

## Project Information - Page 1

The following fields must be completed for every project application.

**CoC Number and Name** OH-507 - Ohio Balance of State CoC

**Project Name** COHHIO SPC New

**Project Type** New Project

**Program Type**  
Content depends on "Project Type" selection

**Component Type**  
Content depends on "Program Type" selection

**In which state is the project located?** Ohio  
(for multiple state selections hold CTRL+Key)

**In which Congressional District(s) is the project located?** OH-008  
(for multiple selections hold CTRL + Key)

**Provide a general description of the project.**  
(Max 3000 characters)

This project will provide Shelter Plus Care Vouchers to twenty (20) homeless persons who have a severe and persistent mental illness. Persons served may also suffer from co-occurring issues such as substance or alcohol abuse, fleeing a domestic violence situation, and/or being a homeless Veteran. Twenty-five percent (25%) of persons served will be chronically homeless. Participants will receive assistance with housing in the community of their choice in Ohio County, Ohio. Participants will be single individuals and families in need of 1, 2, 3, & 4 bedroom units. The Ohio Metropolitan Housing Authority will administer the grant and Ohio Mental Health Agency will provide coordination of persons entering the program and provide mental health services ongoing to those in the program. The staff at Ohio Mental Health Agency completes interviews with each applicant, ensures that required documentation is obtained and coordinated with the Housing Authority. Referrals for this program will come from Ohio Mental Health Agency and will make referrals to other social service agencies, hospitals, Veterans Services Commission, child care providers, transportation providers, mainstream resources, etc.

The following fields must be completed for every project application.

**Is the project requesting funding under a Special Initiative?** No  
Select the "Save" button to identify Rapid Re-housing or Samaritan Housing

**Grant Term:** 5 Years

**Does the project use Energy Star?** Yes

**Is the project located in a rural area?** Yes

**Is the project located on land previously owned by the military?** No

**Select the geographic code(s) for area(s) served by the project** 399037 Darke County  
(for multiple selections hold CTRL + Key)

## Project Location(s)

The following list summarizes the project location(s) that have been entered. To add a location to this list, click on the  symbol.

Location Name	Street Address 1	Street Address 2	City	State	Zip
Scattered Site	--	--	Ohio	Ohio	55555

## Project Location Detail

Enter the physical address of the project and indicate the ownership of the location. Scattered site projects should refer to the instructions for details on completing the field on this screen.

**Location Name** Scattered Site  
**Property Ownership** Lease  
**Street Address 1**  
**Street Address 2**  
**City** Ohio  
**State** Ohio  
**Zip Code** 55555  
 Format: (12345 or 12345-1234)

## Project Sponsor Information

Complete the following fields to identify the project sponsor, including its legal name, type of organization, DUNS number, employer/taxpayer number, and physical address.

**Is the project applicant the same as the project sponsor?** No  
 (If yes select the "Save" button to auto-fill the fields below)

**Organization Name** Ohio Mental Heath Agency  
**Organization Type** M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:

**DUNS Number** 999999999  
 Format: xxxxxxxx or xxxxxxxxxxxxxx

**Tax ID or EIN** 12-3456789  
 Format: 12-3456789

**Street Address 1** 111 E. Main St.  
**Street Address 2**  
**City** Ohio  
**State** Ohio  
**Zip Code** 55555  
 Format: 12345 or 12345-1234

**Is the sponsor a Faith-Based Organization?** No

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

**Identify source documentation for sponsor's nonprofit status:** IRS letter or ruling showing 501(c)(3) status

## Non-Profit Documentation Attachment

Document Type	Required?	Document Description	Date Attached
Proof of non-profit status	Yes	COHHIO SPC New - ...	08/02/2008

## Non-Profit Documentation Attachment Detail

**Document Description:** COHHIO SPC New - Non-Profit

## Project Sponsor Contact Information

Provide the name and contact information of the person to be contacted for matters regarding project operations. If the sponsor is the same entity as the applicant, the system will auto-populate the fields below.

