

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. 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. Data from the FY 2022 Project Application will be imported into the FY 2023 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2023 CoC Program Competition NOFA.

1C. SF-424 Application Details

9. Type of Applicant: F. U.S. Territory or Possession

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-6700-N-25
Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
Title:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? a. Yes

If "YES", enter the date this application was made available to the State for review: 09/05/2022

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

If "YES," provide an explanation:

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2501-0017 (exp. 1/31/2026)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Government of Guam/Guam Housing & Urban
Renewal Authority

Prefix: Ms.

First Name: Katherine

Middle Name: E

Last Name: Taitano

Suffix:

Title: Chief Planner

Organizational Affiliation: Government of Guam/Guam Housing & Urban
Renewal Authority

Telephone Number: (671) 475-1322

Extension:

Email: katherine@ghura.org

City: Sinajana

County:

State: Guam

Country: United States

Zip/Postal Code: 96910-4643

2. Employer ID Number (EIN): 96-0001279

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$193,429.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
 (For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Guam Housing & Urban Renewal Authority 117 Bien Venida Avenue, Sinajana, GU 96910	Planning Costs	\$106,554.00	salaries & benefits for oversight, monitoring, compliance & coordinating activities

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

X

Name / Title of Authorized Official: Katherine Taitano, Chief Planner

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

Date Signed: 08/14/2023

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Government of Guam/Guam Housing & Urban Renewal Authority

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
<p>a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.</p>	<p>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p>
<p>b. Establishing an on-going drug-free awareness program to inform employees — (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</p>	<p>f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted — (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;</p>
<p>c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;</p>	<p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
<p>d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will — (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;</p>	

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Ms.

First Name: Katherine

Middle Name: E

Last Name: Taitano

Suffix:

Title: Chief Planner

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

Fax Number: (671) 300-7565
(Format: 123-456-7890)

Email: katherine@ghura.org

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

Date Signed: 08/14/2023

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2023 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2022 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2021 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2023 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input checked="" type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6C. Rental Assistance	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>

7B. Certification



You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

- Project subrecipient details change from Catholic Social Services (CSS) to Office of Homelessness Assistance and Poverty Prevention (OHAPP)
- Project Description edit to current provider name (Big Brothers/Sisters to Manelu)
- Housing type and location change from CSS address to OHAPP address
- Sources of Match changed
- VAWA selection made for costs associated with program
- Summary budget moves "Supportive Services" amount to "VAWA" category based on the DV program intents and purposes

You have selected "Make Changes." Once this screen is saved, you will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? No

3a. If no was selected, explain why CoC Program funds are not drawn quarterly.

The grant was just implemented on June 1, 2019.

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)



2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

1. Is this renewal project application requesting to consolidate or expand? No

If "No" click on "Next" or "Save & Next" below to move to the next screen.

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: \$193,429

Organization	Type	Sub-Award Amount
OHAPP- Office of Homelessness Assistance and Po...	A. State Government	\$193,429

2A. Project Subrecipients Detail

a. **Organization Name:** OHAPP- Office of Homelessness Assistance and Poverty Prevention

b. **Organization Type:** A. State Government

c. **Employer or Tax Identification Number:** 98-0018947

d. **Unique Entity Identifier:** J5DHQHSHTJE7

e. **Physical Address**

Street 1: 134W Soledad Ave

Street 2:

City: . Hagatna

State: Guam

Zip Code: 96910

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

g. **Is the subrecipient a Faith-Based Organization?** No

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:** \$193,429

j. **Contact Person**

Prefix: Mr.

