**Additional New Project Application Addendum**

**2A. Organization Information**

\*a. Organization Name:

\*b. Organization Type: non-profit with 501CS IRS Status or non-profit without 501CS IRS Status

\*c. Employer or Tax Identification Number:

\*d. Unique Entity Identifier

 e. Physical Address

g. Is the subrecipient a Faith-Based Organization

h.Has the subrecipient ever received a federal grant,either directly from a federal agency or through a State/local agency

i. Expected Sub-Award Amount:

**j. Contact Person**

\*First Name:

\*Last Name:

\*Title:

\*E-mail Address

\*Phone Number:

**4B. Housing Type and Location Detail**

**\* 1. Housing Type:**

****

****

**-- select --**

**2. Indicate the maximum number of units and beds available for program participants at the selected housing site.**

**\* a. Units:**



**\* b. Beds:**



**\* 3. How many beds in “2b. Beds” are dedicated to persons experiencing chronic homelessness?**



**This includes both the “dedicated” and “prioritized” beds.**

**4. Address: Use Agency 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:**



**Street 2:**



**\* City:**

****

**\* State:**

****

**\* ZIP Code:**



**6B. Rental Assistance Budget Detail**

**Instructions:**[Show Instructions](https://esnaps.hud.gov/grantium/viewFormlet_List.jsf)

**\* Type of Rental Assistance:**

****

****

**-- select --**

**\* Metropolitan or non-metropolitan
fair market rent area:**

****

****

**PA - Erie, PA MSA (4204999999)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Size of Units**   | **# of Units(Applicant)** |   | **FMR Area(Applicant)** |   | **12 Months** |   |   |   | **TotalRequest(Applicant)** |
| SRO   |  | **x** |  | **x** |  |   |   | = |  |
| 0 Bedroom   |  | **x** |  | **x** |  |   |   | = |  |
| 1 Bedroom   |  | **x** |  | **x** |  |   |   | = |  |
| 2 Bedrooms   |  | **x** |  | **x** |  |   |   | = |  |
| 3 Bedrooms   |  | **x** |  | **x** |  |   |   | = |  |
| 4 Bedrooms   |  | **x** |  | **x** |  |   |   | = |  |
| 5 Bedrooms   |  | **x** |  | **x** |  |   |   | = |  |
| 6 Bedrooms   |  | **x** |  | **x** |  |   |   | = |  |
| 7 Bedrooms   |  | **x** |  | **x** |  |   |   | = |  |
| 8 Bedrooms   |  | **x** |  | **x** |  |   |   | = |  |
| 9 Bedrooms   |  | **x** |  | **x** |  |   |   | = |  |

**\* 1. Type of Match commitment: Cash or In-Kind?**

**\* 2. List Sources of Match: Private or Government?**

**\* 3. Name Sources of Match List Amount of Written Commitment from each Match Source:
(Be as specific as possible and include the office or grant program as applicable)**

**For match requirements and types of match reference the link below:**

[**https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-match/match-requirements/**](https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-match/match-requirements/)