



**State of New Hampshire**

**Department of Health and Human Services  
Division of Community Based Care Services**

**Bureau of Homeless and Housing Services**

---

## **HOMELESS ASSISTANCE PROGRAMS**

**REQUEST FOR PROPOSALS  
and  
APPLICATION FOR FUNDING:**

---

**New Hampshire Supportive Housing Program Housing Initiative (SHP HI)  
State Fiscal Year 2011 (7/1/10 to 6/30/11)**

---

Main Building, Room 236S  
Hugh J. Gallen State Office Park  
105 Pleasant Street  
Concord, NH 03301  
Tele: (603) 271-5142

## Table of Contents

1. GENERAL INFORMATION .....	3
2. INSTRUCTIONS, CONDITIONS, AND NOTICES TO APPLICANTS .....	4
Proposals .....	4
Submittal Deadline.....	4
Formatting Requirements.....	5
Inquiries by Prospective Applicants .....	5
Notices .....	5
Compliance with Federal Cost Principles.....	5
Reporting.....	5
Proposal Evaluation Process .....	6
Evaluation Factors .....	6
Award.....	6
3. FUNDING.....	7
NH SHP HI .....	7
Match .....	7
4. TERMINOLOGY .....	7
5. APPLICATION PROCESS .....	10
Instructions.....	10
Application Elements Checklist.....	10
Proposal Project Summary.....	11
Project Abstract.....	12
Cost Proposal .....	15
6. APPLICATION CERTIFICATION .....	19
ATTACHMENT A – DOCUMENTS REQUIRED AT TIME OF CONTRACTING .....	20

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

## 1. GENERAL INFORMATION

*Please read this Request for Proposal (RFP) and its requirements carefully. It is important to read this entire document so that you know what information is required and may organize your responses accordingly.*

### **New Hampshire SHP Housing Initiative (NH SHP HI)**

The United States Department of Housing and Urban Development (HUD) competitively awards McKinney-Vento Homeless Assistance resources to Continuum of Care (CoC) communities throughout the country to assist these CoCs to meet the needs of homeless individuals and families in their geographic regions. HUD charges the CoC with the task of identifying needs, prioritizing projects to address these needs, and submitting applications to HUD for funding to support projects that address these needs. The New Hampshire Balance of State Continuum of Care (BOSCoC) covers all the geography in the state outside of the City of Manchester, City of Nashua, and half of Hillsborough County.

The BOSCoC includes Supportive Housing Program (SHP) projects and Shelter Plus Care (SPC) projects. In the 2009 Continuum of Care competition, the projects seeking renewal funding received conditional approval by HUD. One of these conditionally selected SHP projects, New Hampshire Hospital (NHH) Transitional Housing (TH) Program, has since identified alternative funding sources that enable it to better serve its target population. As a result, the State of New Hampshire can seek to re-allocate these SHP funds from the NHH TH project toward another housing program within the BOSCoC region.

The Bureau of Homeless and Housing Services (BHHS) was conditionally awarded \$236,866.00 from HUD to provide TH to 26 homeless individuals at the NHH facility. BHHS anticipates that \$236,866.00 from HUD is available to fund a NH SHP Housing Initiative (HI) project.

## 2. INSTRUCTIONS, CONDITIONS, AND NOTICES TO APPLICANTS

This RFP anticipates the issuance of enabling federal Notice of Funding Availability (NOFA) to the State by HUD (CoC Competition). In the event of a conflict between this RFP and the prospective federal NOFAs, the federal NOFAs shall govern. To the extent that the federal NOFA requirements should differ from those set forth herein, the State reserves the right to require successful applicants to amend their proposals accordingly before entering negotiations and/or making an award. The State also reserves the right to rescind this RFP in whole or in part, at any time, in the event that anticipated federal NOFAs are not issued, or that funding is not available.

Please note that this RFP is seeking one sponsor agency for one TH or PH project to be funded at a total dollar amount of \$236,866.00, subject to annual renewal.

### **Proposals**

In their proposal, prospective applicants must address Supportive Housing activities that include:

- A. operations of either Transitional or Permanent Supportive Housing (PSH); and
- B. supportive services available to program participants.