**Prefix** Ms  
**First Name** Sally  
**Middle Name**  
**Last Name** Social Worker  
**Suffix** MSW  
**Title** Housing Coordinator  
**E-mail Address** sallysocialworker@ohiomha.org  
**Confirm E-mail Address** sallysocialworker@ohiomha.org  
**Phone Number** 555-555-1234  
**Format: 123-456-7890**  
**Extension** 21  
**Fax Number** 555-555-1233  
**Format: 123-456-7890**

## Experience of Project Applicant, Sponsor, and Partners

Describe how the project applicant, sponsor, and partners meet the experience standards outlined in the NOFA.

Describe experience of project partners related to providing activities and working with homeless persons.

Ohio Metropolitan Housing Authority (OMHA) was founded in 1944 to provide safe, decent, and sanitary accommodations for low-income families who are unable to secure their housing needs on the open market. A political

subdivision of the State of Ohio, OMHA operates a total of 114 public housing units in four developments located throughout Ohio County. In addition, OMHA administers a total of 245 Housing Choice Vouchers that assists a total of 940 tenants. Since 2003, the OMHA has prioritized homeless persons on their Housing Choice Voucher waitlist. Since 1996, OMHA has administered 1 Youth Build Grant, 3 Family Self-Sufficiency Service Coordinator grants and 2 Service Coordinator in Multifamily Housing grants in order to meet the needs of Ohio County citizens.

Ohio Mental Health Agency (OMH) is a not-for-profit behavioral health provider serving children, youth and adults in Ohio County. OMH provides an array of behavioral health services including psychiatry, individual/family/group counseling, case management, vocational rehabilitation, residential, emergency prescreening and evaluation, and psychosocial rehabilitation. OMH has extensive experience in housing and supports for persons with severe and persistent mental illness. OMH has received two HUD McKinney Grants, two Section 811 grants, coordinates the Housing Assistance Program funded by Ohio County Alcohol Drug Addiction & Mental Health Services Board. OMH also manages a crisis stabilization facility for persons with a mental illness crisis so that s/he not be admitted to the hospital or to leave the hospital more quickly. OMH has administered 6 grants from the Ohio Department of Mental Health to provide homelessness prevention rental/utility subsidies, direct housing, and supportive services for housing for persons with severe mental disabilities. OMH participates in the SAMHSA PATH program and provides outreach to homeless in this rural community.

OMH has its own vocational rehabilitation program that has entered into a Memorandum of Understanding with the Ohio County One-Stop Workforce Development (OCOWD) program to provide intensive employment support to assist person to become self-sufficient. OCOWD is a collaborative partnership that brings job-seekers and employers together. OCOWD offers a wide array of employment services, training programs and information resources on the state and federal level.

**Describe applicable experience relating to the administration of rental assistance.**

Ohio Metropolitan Housing Authority has multiple years of experience in administering the Housing Choice Voucher program and public housing. OMHA has had no subsequent findings during the past 8 years from state or HUD audits conducted on the grant programs. Subsequently, OMHA has been awarded 5 consecutive perfect scores and has been designated a high performing agency by the U.S. Department of Housing and Urban Development for its administration of the Housing Choice Voucher Program. Ohio Mental Health Agency administers the rental assistance for their Section 811 properties.

**Are there any unresolved monitoring or audit findings on HUD McKinney-Vento Act grants, excluding ESG?** No  
(If yes, select the "Save" button to explain findings)

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## Assessment Tool Attachment Detail

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### Type and Scale of Housing

The following list summarizes all housing units that will be used for participants in the project. To add information to this list, click on the icon and enter the requested information.

Housing Type	Units	Beds	Bedrooms
Scattered-site apartments (...)	20	37	30

## Type and Scale of Housing Detail

Complete the following fields related to the number of units, beds, and bedrooms for each housing type in the project.

**Housing Type:** Scattered-site apartments (including efficiencies)

### Total for Selected Housing Type

**Units:** 20

**Beds:** 37

**Bedrooms:** 30

## Project Participants - Households with Dependent Children

Indicate the total number of households that include a homeless adult with dependent children. Also identify the number of persons and subpopulations within each household in the project.

