



2017 COC PROGRAM COMPETITION NEW/BONUS PROJECT APPLICATION

AGENCY PROFILE	
Legal Name of Agency	Well House
Project Name	Well House Permanent Supportive Housing
Contact Person	Tami VandenBerg & Erin Crison
Title	Executive Director/Chief Operating Officer
Address	600 Cass SE, Grand Rapids, MI 49503
Email	tami@wellhousegr.org/erin@wellhousegr.org
Phone	616-245-3910

Check one:

- Permanent Supportive Housing for Chronically Homeless
- DedicatedPLUS Permanent Supportive Housing
- Rapid Re-Housing
- Joint Transitional Housing-Rapid Re-Housing
- Support Services Only Coordinated Entry
- Support Services Only HMIS

Check one:

- New Project Application from Reallocated Funds
- Bonus Project Application

Authorized Representative: *I hereby certify that the information contained in this proposal is true and accurate. Any falsification of information will render the application void, and the application will not be accepted. This application has been reviewed and authorized for submission by the agency's board of directors as of the date indicated.*

Name:	Title:
Date of Board Authorization:	8/16/2017
Date of Anticipated Board Authorization:	

ELIGIBILITY THRESHOLDS

Basic HUD Eligibility Thresholds must be satisfied before the CoC may consider a new or bonus project application for funding.

1. Please indicate by checking the boxes if the agency has any of the following:

a. Outstanding obligation to HUD that is in arrears for which a payment schedule has not been agreed upon;

Yes No If yes, please explain: [Click here to enter text.](#)

b. Debarments and/or Suspensions- In accordance with 2 CFR 2424, no award of federal funds may be made to debarred or suspended applicants, or those proposed to be debarred or suspended from doing business with the federal government;

Yes No If yes, please explain: [Click here to enter text.](#)

c. Unresolved monitoring findings or outstanding (agency or HUD) audit findings;

Yes No If yes, please explain: [Click here to enter text.](#)

d. Inadequate financial management or accounting practices within the past three years;

Yes No If yes, please explain: [Click here to enter text.](#)

e. Evidence of untimely expenditures on prior award;

Yes No If yes, please explain: [Click here to enter text.](#)

f. Major capacity issues that have significantly impacted the operation of a project and its performance within the past three years;

Yes No If yes, please explain: [Click here to enter text.](#)

g. Issues impacting the timeliness in reimbursing subrecipients for eligible costs;

Yes No If yes, please explain: [Click here to enter text.](#)

h. Served ineligible persons, expended funds on ineligible costs, or failed to expend funds within statutorily established timeframes within the past three years;

Yes No If yes, please explain: [Click here to enter text.](#)

2. Does applicant have a financial management system that meets federal standards as described at 2 CFR 200.302? ;

Yes No Please describe: [Click here to enter text.](#)

3. Does the agency employ or contract services of an accountant who is familiar with Generally Accepted Accounting Principles (GAAP)?

Yes No

4. Does the agency obtain an annual audit by an independent certified public accountant?

Yes No

5. Has your organization been monitored by HUD in the past three (3) years? **No**

If yes, include as attachments: Monitoring report from HUD, your organization's response to any findings, documentation from HUD that finding or concern has been satisfied, and any other relevant documentation.

If no, reference most recent monitoring by an entity other than HUD for federal or state funding (ESG, CDBG, etc) and include as attachments: Monitoring report, your organization's response to any findings, documentation from HUD that finding or concern has been satisfied, and any other relevant documentation.

All projects must include as attachments:

- Proof of 501(c)3 status from the IRS
- Financial statements, including cash flow statement
- Non-profit Corporation Update (2013) or equivalent
- DUNS number and Standard Form 424 (SF-424)
- Active registration in SAM
- Most recent audit by an independent certified public accountant
- Monitoring report by HUD or other federal or state funding entity, including any responses if there were findings noted in the report
- Project Application in e-Snaps (If available)
- Preliminary Rendering and Site Plan (if applicable)

NEW AND BONUS PROJECT APPLICATION

See scorecard for scoring criteria in each question.

PROJECT OVERVIEW

- 1.a. Provide a description that addresses the entire scope of the proposed project. (Include target population(s), the plan for addressing identified needs/issues of the identified target population, projected outcomes, how the project type, scale and location of housing and support services fit the needs of the identified target population.)

