Analyst, funded under the recently awarded HMIS Development Grant. The Data Analyst is responsible for compiling and analyzing data, creating customized reports requested by the CoC, policy makers and advocates, performing monthly data quality check and producing quarterly reports.

The GHC was successful in obtaining 100% data collection from the Emergency Shelter Programs, 100% from Transitional Shelters for Families with Children, 100% from Transitional Shelters for Individuals, 72% for Permanent Supportive Housing Individuals, and 100% for the VA Supplemental report. This partnership has allowed the CoC to participate in the last AHAR and will be used to assess Guam's community needs and priorities. This renewal grant application is requesting funds to provide ongoing third party hosting via BitFocus. Recurring costs consist of Clarity Human Services Software, server storage, server backups, and Internet hosting. Unanticipated costs may include fees for data migration, additional software licenses, and field customization. Salaries for both the HMIS Coordinator and Support Specialist are included in the application.

GHC will continue to identify effective and efficient means to utilize HMIS as an integral component in which service providers will have the ability to utilize data for accurate referral, placement, and effective case management.

## 4A. HMIS Standards

### Instructions:

Complete all fields on this form to indicate the project's past and future expected 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?** Yes
- 7. Does your organization conduct a background check on all employees who access HMIS or view HMIS data?** Yes
- 8. Does the 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

## 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 there an active restrictive covenant on one or more of the project properties? (required) Select Yes or No to indicate whether or not one or more of the project properties are subject to an active restrictive covenant.

2. Was the original project awarded funding (in part or whole) under a special housing initiative? (required) Indicate whether or not the project previously received funds under one of the following housing initiatives: Samaritan Housing, Chronic Homeless, Permanent Housing Bonus, or Rapid Rehousing Demonstration. If yes, then the project must continue to meet the requirements of the initiative for the life of the project in order to continue to receive renewal funding under the CoC competition.

3. Has this project been reduced through the reallocation process? (required) Select Yes or No to indicate whether the renewal project is reduced through the reallocation process.

4. Select a grant term: (required) This field will be populated with a one year grant term.

5. 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 project type, the following eligible costs may be listed: leased units, leased structures, short-term/medium-term rental assistance, long-term rental assistance, supportive services, operations, and HMIS. Indicate only those activities listed on the HUD-approved FY2012 GIW.

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

**2. Was the original project awarded funding (in part or whole) under a special housing initiative?** No

**3. Are the requested renewal funds reduced from the previous award using reallocation?** No

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

## 7H. 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. The request should match the budget amounts identified on the HUD-approved FY2012 GIW.

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

**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	Personal Computer and Printer (replacement and/or repair)	\$1,200
2. Software		

<b>3. Services</b>	Hosting, Technical Services , Third Party Training, and On-line Connectivity	\$20,000
<b>4. Personnel</b>	HMIS Coordinator (.5/FTE hours and benefits),HMIS Support Specialist (1/FTE hours and benefits), Technical Assistance, and Training	\$54,851
<b>5. Space &amp; Operations</b>	Operations Cost	\$3,031
<b>Total Annual Assistance Requested</b>		\$79,082
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$79,082

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



## 7I. 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 request should match the amount identified on the HUD-approved FY2012 GIW. The grant will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." 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 Eligible Costs 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	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Leased Units	\$0	1 Year	\$0
1b. Leased Structures	\$0	1 Year	\$0
2. Housing Relocation and Stabilization	\$0	1 Year	\$0
3. Short-term/Medium-term Assistance	\$0	1 Year	\$0
4. Long-term Rental Assistance	\$0	1 Year	\$0
5. Supportive Services	\$0	1 Year	\$0

<b>6. Operating</b>	\$0	1 Year	\$0
<b>7. HMIS</b>	\$79,082	1 Year	\$79,082
<b>8. Sub-total Costs Requested</b>			\$79,082
<b>9. Admin (Up to 10%)</b>			\$1,582
<b>10. Total Assistance plus Admin Requested</b>			\$80,664
<b>11. Cash Match</b>			\$20,166
<b>12. In-Kind Match</b>			\$0
<b>13. Total Match</b>			\$20,166
<b>14. Total Budget</b>			\$100,830

## 7J. 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:** \$184,000

**Total Value of In-Kind Commitments:** \$0

**Total Value of All Commitments:** \$184,000

Type	Contributor	Source	Date of Commitment	Value of Commitments
Cash	Community Develop...	Government	12/12/2012	\$184,000

## Leverage Detail

### Instructions:

Leveraged Resources: Applicants are encouraged to identify as many resources as possible, above the statutory and regulatory requirements to match the requested CoC program funds. If a written commitment is not in-hand at the time of application, however, do not enter the contribution. Undocumented leveraging claims may result in the re-scoring of the CoC application and the withdrawal of the conditional award.