Total Number of Households	6					
	Total Persons	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Adults	6	6	3	0	0	2
Non-Disabled Adults	1		0	0		0
Disabled Children	0	0	0		0	0
Non-Disabled Children	19		0			0
<b>Total Persons</b> (select "Save" to auto-calculate)	26	6	3	0	0	2
Total Number of Adults (select "Save" to auto-calculate)	7					
Total Number of Children (select "Save" to auto-calculate)	19					

## Project Participants - Households without Dependent Children

Indicate the total number of households that include a homeless adult without dependent children. Also identify the number of persons and subpopulations within each household in the project.

### Instructions:

Chronically Homeless must be disabled adults in households without children (so no entry allowed in non-disabled adult or children/youth)

Severely Mentally Ill are all considered disabled (so no entry allowed in non-disabled)

Chronic Substance Abuse may not constitute a disability on its own

Veterans must be adults (so no entry allowed in children/youth)

Persons living with HIV/AIDS are all considered disabled (so no entry allowed in non-disabled)

Total Number of Households	14
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	Total Persons	Chronically Homeless	Severely Mentally Ill	Chronic Substance Abuse	Veterans	Persons with HIV/AIDS	Victims of Domestic Violence
Disabled Adults	14	4	14	5	0	0	2
Non-Disabled Adults	1			0	0		0
Disabled Unaccompanied Youth	0		0	0		0	0
Non-Disabled Unaccompanied Youth	0			0			0
Total Persons (select "Save" to auto-calculate)	15	4	14	5	0	0	2
Total Number of Adults (select "Save" to auto-calculate)	15						
Total Number of Unaccompanied Youth (select "Save" to auto-calculate)	0						

## Supportive Services for Participants

**In the fields below, provide information about the type of supportive services that will be provided to participants in the project as well as the frequency in which they are provided. In addition, describe how participants will be assisted to increase self-sufficiency.**

**Describe how participants will be assisted to obtain and remain in permanent housing.**

Participants will receive assistance from outreach staff & case management. Once accepted, staff assists to obtain the voucher from the Housing Authority. Staff attend the voucher briefing with the participant & assists them with housing search. Staff assists with necessary linkages, referrals and follow-up to mainstream resources and other providers. Participants will be assisted with accessing furniture, turning on utilities, obtaining household goods, paying security & utility deposits, and moving. Once housed, staff will meet with the participant as their individual recovery plan indicates. Initially the service provision will be often to assist the person to stabilize and work on their recovery issues. Annual reports are completed by Housing Authority and Mental Health Agency to ensure that the participant is maintaining the lease obligations, are meeting with service providers as per their individual recovery plan, and that all paperwork is up-to-date and complete.

**Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.**

Participants will be assisted to both increase their employment opportunities and incomes and to maximize their ability to live independently through access to supportive services and mainstream resources. Participants will be encouraged to apply for social security benefits as their disability dictates. The case managers and homeless outreach worker will be attending training that will help persons to expedite their SSI/SSDI applications. This training will be provided to others in the system so many providers will be able to assist in this process. Case managers will assist the participant with the application process

and will assist with any appeals for Social Security decisions. The Center of Vocational Alternatives (COVA) has bi-weekly appointments at the Ohio Mental Health Agency to provide assistance to those who want to become or stayed employed by determining how benefits will be affected by earned income. Case managers will refer participants to the COVA Benefits Consultant to review benefits. Case managers will also refer participants to vocational rehabilitation services for those who are interested in becoming employed or returning to school to further their education. The Bureau of Vocational Rehabilitation (BVR) in Ohio County has offices in the same building as Ohio Mental Health Agency, so coordination of appointments is simplified. If persons in the project already have a job, but want a better job they can also be referred to vocational rehabilitation services in order to increase their rate of pay, increase their hours or completely change jobs. Ohio Mental Health Agency is a BVR provider agency and is able to provide job development and job coaching type activities. Project participants will be able to maximize their ability to live independently by having a home of their own and possessing the initiative to care for the home of which they are proud. Participants will be assisted with independent living activities based on their skills and knowledge. Participants will be encouraged to work with the property management staff/landlord to keep their smoke detectors working and their fire extinguishers full. Participants will be assisted with money management skills, telephone calls for utility bills, etc., accessing transportation, making grocery lists, planning and cooking meals, taking medication, keeping their unit clean, doing their laundry and interacting with other residents. As participants become more confident and able to complete tasks on their own, the Case Managers will decrease their time in direct contact with the participant. Case Managers will encourage community integration, involvement, and recovery for all project participants.