Well House provides permanent, shared, low-cost housing for individuals and families experiencing homelessness. Since 2013, Well House has provided 169 people with a place to call home in one of our 10 occupied houses. But for every applicant we are able to provide housing for, three are turned away. This funding will allow the organization to continue to expand its efforts to overcome the crisis of homelessness through housing. With the acquisition and rehabilitation of another house, Well House will be able to provide housing for an additional 4-8 individuals experiencing homelessness. Low-cost housing is a significant problem facing Grand Rapids, where rapid development and a housing boom has raised the average monthly rent for a one bedroom apartment to \$833 and a two bedroom apartment to \$1,008 (Rent Jungle). According to the National Low Income Housing Coalition, affordable rent for an individual earning minimum wage would be \$463 and the annual income needed to rent a market rate two bedroom unit is \$39,920. A lack of affordable housing is a root cause of homelessness. Additionally, the struggle to find affordable housing affects people of color disproportionately, with 40.7% of African Americans in the Grand Rapids metro area falling below the poverty level as compared to 20% of Caucasians (2015 Census). The tenants served by Well House are 68% African American. The Well House model offers more than just housing. Through the purchase and rehabilitation of abandoned homes in various stages of disrepair, the entire neighborhood benefits from reduced blight and crime associated with vacant homes. A sense of community is built among and between tenants and neighbors. Additionally, Well House provides opportunities to earn an income and learn skills necessary for entering the workforce, with 50% of tenants since 2013 having earned additional income through employment at Well House. Through a collaborative approach of providing permanent housing along with on the job training and employment opportunities, Well House is helping move people out of poverty with 95% of Well House tenants not returning to homelessness.

- 1.b. Describe the plan to assist in participants securing and maintaining permanent housing that is safe, affordable, accessible and acceptable to their needs.

Well House offers safe and affordable supportive housing without a set time limit on how long an individual or family can remain. Addressing the primary need of housing allows tenants to begin to recover from the trauma of living on the street and overcome barriers to success in fully independent living, such as securing employment or overcoming addiction. Well House staff help connect tenants with support services – like behavioral or physical health care – and can also provide employment and job training.

- 1.c. Describe how participants will be assisted to rapidly increase employment and/or income to maximize their ability to live independently.

Well House is committed to helping solve the problems that are inherent in the populations we serve, like underemployment and income inequality. Many of the tenants that come through Well House have significant barriers to entering the workforce, such as a criminal history, substance abuse or mental health struggles. We offer opportunities to earn an income through work on our urban farm or as part of a construction crew. We are looking at future funding opportunities and partnerships that will allow us to expand our workforce development efforts. For those tenants who come to Well House with employment but who have struggled to find affordable housing, we offer a low-cost option for as long as a resident needs to stay. As an organization, Well House continues to advocate at a local level for more affordable housing and for laws and ordinances that don't hurt families who are struggling to get by.

EXPERIENCE

2. Describe the experience of the applicant and sub-applicants in working with the proposed target population and in providing housing similar to that proposed in the application.

We prioritize the groups that are most marginalized and have the most barriers in finding housing, like people with a history of addiction and legal issues. As of July 2017, 80% of our current tenants have been denied subsidized housing.

Chronically homeless	<input checked="" type="checkbox"/>	Families	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Youth (18-25)	<input type="checkbox"/>

3. Describe the experience of the applicant and sub-applicants with utilizing a Housing First approach.

Well House has always had a housing first approach and a client-centered philosophy. We meet residents where they are in their journey, focusing on their strengths and abilities to overcome their circumstances without creating additional barriers to securing housing. We believe that stable housing can be a means to overcoming the things that stand in the way of living independently, like addiction or underemployment.

4. Describe the experience of the applicant and sub-applicants in utilizing federal funds.

Well House will work with local partners to provide training opportunities for our staff in HUD compliant documentation using best practices. These trainings provide PSH providers with the procedure and documentation forms that meet HUD regulations for documenting chronic homelessness. We feel that this will strengthen our capacity for managing and administering federal funding and will build on our history of managing grants from local foundations and state funding, including the W.K. Kellogg Foundation and the Michigan Economic Development Corporation (MEDC).

5. Describe the process for the determination of the type, amount, and the duration of rental assistance for participants.

For individuals entering PSH without income, Well House will utilize rental assistance funds for up to the first 12 months of the tenant's stay and will connect them with tenant employment activities to provide an income during that time.