### **Submittal Deadline**

An original hard copy proposal (please do not bind or staple) and one additional copy (a copy on CD, disk, or emailed in Microsoft Word compatible format to [diane.m.fontneau@dhhs.state.nh.us](mailto:diane.m.fontneau@dhhs.state.nh.us) is preferred), is **due no later than 4:00 p.m. on Monday, May 10, 2010, at:**

Bureau of Homeless and Housing Services  
Main Building, Room 236S  
Hugh J. Gallen State Office Park  
105 Pleasant Street  
Concord, NH 03301

A fax submittal will not be accepted. The hard copy submittal must be received prior to the submittal deadline and shall remain the official, governing version of the proposal for evaluation. Late submissions will not be evaluated unless they are: (a) determined by the BHHS that the late receipt was due solely to mishandling by the State after receipt at 105 Pleasant Street (Main Building), Concord; or (b) the only proposal received.

**Formatting Requirements**

Font style..... 12-pt. Times New Roman  
Line spacing..... one and a half  
Text justification..... flush left  
Margins..... 1 inch all around  
Headers and Footers..... Each page shall have organization name and proposal applying for (SHP HI) noted in the upper left corner. Pages shall be numbered. Footers may be used for numbering pages and identifying sections.  
Tabs..... Do not include section tabs.  
Binding..... Do not bind or staple.

**Inquiries by Prospective Applicants**

An electronic question and answer (Q&A) period shall follow the release of this RFP. All questions regarding this RFP should be directed to Diane Fontneau in the BHHS via e-mail ([diane.m.fontneau@dhhs.state.nh.us](mailto:diane.m.fontneau@dhhs.state.nh.us)) no later than 4:00 p.m. on Monday, May 3, 2010 in order to allow a reply to reach all prospective applicants before the submittal deadline. Diane can be reached at:

E-mail: [diane.m.fontneau@dhhs.state.nh.us](mailto:diane.m.fontneau@dhhs.state.nh.us); or

**Notices**

**Compliance with Federal Cost Principles**

McKinney-Vento Supportive Housing Program (SHP) grants are subject to federal cost principles, including 45 CFR Part 74 if it is a non-profit entity, educational institution, or hospital, and 45 CFR Part 92 if it is a State or local government entity. Federal grant funds may be used only for expenses clearly related and necessary to carry out the approved activities, including both direct costs that can be specifically identified with the project, and allowable and allocable indirect costs.

**Reporting**

Applicants whose proposals are successful will be required to submit reports and updates required by respective funding sources in accordance with the terms and conditions of their contract(s). Specific contract language will be finalized prior to contracting (see Attachment A, Documents Needed at Time of Contracting). Other reports may be required at the discretion of the state.

SHP projects that are funded through the BOSCoC are also required to: (1) report information through the Homeless Management Information System (HMIS) database program; (2) provide reports to the state; and (3) complete Annual Progress Reports in the format directed by HUD.

**Proposal Evaluation Process**

Proposals must conform to all terms and conditions set forth in this RFP. Proposals received after the deadline, incomplete proposals and/or proposals that do not follow the precise instructions and outline format of the RFP will not be evaluated. Proposals from individuals or organizations who, in the sole judgment of the BHHS, are deemed unlikely or unable to comply with all terms and conditions set forth in this RFP, may be excluded from evaluation. Proposals that do not conform to all RFP requirements, in the sole judgment of the BHHS, may be considered non-responsive and excluded from evaluation. The individual or organization will be notified in writing if a proposal is excluded.

The BHHS reserves the right to:

- A. conduct follow-up interviews with applicants; and
- B. appoint committees with expert internal and/or external membership to evaluate and rank proposals.

**Evaluation Factors**

All responsible and responsive proposals received by the submittal deadline will be evaluated on evaluation factors set forth below.