Supportive Service	Select frequency
Outreach	Monthly
Case Management	Weekly
Life Skills	Monthly
Job Training	Bi-monthly
Alcohol and Drug Abuse Services	Bi-monthly
Mental Health and Counseling	Quarterly
HIV/AIDS Services	
Health/Home Health Services	Does not apply
Education and Instruction	Does not apply
Employment Services	Bi-monthly
Child Care	Daily
Transportation	Monthly
Other (Specify Below)	
Other (Specify Below)	
Other (Specify Below)	

**How accessible are basic community amenities (e.g., medical facilities, grocery store, recreation facilities, schools, etc.) to the project?** Somewhat accessible

## Outreach for Participants

Complete the following fields related to the outreach plans to bring participants into the project.

Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations.

**Note: this includes persons who ordinarily sleep in one of the places listed below but are spending a short time (30 consecutive days or less) in a jail, hospital, or other institution.**

35%	Persons who came from the street or other locations not meant for human habitation.
35%	Person who came from Emergency Shelters.
0%	Persons who came from Safe Havens.
30%	Persons in TH who came directly from the street, Emergency Shelters, or Safe Havens.
100%	Total of above percentages

**If the total is less than 100%, describe very specifically where the other persons you propose to serve would be coming from, and how these persons would meet the HUD homeless definition.**

**Describe the outreach plan to bring these homeless participants into the project.**

Ohio Mental Health Agency is fortunate to have a full-time homeless outreach worker. The outreach staff persons meets with homeless persons on a daily basis from the local emergency shelter, known places where homeless stay/congregate, and any other referral sources to help them access housing. This outreach worker also initially utilizes the Ohio Benefit Bank website to screen person for health care services, income sources through Ohio County Department of Job and Family Services, food stamps, etc., while securing other necessary resources (birth certificates, Social Security cards, Ohio identification, mental health, drug/alcohol, Veterans and the Social Security Administration. The outreach staff person previously worked in another community that had a Shelter Plus Care Voucher program and thus is familiar with the program. Outreach worker will continue to work with the Housing Authority to bring persons from the streets, emergency shelters, and transitional housing program into this project. Ohio Mental Health Agency's case management staff will work with the participants ongoing to ensure that participant is linked to other referral sources and assist person to be linked to the mental health services provided by their agency. Ohio Mental Health Agency's staff are attending the SOAR (SSI/SSDI Outreach, Access, and Recovery) training to help people access SSI/SSDI benefits more quickly and efficiently.

## Housing for Participants

Complete the following fields related to housing participants in the project.

**Will participants be required to live in particular structures or units during the first year and in a particular area within the locality in subsequent years, or to live in a particular area for the entire period of participation?** Yes

**Explain how and why the project will implement this requirement (use less than one-half page)**

This project is limited to the locally defined Continuum of Care that covers Ohio County where both Project Administrator and Sponsor provide their services. Partners feel that tenant based rental assistance provides the most empowerment to the consumers by allowing them to choose which amenities they wish to be close to and where in the county they wish to live.

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## Discharge Planning Policy

**The following question must be completed by project applicants that are State or Local government agencies.**

**Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs?**

Yes

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# Project Leveraging

The following list summarizes the leveraging funds for the project. To add information to this list, click on the icon and enter the requested information.