6. Does the project commit to taking all referrals through the community's Coordinated Assessment process?

Yes If no, explain: [Click here to enter text.](#)

7. Will all participating households served in this project be recorded in HMIS or an equivalent database for Domestic Violence, in accordance with the community's Data Quality Standards?

Yes If no, explain: [Click here to enter text.](#)

8. Describe the plan for rapid implementation of the project, documenting how the project will be ready to begin housing the first participant. Provide a detailed schedule of proposed activities for 60 days, 120 days and 180 days after grant award.

Within the first 60 days of the grant award we will identify potential properties to purchase. Once a house has been selected, we will purchase the property and begin the renovation process. We plan to have the property fully renovated within 120 days, with tenants moving into the property within 180 days following the grant award.

ORGANIZATIONAL CAPACITY

9. Describe agency key staff positions and qualifications of individuals who will carry out the project: Our management team, comprised of our Executive Director and Chief Operating Officer, have extensive experience managing federal grants. Our Executive Director has past experience managing \$4-5 million dollars in HUD funding and our Chief Operating Officer has experience in managing USDA and Department of Justice grant funds.




10. Describe the agency's financial management system, including financial reporting, record keeping, accounting systems, payment procedures, procurement processes, and audit requirements:

Well House uses an outside accountant who works at the organization weekly. All payments are approved by the Executive Director, processed by the COO, and recorded into Quickbooks by the accountant. Checks can only be signed by the Executive Director or, in their absence, the Board President or COO. Financial reports are prepared and reviewed by our Executive team and Board of Directors monthly. We also have a finance subcommittee of the board who meets quarterly to review the financials in-depth, prepare budgets, and make any financial recommendations. For procurement

we use a process of obtaining three quotes to verify all bids, quotes are obtained by our Director of Construction and Maintenance and then are approved by our Executive team. We also have an annual audit prepared by an independent certified public accountant.

Scope of Proposed Project		Proposed Households Served	
Total units	4	Households with at least one adult and one child	Click here to enter text.
Total beds	4	Adult households without children	Click here to enter text.

PROJECT BUDGET

Activity	Requested Funds	Other Funding	Total Project Cost	% of Total Budget
Acquisition	\$75,000	\$ ---	\$75,000	35 %
New Construction				 %
Rehabilitation	\$50,000	\$ ---	\$50,000	24 %
Leasing				 %
Rental Assistance	\$18,768	\$ ---	\$18,768	9 %
Supportive Services	\$13,682	\$30,038	\$43,720	20 %
Operating Costs				 %
HMIS	\$5,000	\$5,000	\$10,000	5 %
Project Administration (limited to 7%)	\$7,432	\$7,432	\$14,864	7 %
Total Project Cost	\$169,882	\$42,470	\$212,352	

Complete Match and Leveraging worksheet, Attachment A.

See scorecard for scoring criteria based on budget information, questions 11-14

Attachment A

Identify all HUD and non-HUD funding that comprises the project budget. Only those dollars or non-cash contributions (in-kind) that directly support the project should be listed. This may include federal, state, or local government funds, private funds, grants, and/or other sources, including donations.

Match must be at least 25% of total funding requested.

Resource	Cash or In Kind	Committed or Planned/ Pending	Available (MM/YY)	Amount/ Value	% of Total Budget	Serves as CoC Program Match? (Y/N)
Spectrum Healthier Communities	Cash	Committed	06/17	\$13,335	8%	Yes
United Way	Cash	Committed	01/17	\$29,135	17%	Yes
	Cash/Kind	C/PP	MM/YY		%	Yes/No
	Cash/Kind	C/PP	MM/YY		%	Yes/No
	Cash/Kind	C/PP	MM/YY		%	Yes/No
	Cash/Kind	C/PP	MM/YY		%	Yes/No
	Cash/Kind	C/PP	MM/YY		%	Yes/No
	Cash/Kind	C/PP	MM/YY		%.	Yes/No
Total leveraged from other sources				\$42,470	25%	

Attach additional forms as necessary

Attachment B

HUD General Section Certificates

The agency certifies to the Grand Rapids Area Coalition to End Homelessness that it and its principals are in compliance with the following requirements as indicated by checking the box.