<i>No.</i>	<i>A. NH SHP Housing Initiative</i>	<i>Maximum Points</i>
1	The program complies with statutes, rules and contract provisions	8
2	Soundness, or practicality, of (program) approach	10
3	Staff experience and credentials	10
4	The program demonstrates coordination/collaboration with key organizations	8
5	Program demonstrates timely and realistic start-up	12
6	The program identifies specific strategies to meet HUD programmatic goals	12
7	The program uses clear performance measures to demonstrate outcomes achieved	12
8	Program serves an identified need in BOSCoC including number of participants served at point in time	10
9	Cost effectiveness and leveraging of resources	8
10	The detailed budget can support the capacity of the program proposed	10
	Maximum	<b>100</b>
	Total Points:	

**Award**

NH SHP HI proposals will be evaluated and ranked. Award priority will be determined by point ranking, from the maximum downward. The BHHS reserves the right to: (a) award an amount that differs from the amount proposed; (b) fund an award from sources other than those

requested; and (c) negotiate with any responsive and responsible applicant to determine specified terms of a grant agreement and budget.

Awards will be competitive, based on evaluation factors set forth in this RFP. Successful applicants will propose innovative and cost-effective approaches that partner and leverage their strengths with the resources of the community to progress toward the goal of stabilized housing. Successful applicants will also document participation within their CoC, as well as meeting the HUD-mandated reporting requirements.

### **3. FUNDING**

#### **NH SHP HI**

The BHHS anticipates receiving \$236,866.00 from HUD to fund the NH SHP HI serving homeless individuals and/or families through June 30, 2011. Of these funds, \$5,639.00 must be reserved for eligible sponsor administrative expenses and \$5,639.00 for BHHS administrative expenses. Applicants may request the balance of \$225,587.00 out of any of the three remaining SHP budget categories including leasing, operations and supportive services. However, no more than \$173,983.00 can be requested for supportive services. Projects may apply for either leasing funds, or operation funds, but not both. Leasing may be used to lease apartment units not owned by the project sponsor. Operation funding may be used to support operational costs of a property owned by the project sponsor.

#### **Match**

Successful applicants will identify and secure any necessary matching funds to ensure program viability and adherence to SHP regulations. Cash match requirements are as follows:

Operations: SHP funds will pay for 75% of the total operating costs; program funds 25% cash match. Supportive Services: SHP funds will pay for 80% of total service costs; program funds 20% cash match.

### **4. TERMINOLOGY**

#### **Continuum of Care (CoC)**

HUD allocates homeless assistance grants to organizations that participate in local homeless assistance program planning networks. Each of these networks is called a **CoC**. HUD introduced the concept in 2004 to encourage and support local organizations in coordinating their efforts to address housing and homeless issues and reduce homelessness. CoC committees at the city, county and state level coordinate their efforts to produce annual plans that identify the needs of local homeless populations, the resources that are currently available in the community to address those needs, and additional resources needed to fill identified gaps. The CoC process is a community-based approach that encourages the creation of collaborative, comprehensive systems to meet the diverse needs of local homeless populations.

In New Hampshire, there are three CoCs:

NH DHHS  
Bureau of Homeless and Housing Services  
BHHS-SHP Housing Initiative  
April, 2010

- the Greater Nashua Continuum of Care (GNCoC);
- the Manchester Continuum of Care (MCoC); and
- the Balance of State Continuum of Care (BOSCoC).

\*\*This proposed project will serve within the BOSCoC.

### **Homeless Management Information System (HMIS)**

Congress has directed HUD to work with local jurisdictions to collect an array of data on homelessness, including unduplicated counts of people served, use of services and the effectiveness of the local homeless assistance system. HUD is accomplishing this directive through an electronic HMIS. The NH HMIS is currently managed through one sponsor agency. HUD and BHHS-funded organizations that provide services to people who are homeless are required to enter basic information about those individuals into HMIS. All HUD-funded SHP sponsor agencies must participate in HMIS data collection and analysis.

### **Supportive Housing Program (SHP)**

The SHP is a federal grant program authorized by the Stewart B. McKinney Homeless Assistance Act of 1987. As part of the local CoC strategy, it promotes the development of supportive housing and supportive services to assist homeless persons in the transition from streets and shelters to permanent housing and maximum self-sufficiency. SHP can provide funding for many parts of the CoC, including outreach, intake and assessment, transitional housing, and permanent housing for persons with disabilities.