**Total value of written commitment \$1,554,900**

Contributor	Source	Date of Commitment	Value of Commitment
Ohio County One-S...	Government	05/30/2008	\$50,000
Ohio County Unite...	Private	05/21/2008	\$15,000
Ohio County Job &...	Government	05/30/2008	\$61,000
Ohio County Job &...	Government	05/25/2008	\$22,200
Ohio County Commu...	Government	05/30/2008	\$3,500
Ohio County 1st C...	Private	05/19/2008	\$6,500
OSU School of Den...	Private	05/27/2008	\$3,000
St. Vincent DePau...	Private	05/06/2008	\$24,100
Zonta Club - Hous...	Private	05/24/2008	\$4,500
Ohio County Alcoh...	Government	05/21/2008	\$10,000
Ohio County Soup ...	Private	05/21/2008	\$6,500
WIC Nutrition Cou...	Government	05/24/2008	\$6,200
Ohio County Alcoh...	Government	05/21/2008	\$30,000
Ohio County Legal...	Private	05/24/2008	\$14,000
OSU School of Nur...	Private	05/15/2008	\$5,200
Ohio County Alcoh...	Government	05/13/2008	\$780,000
Ohio Metropolitan...	Government	05/27/2008	\$15,000
Ohio Metropolitan...	Government	05/27/2008	\$40,000
Ohio Metropolitan...	Government	05/27/2008	\$50,000
Ohio Mental Healt...	Government	05/13/2008	\$50,000
Ohio Mental Healt...	Private	05/20/2008	\$25,000
Ohio County Big B...	Private	05/17/2008	\$6,000
Ohio County Peer ...	Private	05/20/2008	\$10,000
Ohio County Alcoh...	Government	05/24/2008	\$70,000
Ohio Housing Trus...	Government	05/24/2008	\$8,500
Ohio County Goodw...	Private	05/24/2008	\$28,000
Second Harvest Fo...	Private	05/23/2008	\$14,500
Ohio County Trans...	Government	05/24/2008	\$1,500
Ohio County 3rd C...	Private	05/25/2008	\$2,500
Ohio County Commu...	Government	05/19/2008	\$20,000
Ohio County 211	Private	05/21/2008	\$300
Ohio County Salva...	Private	05/21/2008	\$5,000
State of Ohio Reh...	Government	05/27/2008	\$14,000
Ohio County Alcoh...	Government	05/17/2008	\$94,500

Families Supporti...	Private	05/19/2008	\$4,000
Ohio County YMCA ...	Private	05/21/2008	\$5,000
Ohio County Adult...	Private	05/28/2008	\$4,000
Ohio County SCORE...	Private	05/27/2008	\$7,500
Ohio County Exten...	Private	05/15/2008	\$1,500
Ohio County 4th C...	Private	05/25/2008	\$1,400
Ohio County Women...	Private	05/29/2008	\$400
Ohio County Coali...	Private	05/22/2008	\$4,000
Kohl's Dept. Stor...	Private	05/26/2008	\$600
Ohio County Famil...	Private	05/23/2008	\$30,000

## Project Leveraging Detail

**Select the Type of Contribution** In Kind

**Name the Source of the Contribution** Ohio County One-Stop - Employment Supports

**Select Type of Source** Government

**Date of Written Commitment** 05/30/2008

**Value of Written Commitment** \$50,000

**Select the Type of Contribution** Cash

**Name the Source of the Contribution** Ohio County United Way

**Select Type of Source** Private

**Date of Written Commitment** 05/21/2008

**Value of Written Commitment** \$15,000

**Select the Type of Contribution** In Kind

**Name the Source of the Contribution** Ohio County Job & Family Services - Medicaid;  
Food Stamps; Disability Assistance

**Select Type of Source** Government

**Date of Written Commitment** 05/30/2008

**Value of Written Commitment** \$61,000

**Select the Type of Contribution** In Kind

**Name the Source of the Contribution** Ohio County Job & Family Services - Child Care

**Select Type of Source** Government

**Date of Written Commitment** 05/25/2008

**Value of Written Commitment** \$22,200

## Project Leveraging Detail

**Select the Type of Contribution** In Kind  
**Name the Source of the Contribution** Ohio County Community Action Agency - Credit Counseling  
**Select Type of Source** Government  
**Date of Written Commitment** 05/30/2008  
**Value of Written Commitment** \$3,500

**Select the Type of Contribution** In Kind  
**Name the Source of the Contribution** Ohio County 1st Church - Holiday Gifts  
**Select Type of Source** Private  
**Date of Written Commitment** 05/19/2008  
**Value of Written Commitment** \$6,500

