

HUD FORM 2880

Instructions for completing HUD Form 2880 Project Application in the Notice of Funding Availability (NOFA) for the Continuum of Care. (In this document, *italicized items* are identical to the HUD Form 2880 & instructions.)

Overview.

A. *Coverage. You must complete this report if:*

1. *You are applying for assistance from HUD for a specific project or activity **and** you have received, or expect to received, assistance from HUD in excess of \$200,000 during the fiscal year;*
2. *You are updating a prior report as discussed below; or*
3. *You are submitting an application for assistance to an entity other than HUD, a State or local government if the application is required by statute or regulation to be submitted to HUD for approval or for any other purpose.*

B. *Update reports (filed by “Recipients” of HUD assistance):*

General. All recipients of covered assistance must submit update reports to the Department to reflect substantial changes to the initial applicant disclosure reports.

Note:

- 1) Applicant/Recipient refers to the agency which receives the Grant Agreement from HUD.
- 2) For Subrecipients:
 - a. Of LAHSA or a Public Housing Authority (PHA): the form is completed by that entity, but you are required to provide detailed information as to the source & amount of assistance other than the HUD award;
 - b. Of any other applicant/recipient, circumstances may vary, ask the applicant/recipient.

Section 1: “Applicant/Recipient Information”

All applicants must complete Section 1.

SELECT one box:

icy Act Statement and detailed instructions on page 2.)

Indicate whether this is an Initial Report

or an Update Report

- A. **“Indicate whether this is an Initial Report”** (new - applying for the **first time**) or;
- B. **“an Update Report”** (Renewal grant or if revising the current terms form).

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Applicant/Recipient Information		Indicate whether this is an Initial Report <input type="checkbox"/>	or an Update Report <input checked="" type="checkbox"/>
1. Applicant/Recipient Name, Address, and Phone (include area code): Los Angeles Homeless Services Authority 811 Wilshire Blvd., 6th Floor Los Angeles, CA 90017, (213) 683-3333		2. Social Security Number or Employer ID Number: 95-4498834	
3. HUD Program Name Continuum of Care Program		4. Amount of HUD Assistance Requested/Received \$407,620	
5. State the name and location (street address, City and State) of the project or activity: LAHSA - Los Angeles County HMIS Expansion - 811 Wilshire Blvd., Los Angeles, CA 90017 (CA0325L9D001406)			

1. Enter "Applicant/Recipient Name, Address, and Phone (include area code):"

For Example:

- a. Los Angeles Homeless Services authority
811 Wilshire Blvd., 6th Floor
Los Angeles, CA. 90017, (213) 683-3333

2. Enter the applicant/recipient's "Social Security Number or Employer ID Number:"

3. Enter the "HUD program name" under which the assistance is being requested. Every answer must be: Continuum of Care Program.

4. Enter the "Amount of HUD Assistance Requested/Received"

- a. Cross reference with the **2015 GIW** to ensure the amount you enter matches the GIW amount; or
- b. For reallocated projects use the amount listed in your reallocation notice.

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

For example:

- a. Project name – complete project address – (renewal grant number) from GIW or TBD for new or first time renewal projects
 - i. For Domestic Violence and Scattered site projects use the Administrative office address.
- b. For LAHSA sub-recipients enter your agency name in front of the project name discussed in a. (See illustration above.)

Section 2: "Part I - Threshold Determination – Applicants Only"

Part I contains information to help the applicant determine whether the remainder of the form must be completed.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).

Yes No

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 No.

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1. "Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec.4.3)."
 - a. YES will always be the correct response.
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"
 - a. YES is "checked" for projects with amounts more than (>) \$200,000.
 - i. Please continue to Parts II and III.
 - b. NO is "checked" (for projects with amounts less than (<) \$200,000),
 - i. This completes your 2880 form. Please SIGN and date in the *Certification* section.

Section 3: "Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds."

- A. **Other Government Assistance** - assistance from the Federal government (aside from that requested of HUD in this application), a State, local government that is, or is expected to be made available, with respect to the project.
- B. **Non-Government Assistance** – any other sources that have been, or are to be, made available for the project.

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/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds
LAHCID-1200 West 7th St., LA. CA. 90017	Grant	\$50,953	Supp. Svc, HMIS, Admin.
CoLACEO-500 W. Temple St., #713, LA. CA. 90017	Grant	\$50,953	Supp. Svc, HMIS, Admin.

(Note: Use Additional pages if necessary.)

The following information MUST be provided:

1. "**Department/State/Local Agency Name and Address**" - Enter the name and address, city, State, and zip code of the government agency making the assistance available."
 - When the source is a contributor(s), multiple donors, an LLP, Non-Profit, or simply the agencies own cash, enter the agency's name and address.
2. Enter "**Type of Assistance**":
 - Other government assistance - i.e., Loan; grant; loan insurance
 - Non-government Assistance – i.e. Foundation, Private Contributors
3. "**Amount Requested/Provided**" – Enter the dollar amount that is, or is expected to be made, available with respect to the project.

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4. Expected Uses of the Funds - Each reportable use of funds must clearly identify the purpose to which they are to be put. (i.e. Homeless Services, total structure (such as roof, elevators, exterior masonry, etc.)

Section 4: “Part III Interested Parties. You must disclose:”

- 1) All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
- 2) any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).”

Part III Interested Parties. You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)
ABC - 123 Street, LA., CA. 9xxxx - John Smith	95-xxxxxx	Program Implementation	\$195,238 (90%)

(Note: Use Additional pages if necessary.)

The following information MUST be provided:

1. List of persons shall be alphabetical (individuals enter the last name, First name)
2. Social Security No. or Employee ID No.
3. **“Type of Participation in Project/Activity”** – e.g. Sub-sub recipient, contractor, consultant, planner, and investor).
4. **“Financial Interest in Project/Activity (\$ AND %)”** - Enter the financial interest in the project or activity for each person listed. The interest must be expressed both as a dollar amount and as a percentage of the amount of the HUD assistance involved.

Section 5: Certification.

The form must be signed by an official of the Applicant/Recipient organization. No sub-recipient should sign the document.