### **SHP Transitional Housing (TH)**

One goal of SHP-funded housing is to facilitate the movement of homeless individuals and families from homelessness to permanent housing. TH is housing in which homeless persons may live for up to 24 months and receive supportive services that enable them to access resources and gain the skills they need to live more independently. The housing may be in a facility or in individual units on a scattered-site basis. The supportive services may be provided by the organization managing the housing or coordinated by this organization and provided by other public or private agencies in the community.

### **Permanent Supportive Housing (PSH) for Persons with Disabilities**

SHP-funded PSH provides homeless persons with disabilities long-term housing with supportive services. In addition to meeting the McKinney-Vento definition of homeless, at least one person in the household must have a documented disability. The intent of the housing is to enable this population to live as independently as possible in a permanent setting. The setting can be in one site or can be located in scattered-site housing units. It is expected that program participants will reside in the PSH program for a minimum of seven months.

### **McKinney-Vento Homeless Definition**

A person would meet the homeless eligibility requirements if they were living on the street or in an emergency shelter, or would be living on the street or an emergency shelter without the assistance. For SHP TH and PSH projects, eligible participants must come from one of the following immediately prior to entering the SHP:

#### **PERMANENT SUPPORTIVE HOUSING**

- in places not meant for human habitation (i.e., streets, cars, parks);
- in emergency shelters;
- in transitional or supportive housing who originally came from the streets or shelter; or
- In any of the above but spending a short time (up to 90 days) in an institution.

Documentation of homelessness is required. For more information regarding documentation: <http://www.hudhre.info/index.cfm?do=viewShpDeskguideB>.

#### **TRANSITIONAL HOUSING**

For SHP TH projects, eligible participants include those listed under the PSH category above as well as participants who are about to lose their housing within a week. Documentation of homelessness is required. For more information regarding documentation: <http://www.hudhre.info/index.cfm?do=viewShpDeskguideB>.

### **SHP Leasing Funds**

SHP funds can be used to lease apartments or buildings from private landlords. Rents paid must be reasonable and the SHP portion cannot exceed the applicable Fair Market Rent (FMR). For a full description of eligible and ineligible use of funds for leasing, please refer to the SHP Desk Guide at the following link: <http://www.hudhre.info/index.cfm?do=viewShpDeskguideD>.

### **SHP Operating Funds**

Operating costs are those costs associated with the physical day-to-day operation of a supportive housing facility. Operating costs differ from supportive services costs in that operating costs support the function and the operation of the housing project. SHP funds may not be used for the cost of operating a supportive services only facility. For a full description of eligible and ineligible use of funds for Operations, please refer to the SHP Desk Guide at the following link: <http://www.hudhre.info/index.cfm?do=viewShpDeskguideD>.

### **SHP Supportive Services Funds**

Supportive services costs are those expenses associated with actual costs of services and activities provided to homeless persons. Supportive services are important in a project since they assist homeless participants in the transition from the streets or shelters to permanent or permanent supportive housing. For a full description of eligible and ineligible use of funds for Supportive Services, please refer to the SHP Desk Guide at the following link: <http://www.hudhre.info/index.cfm?do=viewShpDeskguideD>.

### **SHP Administrative Funds**

Up to 5 percent of the SHP grant request may be used to pay for administering the grant. When SHP administrative funds are awarded to State and/or local governments where non-profit organizations will operate the projects, the State, and/or local government must split these funds with the non-profit organization. Administrative costs include the costs associated with accounting for the use of grant funds, preparing reports for submission to HUD, and obtaining program audits, and similar costs related to administering the grant after the award. For a full description of eligible and ineligible use of funds for Administration, please refer to the SHP Desk Guide at the following link: <http://www.hudhre.info/index.cfm?do=viewShpDeskguideD>.

### **SHP Sponsor Agency**

Responsible for the implementation and operations of SHP and SPC-funded projects including client outreach and intake, management and operations of housing related functions, coordination and provision of supportive services, and reporting functions.