First Name: Robert

Middle Name: J
Last Name: San Agustin
Suffix:
Title: Director
E-mail Address: rob.sanagustin@guam.gov
Confirm E-mail Address: rob.sanagustin@guam.gov
Phone Number: 671-475-2093
Extension:
Fax Number:

3A. Project Detail

- 1. Expiring Grant Project Identification Number (PIN):** GU0028
(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)
- 2. CoC Number and Name:** GU-500 - Guam CoC
- 3. CoC Collaborative Applicant Name:** Government of Guam/Guam Housing & Urban Renewal Authority
- 4. Project Name:** DV Bonus
- 5. Project Status:** Standard
- 6. Component Type:** Joint TH & PH-RRH
- 7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** No
- 8. Does this project include Replacement Reserves as a CoC Operating Cost?** No
(Attachment Requirement)

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

The proposed project will rely on the existing network of services provided to victims with added housing resources and coordinated entry services. Victim referrals may be received from Guam Police Department, VARO, other organizations or self-referral for protective sheltering. If the women's shelter or Sanctuary is at full occupancy, VARO and other organizations may provide short-term emergency housing at a motel or inn using rapid-rehousing funds for a minimum of three days up to three months until a vacancy occurs for shelter admission.

Concurrently, permanent housing assistance using rapid re-housing funds may be provided for victims who are house-ready: those who are currently employed with natural supports who need financial assistance for up-front costs for security deposits, first month rent and connection of utilities.

The provision of such housing assistance will mirror the existing business processes implemented by TSA, the current provider for Emergency Solutions Grant and Rapid Re-Housing funds. Assistance dedicated to victims and their children, if any, will be funded through this bonus grant.

Transition housing assistance for two-four households may be provided to the victims exiting Alee Women's Shelter or Sanctuary, Inc. who need additional housing assistance. The proposed timeframe for transition housing assistance will be twelve months.

Support services, such as food assistance, clothing, and transportation will be provided in-kind through the various organizations inclusive of eligibility for mainstream benefits. Interpreter services will be subcontracted to Manelu for victims of the Freely Associated States (FAS) who do not speak or comprehend the English language sufficiently to understand the various arrays of services, including protective orders for legal services.

Each partner will be authorized access to the proposed coordinated entry system (DV-CES) to add records of clients at intake, and update such records as victims navigate and transition through the various services. It is proposed to sub-contract TSA for the development, implementation, and training on the DV-CES. TSA is the current HMIS administrators.

2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>

Chronic Homeless	<input type="checkbox"/>
Other(Click 'Save' to update)	<input type="checkbox"/>

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project enroll program participants who have the following barriers? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3d. Does the project follow a "Housing First" approach? Yes

4A. Supportive Services for Program Participants

**1. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.
 Click 'Save' to update.**

Supportive Services	">	Provider	Frequency
Assessment of Service Needs		Subrecipient	Monthly
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	As needed
Child Care		Partner	As needed
Education Services		Partner	As needed
Employment Assistance and Job Training		Partner	As needed
Food		Subrecipient	As needed
Housing Search and Counseling Services		Subrecipient	Semi-annually
Legal Services		Partner	As needed
Life Skills Training		Subrecipient	Weekly
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Subrecipient	Monthly
Substance Abuse Treatment Services		Partner	As needed
Transportation		Subrecipient	As needed
Utility Deposits		Partner	As needed

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by this project, subrecipient, or partner agency? No

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

	TH	RRH	Total
Total Units:	2	7	9
Total Beds:	2	14	16
Housing Type	Housing Type (JOINT)		Units
---	Scattered-site ap...		7
---	Single Room Occup...		2

4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type for the TH or RRH portion of the project? RRH

2. Housing Type: Scattered-site apartments (including efficiencies)

3. What is the funding source for these units and beds? CoC
(If multiple sources, select "Mixed" from the dropdown menu)

4. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 7

b. Beds: 14

5. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 134W Soledad Ave

Street 2:

City: . Hagatna

State: Guam

ZIP Code: 96910

**6. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

660001 Guam

4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type for the TH or RRH portion of the project? TH

1a. Does this TH portion of the project have private rooms per household? Yes

2. Housing Type: Single Room Occupancy (SRO) units

3. What is the funding source for these units and beds? CoC
(If multiple sources, select "Mixed" from the dropdown menu)

4. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 2

b. Beds: 2

5. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 134W Soledad Ave

Street 2:

City: . Hagatna

State: Guam

ZIP Code: 96910

**6. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

660001 Guam

5A. Program Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	13	12		25

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24	8	10		18
Persons ages 18-24	5	2		7
Accompanied Children under age 18	13			13
Unaccompanied Children under age 18				0
Total Persons	26	12	0	38