**Select the Type of Contribution** In Kind  
**Name the Source of the Contribution** OSU School of Dentistry - Dental Care  
**Select Type of Source** Private  
**Date of Written Commitment** 05/27/2008  
**Value of Written Commitment** \$3,000

**Select the Type of Contribution** In Kind  
**Name the Source of the Contribution** St. Vincent DePaul - Clothing & Furniture  
**Select Type of Source** Private  
**Date of Written Commitment** 05/06/2008  
**Value of Written Commitment** \$24,100

**Select the Type of Contribution** In Kind  
**Name the Source of the Contribution** Zonta Club - Housing Welcome Baskets  
**Select Type of Source** Private  
**Date of Written Commitment** 05/24/2008  
**Value of Written Commitment** \$4,500

**Select the Type of Contribution** In Kind  
**Name the Source of the Contribution** Ohio County Alcohol, Drug Addiction and Mental Health Board - Administrative Support  
**Select Type of Source** Government  
**Date of Written Commitment** 05/21/2008  
**Value of Written Commitment** \$10,000

## Project Leveraging Detail

<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Ohio County Soup Kitchen - Meals
<b>Select Type of Source</b>	Private
<b>Date of Written Commitment</b>	05/21/2008
<b>Value of Written Commitment</b>	\$6,500
<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	WIC Nutrition Counseling and Food Vouchers
<b>Select Type of Source</b>	Government
<b>Date of Written Commitment</b>	05/24/2008
<b>Value of Written Commitment</b>	\$6,200
<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Ohio County Alcohol and Drug Addiction Treatment - Alcohol & Drug Addictions Services
<b>Select Type of Source</b>	Government
<b>Date of Written Commitment</b>	05/21/2008
<b>Value of Written Commitment</b>	\$30,000
<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Ohio County Legal Services - Legal Aid
<b>Select Type of Source</b>	Private
<b>Date of Written Commitment</b>	05/24/2008
<b>Value of Written Commitment</b>	\$14,000
<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	OSU School of Nursing - Examination & Health Screenings
<b>Select Type of Source</b>	Private
<b>Date of Written Commitment</b>	05/15/2008
<b>Value of Written Commitment</b>	\$5,200
<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Ohio County Alcohol, Drug Addictions & Mental Health Board - Mental Health Services
<b>Select Type of Source</b>	Government
<b>Date of Written Commitment</b>	05/13/2008
<b>Value of Written Commitment</b>	\$780,000

## Project Leveraging Detail

<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Ohio Metropolitan Housing Authority - Office Space
<b>Select Type of Source</b>	Government
<b>Date of Written Commitment</b>	05/27/2008
<b>Value of Written Commitment</b>	\$15,000
<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Ohio Metropolitan Housing Authority - Grant Administration
<b>Select Type of Source</b>	Government
<b>Date of Written Commitment</b>	05/27/2008
<b>Value of Written Commitment</b>	\$40,000
<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Ohio Metropolitan Housing Authority - Program Coordination
<b>Select Type of Source</b>	Government
<b>Date of Written Commitment</b>	05/27/2008
<b>Value of Written Commitment</b>	\$50,000
<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Ohio Mental Health Agency - Program Coordination
<b>Select Type of Source</b>	Government
<b>Date of Written Commitment</b>	05/13/2008
<b>Value of Written Commitment</b>	\$50,000
<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Ohio Mental Health Agency - Fund Raising/Donations
<b>Select Type of Source</b>	Private
<b>Date of Written Commitment</b>	05/20/2008
<b>Value of Written Commitment</b>	\$25,000
<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Ohio County Big Brothers/Big Sisters - Parenting Classes
<b>Select Type of Source</b>	Private
<b>Date of Written Commitment</b>	05/17/2008
<b>Value of Written Commitment</b>	\$6,000