## **5. APPLICATION PROCESS**

### **Instructions**

Interested applicants should submit the Proposal Project Summary along with a narrative that addresses each of the following items. Narrative responses should be limited to no more than eleven (11) pages. The application document must be assembled in the exact order of the checklist below.

### **Application Elements Checklist**

<b>NH SUPPORTIVE HOUSING PROGRAM HOUSING INITIATIVE</b>
<b>1. Proposal Project Summary</b>
<b>2. Project Abstract:</b> (No more than 8 pages)
<b>3. Cost Proposal:</b> (Include Detailed 3-Year Budget and Budget Narrative of no more than 3 pages)
<b>4. Contacts:</b> Names and addresses for current board of directors – Indicate current date and list board positions for each member
<b>5. Experience:</b> Current resumes of Executive Director and other key personnel (showing present employment); three references including one consumer/former consumer of agency services
<b>6. Status:</b> Copy of 501(c) (3) designation
<b>7. Operations:</b> Copy of agency policies: conflict of interest, code of ethics, and if a shelter, house rules and grievance procedures
<b>8. Certified:</b> Application Certification

**Proposal Project Summary**

NH SHP Housing Initiative

Name and Address of Organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Service Address (if different than above):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Type of SHP Housing Program Proposed (check one)**

- Transitional Housing  
 Permanent Supportive Housing

***Budget Summary***

	HUD SHP Funds	Agency Match	Total
Leasing			
Operations			
Supportive Services			
Administrative			
Total			

## **Project Abstract**

(Applicants must respond to each item coordinating their answers to follow the parameters outlined below.)

### **A. Project Need**

#### 1. Overview

- a) Describe your current understanding of the nature and extent of homelessness throughout New Hampshire. Describe the nature and extent of homelessness in your target region/catchment area.
- b) Describe the extent to which the proposed activities address this need. Include a description of the local organizations, and the homeless population that will benefit from the project.

### **B. Project Description**

1. Provide a description of the type of housing proposed (e.g. TH or PSH), the design of the housing (e.g., scattered site units, congregate units, etc.) and how funds will be spent. Project descriptions should identify how the proposed activities will address the conditions described in section A. Describe your program's plan for start-up and anticipated start date.

2. Describe outreach efforts to eligible homeless persons and strategies to engage these participants. Identify specific homeless settings where homeless persons will be residing immediately prior to entering your proposed program. Outline existing or proposed formal arrangements with these programs.

3. Describe target population including number and any special needs or targeted subpopulations.

### **C. Project Goals**

1. What are the goals of the program?
2. What outcomes will demonstrate those goals are met?
3. How will funds be used effectively to support activities so project goals are met?

If TH, identify specific strategies to implement to ensure participants successful transition to PSH. Include description of proposed or existing linkages to PH programs. Identify barriers to PSH and achieving the identified goals and how program will overcome these barriers.

If PSH, identify specific strategies to ensure program participants remain in PSH. What are anticipated risks to residential stability and how will the program mitigate these risks?

**D. Measuring Accomplishments**

1. Identify the benchmarks that will be used to evaluate the program and a timeline for achieving the proposed goals.
2. Specify performance measures that will be used for each of the program goals and how success in meeting each goal will be measured.
3. Describe how you will track progress on these goals.

**E. Coordination/Collaboration**

Include a description of how your agency will participate in the BOSCoC, as well as any other state or regional planning, coordinating or assessment activities.

**F. Organization's Experience**

1. Does the organization have experience working with projects similar to the one proposed? If so, be specific in describing similarities in project size, scope and design. Identify agency successes and challenges.
2. If the organization has received federal funds in the past, has it demonstrated an ability to meet all program requirements? If so, describe organizational structure including responsibilities for meeting federal requirements.
3. Describe agency's specific experience working with homeless individuals and/or homeless families who meet the McKinney-Vento definition of homeless. What challenges do you anticipate in identifying eligible participants for this program and how will you overcome these challenges?
4. As applicable, provide detailed information in terms of agency staff or collaborating agencies that will perform the following activities and their demonstrated experience in these areas:
  - a) calculating and collecting tenant rent;
  - b) locating units and negotiating leases with private landlords;
  - c) assessing participant eligibility for program;
  - d) engaging participants to enter program;
  - e) case management services;
  - f) employment services; and
  - g) Other services as needed (be specific).
5. As described above, list any collaborating agencies that will be a partner on this project and identify whether a formal agreement is in place between the agencies.