- Fair Housing and Equal Opportunity*. See CFR 578.93 for specific requirements related to Fair Housing and Equal Opportunity.
- Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity*. See the Federal Register dated February 1, 2012, Docket No. FR 5359-F-02 and Section VI.B.2. of the General Section.
- Debarment and Suspension*. See Section III.C.4.c. of the FY 2015 General Section. Additionally, it is the responsibility of the recipient to ensure that all subrecipients are not debarred or suspended. (24 CFR 578.23((3)(c)(4)(v).d. Delinquent Federal Debts. See Section III.C.4.a. of the FY 2013 General Section.
- Compliance with Fair Housing and Civil Rights*. See Section III.C.3.a. of the FY 2015 General Section.
- Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency (LEP)*. See Section III.C.3.d. of the FY 2015 General Section.
- Economic Opportunities for Low- and Very Low-income Persons (Section 3)*. See Section III.C.3.c. of the FY 2015 General Section.
- Real Property Acquisition and Relocation*. See Section VI.B.4. of the FY 2015 General Section.
- Conducting Business in Accordance with Core Values and Ethical Standards/Code of Conduct*. See Section III.C.3.f. of the FY 2015 General Section.
- Prohibition Against Lobbying Activities*. See Section III.C.3.h. of the FY 2015 General Section.
- Participation in HUD-Sponsored Program Evaluation*. See Section VI.B.6. of the FY 2015 General Section.
- Environmental Requirements*. Notwithstanding provisions at 24 CFR 578.31 and 24 CFR 578.99(a) of the CoC Program interim rule, and in accordance with Section 100261(3) of MAP-21 (Pub. L. 112-141, 126 Stat. 405), activities under this NOFA are subject to environmental review by a responsible entity under HUD regulations at 24 CFR part 58.
- Drug-Free Workplace*. See Section VI.B.9. of the FY 2015 General Section. n. Safeguarding Resident/Client Files. See Section VI.B.10 of the FY 2015 General Section.
- Compliance with the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 209-282) (Transparency Act), as amended*. See Section VI.B.11. of the FY 2015 General Section.
- Lead-Based Paint Requirements*. For housing constructed before 1978 (with certain statutory and regulatory exceptions), CoC Program recipients must comply with the requirements of the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801, et seq.), as amended by the Residential Lead-Based

Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851, et seq.); and implementing regulations of HUD, at 24 CFR part 35; the Environmental Protection Agency (EPA) at 40 CFR part 745, or State/Tribal lead rules implemented under EPA authorization; and the Occupational Safety and Health Administration at 29 CFR 1926.62 and 29 CFR 1910.1025.

Attestation that all attachments as required by HUD are uploaded in *e-snaps*. See Notice of Funding Availability for the 2015 Continuum of Care Program Competition FR-5900-N-25; Section VI. C. 2.

This list is not exhaustive of all HUD requirements. Applicants are encouraged to review the 2015 General Section, found at:

http://portal.hud.gov/hudportal/HUD?src=/program_offices/administration/grants/fundsavail/2015gen_sec to ensure eligibility.

Agency: Well House

Acknowledged By: Erin Crison

Title: Chief Operating Officer

Date: 8/18/2017

SEP 30 1996

Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: SEP 11 1995

Person to Contact:

Lois Parrott

Telephone Number:

513-684-3957

Refer Reply to:

EP/EO

Federal Identification Number:

38-2779457

Well House
600 Cass SE
Grand Rapids, MI 49503-5208

Dear Sir or Madam:

This letter is in response to your request for affirmation of your tax exempt status.

Our records indicate that a determination letter dated November 8, 1988, granted your organization exemption from Federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because you are an organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your sources of support, or your purposes, character, or method of operations have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

You are required to file Form 990, Return of Organization Exempt from Income Tax, only if your gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Well House
Balance Sheet
 As of June 30, 2017

