

Project Name:	
Project Address (street, city, state, & zip):	
Project Sponsor's Name:	Proj. Congressional District(s):
Sponsor's Address (street, city, state, & zip):	
Authorized Representative of Project Sponsor (name, title, phone number, & fax):	

Section III. HUD Grant Application Requirements*Part A. Supportive Housing Program (SHP) Application***3. Program Component/Types**

Please check the box that best classifies the project for which you are requesting funding. Check only one box. The components/types are:

- ☐ Permanent Housing for Persons with Disabilities
☐ Safe Havens

Section III. HUD Grant Application Requirements*Part A. Supportive Housing Program (SHP) Application***4. Existing Facilities and/or Activities Serving Homeless Persons (To be completed for new projects)**

Will your proposed project use an existing homeless facility or incorporate activities that you are currently providing?

- ☐ Yes (Check one or more of the activities below that describe your

proposed project, and proceed to section E.)

- ☐ No (Skip to section E.)

Facilities that you are currently operating and activities you are currently undertaking to serve homeless persons may only receive funding for the three purposes listed below. SHP funds cannot be used to fund ongoing activities. My project will:

- ☐ Increase the number of homeless persons served.
☐ Bring existing facilities up to a level that meets State and local government health and safety standards. If this box is checked, you must describe what standards the facility is not meeting, and why it does not meet the standards you described.

Section III. HUD Grant Application Requirements*Part A. Supportive Housing Program (SHP) Application***5. Number of Beds and Participants**

This is composed of two charts:

Chart 1 is for recording the number of beds/bedrooms in the project.

Chart 2 is for recording the number of participants to be served.

Complete Chart 1 and Chart 2 based on the following instructions:

1. In the first column, please enter the requested information for all items at a point in time (a given night). You should only fill out this column if you checked "Yes" in section D. If you checked "No" in section D enter "N/A" in this column.

2. In the second column, enter the new number of beds and persons served at a point in time if this project is funded.

3. In the third column, enter the projected level (columns 1 and 2 added together) that your project will attain at a point in time.

4. In the fourth column, enter the number of persons to be served over the grant term.