Activity	Agency Name	Formal Agreement	
		Yes	No

6. Describe your plan to assist clients in accessing mainstream resources, i.e., SSI, TANF, Medicaid, Food Stamps, SCHIP, Workforce Investment Act and Veterans Health Care programs.

**G. NOFA Reporting Charts: Number of Beds, Participants, and Services**

**Chart 1: Beds**

Beds	Current Level* (if applicable)	New Effort or Change in Effort	Projected Level (col. 1 + col. 2)
Number of Bedrooms			
Number of beds			

Only complete current level if proposed project will expand on current level (e.g., increase from 5 units to 10 units).

**Chart 2: Participants**

Participants	Current Level (if applicable)	New Effort or Change in Effort	Projected Level (col. 1 + col. 2)	No. Projected to be served over the grant term
Number of families with children				
Of persons in families with children				
a. number of disabled				
b. number of other adults				
c. number of children				
Of single individuals not in families				
a. number of disabled individuals				
a.1. number of disabled individuals who are chronically homeless				
b. number of other individuals				

Note: If your project is funded, you will be held responsible for achieving the numbers submitted.

## **Cost Proposal**

### **A. Resources**

1. Does the organization have the staff and resource levels capable of successfully operating the proposed program? (List anticipated major areas of activity and percent of staffing requirements.)
2. Describe proposed organizational staffing to carry out these responsibilities.

### **B. Cost Effectiveness and Leveraging**

Describe how your program leverages resources and services. For each type of service proposed, include the following:

- describe/define the unit of service you will be providing;
- what is the projected cost of service; and
- what resources and services will be leveraged to support this program.

*PLEASE NOTE: Applicants are **required** to match SHP supportive service funds and SHP operating. HUD will fund up to 80% of the total eligible supportive service costs (SHP service request  $\times .25 =$  required cash match) and up to 75% of the total eligible operating costs (SHP operating request  $\times .3333 =$  required cash match).*

### **C. Project Budget**

On the attached budget forms, identify how the SHP and cash match funds will be used.

### **D. Budget Narrative**

In no more than three pages, explain your budget in words. Be sure to specify:

- position, title and annual salary of each position proposed to be funded in whole or in part by award (please attach a brief job description for any position listed);
- percentage of salary Full Time Equivalency (FTE), (and dollar cost) for which funding is requested;
- labor fringe-benefit rate and dollar cost;
- travel;
- equipment;
- materials; and
- administration.

**Budget Forms**

**Budget Form 1: One Year Operating Costs Chart**

---

Identify the day-to-day costs of operating supportive housing that will be paid for using SHP funding during the requested term of the project.

<b>Operating Costs</b>	<b>SHP Dollars Requested</b>	<b>Cash Match</b>
Maintenance, Repair		
Staff (position, salary, % of time, fringe benefits)		
Utilities		
Equipment (lease/buy)		
Supplies (quantity)		
Insurance		
Furnishing (quantity)		
Relocation (no. of persons)		
Food		
Other operating costs (please specify)		
<b>Total SHP Dollars Requested</b>		
<b>Total Operating Costs Budget</b>		
<b>% Cash Match committed</b>		

Budget Form 2: Cash Match Resources (Identify how and from what sources the above noted cash match will be funded)