	<u>Jun 30, 17</u>
ASSETS	
Current Assets	
Checking/Savings	
LMCU Checking Main 0710	20,022.69
LMCU Development Fund 0719	3,350.78
LMCU Savings Main	96,382.13
Petty Cash	20.40
Total Checking/Savings	<u>119,776.00</u>
Accounts Receivable	
Accounts Receivable	-3,689.61
Total Accounts Receivable	<u>-3,689.61</u>
Total Current Assets	116,086.39
Fixed Assets	
Appliances	2,592.80
Buildings	812,345.72
Computer Equipment	767.38
Furniture and Fixtures	7,488.61
Tools & Equipment	5,072.75
Total Fixed Assets	<u>828,267.26</u>
TOTAL ASSETS	<u>944,353.65</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	-28.00
Total Accounts Payable	<u>-28.00</u>
Other Current Liabilities	
FIPS CODE 2614500	8.91
FIPS CODE 2614500	24.60
FIPS CODE 2614500	5.09
FIPS CODE 2614500	38.10
Payroll Liabilities	2,012.15
Total Other Current Liabilities	<u>2,088.85</u>
Total Current Liabilities	2,060.85
Long Term Liabilities	
Security Deposit	5,400.00
Total Long Term Liabilities	<u>5,400.00</u>
Total Liabilities	7,460.85
Equity	
Opening Bal Equity	74,687.26
Retained Earnings	339,431.91
Transfers from Operations	440,010.07
Net Income	82,863.56
Total Equity	<u>936,992.80</u>
TOTAL LIABILITIES & EQUITY	<u>944,453.65</u>

WELL HOUSE

FINANCIAL STATEMENTS

For the years ended
December 31, 2015 (Audited) and 2014 (Reviewed)

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INDEPENDENT AUDITOR'S REPORT

February 28, 2017

To the Board of Directors
Well House
Grand Rapids, Michigan

We have audited the accompanying financial statements of Well House (a nonprofit organization), which comprise the statement of financial position as of December 31, 2015 and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Well House as of December 31, 2015 and 2014, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

The 2014 financial statements were reviewed by us, and our report thereon, dated September 8, 2015, stated that we were not aware of any material modifications that should be made to those financial statements for them to be in conformity with accounting principles generally accepted in the United States of America. However, a review is substantially less in scope than an audit and does not provide a basis for the expression of an opinion on the financial statements.

Hungerford Nichols

Certified Public Accountants

FINANCIAL STATEMENTS

STATEMENTS OF FINANCIAL POSITION

WELL HOUSE

December 31, 2015 (Audited) and 2014 (Reviewed)

	2015 (Audited)	2014 (Reviewed)
ASSETS		
Current Assets		
Cash	\$ 14,671	\$ 40,296
Accounts receivable	2,234	828
Pledges receivable - current portion	320,000	-
Total Current Assets	336,905	41,124
Property and Equipment		
Land	12,217	6,783
Buildings	343,566	191,333
Properties under improvement	152,842	109,789
Computer equipment	1,562	1,054
Equipment	6,942	3,002
Furniture and fixtures	3,587	1,572
	520,716	313,533
Accumulated depreciation	(54,838)	(43,183)
Net Property and Equipment	465,878	270,350
Pledges receivable - long term	170,000	-
Total Assets	\$ 972,783	\$ 311,474
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts payable	\$ 32,619	\$ 12,042
Payroll liabilities	11,118	12,194
Security deposit	1,700	2,200
Current portion of long-term debt	6,401	8,415
Total Current Liabilities	51,838	34,851
Long- Term Liabilities		
Grand Rapids Community Foundation note payable, net of current portion	-	4,282
Total Liabilities	51,838	39,133
Net Assets		
Unrestricted	417,445	247,341
Temporarily restricted	503,500	25,000
Total Net Assets	920,945	272,341
Total Liabilities and Net Assets	\$ 972,783	\$ 311,474

STATEMENTS OF ACTIVITIES

WELL HOUSE

For years ended December 31, 2015 (Audited)

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total 2015 (Audited)</u>
Revenue and Support			
Donations	\$ 66,236	\$ -	\$ 66,236
Fund raising, net of \$ 2,160 expenses	53,084	-	53,084
Grants	258,000	498,500	756,500
Farm income	15,445	-	15,445
Rental income	67,164	-	67,164
Interest Income	26	-	26
Miscellaneous	30,000	-	30,000
Net assets released from restrictions	20,000	(20,000)	-
Total Revenue and Support	509,955	478,500	988,455
Expenses			
Program services	237,805	-	237,805
Management and general	61,987	-	61,987
Fundraising	40,059	-	40,059
Total Expenses	339,851	-	339,851
Change in Net Assets	170,104	478,500	648,604
Net Assets, beginning of year	247,341	25,000	272,341
Net Assets, end of year	\$ 417,445	\$ 503,500	\$ 920,945

STATEMENTS OF ACTIVITIES (Continued)

WELL HOUSE
For year ended 2014 (Reviewed)