## Project Leveraging Detail

<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Ohio County Peer Support - Peer Support
<b>Select Type of Source</b>	Private
<b>Date of Written Commitment</b>	05/20/2008
<b>Value of Written Commitment</b>	\$10,000
<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Ohio County Alcohol, Drug Addiction & Mental Health Services Board - Alcohol & Substance Abuse Treatment
<b>Select Type of Source</b>	Government
<b>Date of Written Commitment</b>	05/24/2008
<b>Value of Written Commitment</b>	\$70,000
<b>Select the Type of Contribution</b>	Cash
<b>Name the Source of the Contribution</b>	Ohio Housing Trust Fund - Utility Deposits
<b>Select Type of Source</b>	Government
<b>Date of Written Commitment</b>	05/24/2008
<b>Value of Written Commitment</b>	\$8,500
<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Ohio County Goodwill - Job Placement
<b>Select Type of Source</b>	Private
<b>Date of Written Commitment</b>	05/24/2008
<b>Value of Written Commitment</b>	\$28,000
<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Second Harvest Food Bank - Food Pantry
<b>Select Type of Source</b>	Private
<b>Date of Written Commitment</b>	05/23/2008
<b>Value of Written Commitment</b>	\$14,500
<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Ohio County Transportation Department - Transportation Vouchers
<b>Select Type of Source</b>	Government
<b>Date of Written Commitment</b>	05/24/2008
<b>Value of Written Commitment</b>	\$1,500

## Project Leveraging Detail

<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Ohio County 3rd Church - Easter Baskets
<b>Select Type of Source</b>	Private
<b>Date of Written Commitment</b>	05/25/2008
<b>Value of Written Commitment</b>	\$2,500
<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Ohio County Community Action - Head Start
<b>Select Type of Source</b>	Government
<b>Date of Written Commitment</b>	05/19/2008
<b>Value of Written Commitment</b>	\$20,000
<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Ohio County 211
<b>Select Type of Source</b>	Private
<b>Date of Written Commitment</b>	05/21/2008
<b>Value of Written Commitment</b>	\$300
<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Ohio County Salvation Army - Food, Clothing, Gift Baskets
<b>Select Type of Source</b>	Private
<b>Date of Written Commitment</b>	05/21/2008
<b>Value of Written Commitment</b>	\$5,000
<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	State of Ohio Rehabilitation Services Commission - Vocational Rehabilitation Services
<b>Select Type of Source</b>	Government
<b>Date of Written Commitment</b>	05/27/2008
<b>Value of Written Commitment</b>	\$14,000
<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Ohio County Alcohol, Drug Addiction & Mental Health Board - SAMHSA - PATH Program
<b>Select Type of Source</b>	Government
<b>Date of Written Commitment</b>	05/17/2008
<b>Value of Written Commitment</b>	\$94,500

## Project Leveraging Detail

<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Families Supporting Families - Start-up Cleaning Supplies
<b>Select Type of Source</b>	Private
<b>Date of Written Commitment</b>	05/19/2008
<b>Value of Written Commitment</b>	\$4,000
<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Ohio County YMCA - Summer Camp
<b>Select Type of Source</b>	Private
<b>Date of Written Commitment</b>	05/21/2008
<b>Value of Written Commitment</b>	\$5,000
<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Ohio County Adult Education Services - GED Program
<b>Select Type of Source</b>	Private
<b>Date of Written Commitment</b>	05/28/2008
<b>Value of Written Commitment</b>	\$4,000
<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Ohio County SCORE - Mentorship & Employment Support
<b>Select Type of Source</b>	Private
<b>Date of Written Commitment</b>	05/27/2008
<b>Value of Written Commitment</b>	\$7,500
<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Ohio County Extension Office - Nutrition Counseling and Cooking Skills
<b>Select Type of Source</b>	Private
<b>Date of Written Commitment</b>	05/15/2008
<b>Value of Written Commitment</b>	\$1,500
<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Ohio County 4th Church - School Supplies
<b>Select Type of Source</b>	Private
<b>Date of Written Commitment</b>	05/25/2008
<b>Value of Written Commitment</b>	\$1,400