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24							8			
Persons ages 18-24							5			
Children under age 18							13			
Total Persons	0	0	0	0	0	0	26	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24							10			
Persons ages 18-24							2			
Total Persons	0	0	0	0	0	0	12	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

6A. Funding Request

VAWA Budget

New in FY2023, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:

- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the combined estimated amount(s) you are requesting for this project’s Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO? Yes

2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO? Yes

3. Does this project propose to allocate funds according to an indirect cost rate? No



4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:

Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input checked="" type="checkbox"/>
HMIS	<input checked="" type="checkbox"/>
VAWA	<input checked="" type="checkbox"/>

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6C. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

Total Request for Grant Term:	\$141,516
Total Units:	9

The number of beds for which funding has been requested in the Rental Assistance budget is 16.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	GU - Guam (6601099999)	9	\$141,516

Rental Assistance Budget Detail

Type of Rental Assistance: TRA



Metropolitan or non-metropolitan fair market rent area: GU - Guam (6601099999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO	2	x	\$762	\$762	x	12	=	\$18,288
0 Bedroom		x	\$1,016	\$1,016	x	12	=	\$0
1 Bedroom		x	\$1,115	\$1,115	x	12	=	\$0
2 Bedrooms	7	x	\$1,467	\$1,467	x	12	=	\$123,228
3 Bedrooms		x	\$2,084	\$2,084	x	12	=	\$0
4 Bedrooms		x	\$2,511	\$2,511	x	12	=	\$0
5 Bedrooms		x	\$2,888	\$2,888	x	12	=	\$0
6 Bedrooms		x	\$3,264	\$3,264	x	12	=	\$0
7 Bedrooms		x	\$3,641	\$3,641	x	12	=	\$0
8 Bedrooms		x	\$4,018	\$4,018	x	12	=	\$0
9 Bedrooms		x	\$4,394	\$4,394	x	12	=	\$0
Total Units and Annual Assistance Requested								\$141,516
								1 Year
Total Request for Grant Term								\$141,516

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

Total Value of Cash Commitments:	\$48,357
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$48,357

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Contributor	Value of Commitments
Cash	Government	OHAPP Director	\$48,357

Sources of Match Detail

1. **Type of Match Commitment:** Cash
2. **Source:** Government
3. **Name of Source:** OHAPP Director
(Be as specific as possible and include the office or grant program as applicable)
4. **Amount of Written Commitment:** \$48,357

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Applicant CoC Program Costs Requested (1 Year Term)
1a. Leased Units (Screen 6B)	\$0
1b. Leased Structures (Enter)	\$0
2. Rental Assistance (Screen 6C)	\$141,516
3. Supportive Services (Enter)	\$0
4. Operating (Enter)	\$9,000
5. HMIS (Enter)	\$16,424
6. VAWA (Enter)	\$23,764
7. Sub-total of CoC Program Costs Requested	\$190,704
8. Admin (Up to 10% of Sub-total in #7)	\$2,725
9. HUD funded Sub-total + Admin. Requested	\$193,429
10. Cash Match (From Screen 6D)	\$48,357
11. In-Kind Match (From Screen 6D)	\$0
12. Total Match (From Screen 6D)	\$48,357
13. Total Project Budget for this grant, including Match	\$241,786

8B Submission Summary

Page	Last Updated
1C. SF-424 Application Details	No Input Required
1E. SF-424 Compliance	08/13/2023
1G. HUD 2880	08/10/2023
1H. HUD-50070	08/10/2023
Submission Without Changes	08/13/2023
Recipient Performance	08/06/2023
Renewal Grant Consolidation or Renewal Grant Expansion	08/14/2023
2A. Subrecipients	08/13/2023
3A. Project Detail	08/14/2023
3B. Description	08/13/2023

4A. Services	08/13/2023
4B. Housing Type	08/13/2023
5A. Households	08/06/2023
5B. Subpopulations	No Input Required
6A. Funding Request	08/13/2023
6C. Rental Assistance	08/06/2023
6D. Match	08/13/2023
6E. Summary Budget	No Input Required