

4. **Supportive services the participants will receive.** Demonstrate each of the following:
 - a. How the supportive service needs of participants will be **ASSESSED** and **TRACKED**.
 - b. How the **TYPE** (e.g., case management, job training) **and SCALE** (e.g., the frequency and duration) of the supportive services will fit the needs of the participants
 - c. **WHERE** the supportive services will be provided **and** what **TRANSPORTATION** will be available to the participant to access those services
 - d. The details of your plan to ensure that all homeless clients in this project will be systematically assisted to identify, apply for and obtain benefits under all of the following mainstream health and social services programs for which they are eligible: TANF, Medicaid, State CHIP, SSI, Workforce Investment Act, Food Stamps and Veterans' Health Care programs.
5. **Self-sufficiency.** Describe specifically how participants will be assisted **both** to increase their **INCOMES** and to maximize their ability to **LIVE INDEPENDENTLY**.

Section B. Experience Narrative

Section B is a description of the experience of all the organizations involved in carrying out the proposed project. (Refer to section V(A)(1) of the NOFA for Project Applicant and Sponsor Eligibility and Capacity Standards.) Please describe on preferably not more than 3 typed pages:

1. The specific type and length of experience of **all organizations** involved in implementing the proposed project, including the project sponsor, housing and supportive service providers, and any key subcontractors. Describe experience directly related to their role in the proposed project as well as their overall and experience working with homeless people.
2. Describe experience contracting for and overseeing the rehabilitation of housing, and experience administering rental assistance.
3. List **all** HUD McKinney-Vento grants, other than ESG, received after 1997, including for each grant: the year awarded, grant number, grant amount, and amounts spent to date.
4. Please explain any delays in implementing any of the grants listed in (3) above which exceed applicable program timeliness standards.
5. Identify any unresolved HUD findings, or outstanding audit findings, related to any of the grants listed in (3) above.

Section C. Project Information (please type)

Project Name	Project Priority No. (from project priority chart in Exhibit 1):
Project Address (street, city, state & zip)	
Project Sponsor's Name:	Project Congressional District(s):
Sponsor's Address (street, city, state & zip)	Project 6-digit Geographic Code:
Authorized Representative of the Project Sponsor (name, title, phone number, & fax):	