## Project Leveraging Detail

<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Ohio County Women in the Workforce - Interviewing, Resume, and Employment Supports
<b>Select Type of Source</b>	Private
<b>Date of Written Commitment</b>	05/29/2008
<b>Value of Written Commitment</b>	\$400
<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Ohio County Coalition for the Homeless - Education and Support
<b>Select Type of Source</b>	Private
<b>Date of Written Commitment</b>	05/22/2008
<b>Value of Written Commitment</b>	\$4,000
<b>Select the Type of Contribution</b>	In Kind
<b>Name the Source of the Contribution</b>	Kohl's Dept. Store - Clothing
<b>Select Type of Source</b>	Private
<b>Date of Written Commitment</b>	05/26/2008
<b>Value of Written Commitment</b>	\$600
<b>Select the Type of Contribution</b>	Cash
<b>Name the Source of the Contribution</b>	Ohio County Family Foundation
<b>Select Type of Source</b>	Private
<b>Date of Written Commitment</b>	05/23/2008
<b>Value of Written Commitment</b>	\$30,000

## Homeless Management Information System (HMIS) Participation

All projects must indicate their level of participation in the CoC's HMIS.

Does this project provide client level data to  
HMIS at least annually? Yes

Select the "Save" button to enter additional information.

Indicate the number of clients served from  
1/1/2007 - 12/31/2007 28

Of the clients served from 1/1/2007 -  
12/31/2007, indicate the number reported in  
the HMIS 28

# Homeless Management Information System (HMIS)

## Participation

Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.'

Data Quality	Null or Missing Values (%)	Don't Know or Refused (%)
Name	0%	0%
Social Security Number	0%	0%
Date of Birth	0%	0%
Ethnicity	0%	0%
Race	0%	0%
Gender	0%	0%
Veteran Status	0%	0%
Disabling Condition	0%	3%
Residence Prior to Prog. Entry	0%	0%
Zip Code of Last Permanent Address	0%	2%

## Shelter Plus Care Rental Assistance Budget

The following information summarizes the S+C rental assistance funding request for the total term of the project. To add information to this list, click on the icon and enter the requested information.

**Total Shelter Plus Care Rental Assistance** \$621,420

FMR_Area	Total Units	Total Requested
OH - Darke County, OH (3903799999)	20	621420

## Shelter Plus Care Rental Assistance Budget Detail

Complete the following fields related to the S+C rental assistance funds being requested under the project.

**Type of Program** S+C

**Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area** OH - Darke County, OH (3903799999)

**Indicate if the rent is at or below the published FMR (select "Save" before completing the budget below)** 100% of FMR

Do not enter amounts greater than 100% of FMR. If an amount over 100% of FMR is entered, the budget will be reduced.

Size of Units	Number of Units		FMR or Actual Rent **		Number of Months		Total
SRO		x	\$270	x	60	=	\$0
0 Bedroom		x	\$360	x	60	=	\$0
1 Bedroom	14	x	\$461	x	60	=	\$387,240
2 Bedrooms	3	x	\$555	x	60	=	\$99,900
3 Bedrooms	2	x	\$739	x	60	=	\$88,680
4 Bedrooms	1	x	\$760	x	60	=	\$45,600
5 Bedrooms		x	\$874	x	60	=	\$0
6 Bedrooms		x	\$988	x	60	=	\$0
7 Bedrooms		x	\$1,102	x	60	=	\$0
8 Bedrooms		x	\$1,216	x	60	=	\$0
9 Bedrooms		x	\$1,330	x	60	=	\$0
<b>Total</b>	<b>20</b>					<b>=</b>	<b>\$621,420</b>

For projects that select "1-99% of FMR" above: the table below shows 100% of the FMR amounts for zero to four bedrooms for the FMR area selected above. Do not enter more than the FMR amount listed, or the budget will be reduced.

Unit	FMR
0 Bedroom	\$360
1 Bedroom	\$461
2 Bedroom	\$555
3 Bedroom	\$739
4 Bedroom	\$760

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## Public Housing Authority (PHA) Certification Attachment Detail

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### Program Outcome Logic Model (HUD 96010) Attachment

Document Type	Required?	Document Description	Date Attached
Logic Model for Program Outcome (HUD 96010)	Yes	COHHIO SPC New - ...	08/02/2008

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## Program Outcome Logic Model (HUD 96010) Attachment Detail

**Document Description:** COHHIO SPC New - Logic Model