Source	Amount
<b>TOTAL</b>	<b>\$</b>

**Budget Form 3: Supportive Services Cost Breakdown**

<b>Supportive Service Costs</b>	<b>SHP Dollars Requested</b>	<b>Cash Match</b>
<b>Service Activity:</b> Outreach <b>Quantity:</b>		
<b>Service Activity:</b> Case Management <b>Quantity:</b>		
<b>Service Activity:</b> Life Skills (outside of case management) <b>Quantity:</b>		
<b>Service Activity:</b> Alcohol and Drug Abuse Services <b>Quantity:</b>		
<b>Service Activity:</b> Mental Health and Counseling Services <b>Quantity:</b>		
<b>Service Activity:</b> HIV/AIDS Services <b>Quantity:</b>		
<b>Service Activity:</b> Health Related and Home Health Services <b>Quantity:</b>		
<b>Service Activity:</b> Education and Instruction <b>Quantity:</b>		
<b>Service Activity:</b> Employment Services <b>Quantity:</b>		
<b>Service Activity:</b> Child Care <b>Quantity:</b>		
<b>Service Activity:</b> Transportation <b>Quantity:</b>		
<b>Service Activity:</b> Transitional Living Services <b>Quantity:</b>		
<b>Other Service Activity:</b> (please specify) <b>Quantity:</b>		
<b>Other Service Activity:</b> (please specify) <b>Quantity:</b>		
<b>Other Service Activity:</b> (please specify) <b>Quantity:</b>		
<b>Total SHP Dollars Requested</b>		
<b>Total Supportive Services Costs</b>		

Budget Form 4: Leasing Charts A and B

---

**Chart A** should be filled out only if you will lease individual units or structures that are currently configured for housing and/or services and, therefore, an FMR or actual rent can be used.

**Chart A:**

Name of metropolitan or non-metropolitan FMR area \_\_\_\_\_

Address (indicate if scattered site) \_\_\_\_\_

Size of units	No. of Units	FMR or Actual Rent	No. of Months	Total
1. SRO	x	x	=	
2. 0 bdrm	x	x	=	
3. 1 bdrm	x	x	=	
4. 2 bdrm	x	x	=	
5. 3 bdrm	x	x	=	
6. 4 bdrm	x	x	=	
7. 5 bdrm	x	x	=	
8. 6 bdrm	x	x	=	
9. Other	x	x	=	
10. Totals	x	x	=	\$

**Chart B** should be filled out only if you will lease a structure or portion of a structure for which an FMR is **not** applicable.

**Chart B:**

Structure 1	Monthly Leasing Cost	Number of Months	Total
	\$ x	=	\$

Address: \_\_\_\_\_

Structure 2	Monthly Leasing Cost	Number of Months	Total
	\$ x	=	\$

Address: \_\_\_\_\_

**Total Leasing Request:** \_\_\_\_\_

## 7. APPLICATION CERTIFICATION

### *Application Certification*

I, the undersigned, certify that I am authorized to represent the applicant agency, that to the best of my knowledge and belief, data in this application is true and correct, that the document has been duly authorized by the governing body of the applicant organization, that the applicant organization is empowered by statute to perform the functions and provide the services encompassed by the project proposed, and that the applicant organization will comply with all State and Federal laws and regulations in implementing the proposed project if it is selected for funding.

Signature of Authorized Official: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name of Authorized Official: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## **ATTACHMENT A – DOCUMENTS REQUIRED AT TIME OF CONTRACTING**

- Signed and notarized General Provisions (P-37) (form provided by BHHS)
- Signed and notarized Certificate of Vote (form provided by BHHS)
- Budget page
- Most recent agency audit
- Certificate of Good Standing (BHHS will be obtaining this directly from the Secretary of State's Office)
- Key personnel list and current resumes of key personnel
- Agency mission statement
- List of agency Board of Directors with addresses
- Certificate(s) of Insurance for General Liability and Worker's Compensation Insurance with the following listed as the Certificate Holder:  
  
State of New Hampshire  
Department of Health and Human Services  
Bureau of Homeless and Housing Services  
105 Pleasant Street  
Concord, NH 03301  
Attn: Anne Pocock
- Exhibits A through I (forms provided by BHHS)
- Copy of 501(c) (3) designation
- Signed certification of local government approval (form provided by BHHS)
- Current fire marshal inspection (for shelter operators only)
- List of geographic areas served
- Projected number of individuals anticipated to be served by the contract
- Copy of agency rules, policies and procedures; client rights/grievance procedures; agency brochure; and program rules and sanctions