1. Type of Commitment: (required) Select Cash or In-kind to denote the type of contribution being used as leverage for this project.
2. Name the Source of the Commitment: (required) Enter the name of the entity providing the contribution.
3. Type of source: (required) Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP), HUD-VASH (VA Supportive Housing program), and the American Reinvestment and Recovery (ARRA) Act funds may be considered Government sources. Project applicants are encouraged to leverage the funds from these sources, whenever possible. A CoC may receive extra points if any of its project applicants identify NSP funds as a source of leverage for one or more projects.
4. Date of written commitment: (required) Enter the date of the written contribution.
5. Value of written commitment: (required) Enter the total dollar value of the contribution.

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

- 1. Type of Commitment:** Cash
- 2. Name the Source of the Commitment:** Community Development Block Grant
- 3. Type of Source:** Government
- 4. Date of Written Commitment:** 12/12/2012
- 5. Value of Written Commitment:** \$184,000

## 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. Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.
4. Commitment Letter: This option will appear only for former SHP projects that are converting from Leasing to Rental Assistance. Affected project applicants should attach a commitment letter from the state or local government, or PHA that will administer the rental assistance. Please see the NOFA and CoC Program rule for more information.
5. 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.

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	The Salvation Arm...	12/02/2012
2) Other Attachment	No		
3) Other Attachment	No		

## **Attachment Details**

**Document Description:** The Salvation Army 501(c)(3) Nonprofit Status Form

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **8B. 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.**

**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 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.



**D. Explanation.**

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

Not Applicable

**Name of Authorized Certifying Official** Katherine Taitano

**Date:** 01/17/2013

**Title:** Acting Chief Planner

**Applicant Organization:** Government of Guam/Guam Housing & Urban Renewal Authority

**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>	11/30/2012
<b>1B. Legal Applicant</b>	No Input Required
<b>1C. Application Details</b>	No Input Required
<b>1D. Congressional District(s)</b>	11/30/2012
<b>1E. Compliance</b>	11/30/2012
<b>1F. Declaration</b>	11/30/2012
<b>2A. Subrecipients</b>	12/10/2012
<b>3A. Project Detail</b>	11/30/2012
<b>3B. Description</b>	12/10/2012
<b>4A. HMIS Standards</b>	12/09/2012
<b>7A. Funding Request</b>	12/02/2012
<b>7H. HMIS Budget</b>	12/10/2012
<b>7I. Summary Budget</b>	No Input Required
<b>7J. Sources of Leverage</b>	12/11/2012
<b>8A. Attachment(s)</b>	12/02/2012
<b>8B. Certification</b>	01/17/2013

PHILADELPHIA PA 19255-0038

In reply refer to: 0153226084  
Jan. 13, 2005 LTR 147C  
52-1940234 000000 00 000  
Input Op: 0153226084 02517  
BODC: TE

SALVATION ARMY  
PO BOX 23038  
GMF GU 96921



006091

Employer Identification Number: 52-1940234

Dear Taxpayer:

We received your request of Jan. 04, 2005, asking us to verify your Employer Identification Number (EIN) and name.

Your Employer Identification Number (EIN) is 52-1940234. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_

Internal Revenue Service

Department of the Treasury

District  
Director

10 MetroTech Center  
625 Fulton St., Brooklyn, NY 11201

RECEIVED

JUL 19 1995

LEGAL  
DEPARTMENT

Date: JUN 28 1995

Salvation Army &  
Its Components  
440 West Nyack Road  
West Nyack, NY  
10994-1740

Person to Contact:  
Patricia Holub  
Contact Telephone Number:  
(718) 488-2333  
EIN: 13-5562351

Dear Sir or Madam:

Reference is made to your request for verification of the tax exempt status of Salvation Army & Its Components.

A determination or ruling letter issued to an organization granting exemption under the Internal Revenue Code remains in effect until the tax exempt status has been terminated, revoked or modified.

Our records indicate that exemption was granted as shown below.

Sincerely yours,

*Patricia Holub*

Patricia Holub  
Manager, Customer  
Service Unit

Name of Organization: Salvation Army & Its Components

Date of Exemption Letter: June 1933

Exemption granted pursuant to section 501(c)(3) of the Internal Revenue Code.

Foundation Classification (if applicable): Not a private foundation as you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(i) of the Internal Revenue Code.



**Department of Revenue and Taxation**  
Government of Guam  
P.O. Box 2796  
Agana, Guam 96910



*Certification of Tax Exemption*

*This is to certify that*

THE SALVATION ARMY, A CALIFORNIA CORPORATION

a Charitable Association having fully complied with the necessary requirements set forth under section 18521 of the Business Privilege Tax Act of Guam, is hereby declared tax exempt, which exemption will continue indefinitely unless revoked on the basis of further information obtained by audit or otherwise.

VICENTE M. CONCEPCION, Acting  
COMMISSIONER OF REVENUE AND TAXATION

July 12, 1994 AM  
DATE  
#779