	Unrestricted	Temporarily Restricted	Total 2014 (Reviewed)
Revenue and Support			
Donations	\$ 24,382	\$ -	\$ 24,382
Fund raising, net of \$4,162 expenses	46,741	-	46,741
Grants	200,000	25,000	225,000
Farm income	5,826	-	5,826
Rental income	48,883	-	48,883
Loss on disposal of assets	(4,089)	-	(4,089)
Total Revenue and Support	321,743	25,000	346,743
Expenses			
Program services	188,364	-	188,364
Management and general	38,624	-	38,624
Fundraising	14,503	-	14,503
Total Expenses	241,491	-	241,491
Change in Net Assets	80,252	25,000	105,252
Net Assets, beginning of year	167,089	-	167,089
Net Assets, end of year	\$ 247,341	\$ 25,000	\$ 272,341

STATEMENTS OF FUNCTIONAL EXPENSES

WELL HOUSE

For year ended December 31, 2015 (Audited)

	Program Services	Supporting Services		Total 2015 (Audited)
		Management and General	Fundraising	
Salaries and wages	\$ 117,014	\$ 19,502	\$ 13,502	\$ 150,018
Payroll taxes	14,305	2,384	1,651	18,340
Tenant benefits	26,058	-	-	26,058
Utilities	18,698	984	-	19,682
Professional fees	-	22,820	20,312	43,132
Insurance	11,538	9,311	-	20,849
Miscellaneous	2,300	3,156	-	5,456
Meals and entertainment	-	795	-	795
Repairs and maintenance	14,278	751	-	15,029
Depreciation and amortization	11,072	583	-	11,655
Bad debt expenses	1,670	-	-	1,670
Property taxes	5,862	309	-	6,170
Supplies	3,952	946	-	4,898
Farming	4,194	-	-	4,194
Public relations	-	-	4,595	4,595
Community outreach	2,520	-	-	2,520
Auto and travel	255	72	-	327
Resident activities	4,089	-	-	4,089
Dues and subscriptions	-	215	-	215
Interest expense	-	159	-	159
Total Expenses	\$ 237,805	\$ 61,987	\$ 40,059	\$ 339,851

STATEMENTS OF FUNCTIONAL EXPENSES (Continued)

WELL HOUSE

For year ended December 31, 2014 (Reviewed)

	Program Services	Supporting Services		Total 2014 (Reviewed)
		Management and General	Fundraising	
Salaries and wages	\$ 93,064	\$ 15,511	\$ 10,738	\$ 119,313
Payroll taxes	7,753	1,108	2,215	11,076
Tenant benefits	26,300	-	-	26,300
Utilities	18,014	948	-	18,962
Professional fees	10,450	6,468	-	16,918
Insurance	4,901	9,678	-	14,579
Miscellaneous	1,420	783	-	2,203
Meals and entertainment	-	298	-	298
Appliance expenses	191	21	-	212
Repairs and maintenance	8,753	461	-	9,214
Depreciation and amortization	10,145	534	-	10,679
Bad debt expenses	2,321	-	-	2,321
Property taxes	1,906	100	-	2,006
Supplies	759	1,206	-	1,965
Farming	1,553	-	-	1,553
Public relations	-	-	1,550	1,550
Auto and travel	273	680	-	953
Resident activities	561	-	-	561
Dues and subscriptions	-	475	-	475
Interest expense	-	353	-	353
Total Expenses	\$ 188,364	\$ 38,624	\$ 14,503	\$ 241,491

STATEMENTS OF CASH FLOWS

WELL HOUSE

For years ended December 31, 2015 (Audited) and 2014 (Reviewed)

	2015 (Audited)	2014 (Reviewed)
Cash Flows from Operating Activities		
Change in net assets	\$ 648,604	\$ 105,252
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	11,655	10,679
Loss on disposal of assets	-	4,089
Change in operating assets and liabilities:		
Accounts receivable	(1,406)	385
Pledges receivable	(490,000)	-
Accounts payable	20,577	12,042
Payroll liabilities	(1,076)	7,772
Security deposit	(500)	1,100
Net Cash Provided by Operating Activities	187,854	141,319
Cash Flows from Investing Activities		
Purchase of property, equipment, and houses not yet rented	(207,183)	(158,412)
Cash Flows from Financing Activities		
Repayment of long-term obligation	(6,296)	(8,240)
Net Decrease in Cash	(25,625)	(25,333)
Cash and Cash Equivalents, beginning of year	40,296	65,629
Cash and Cash Equivalents, end of year	\$ 14,671	\$ 40,296
Supplemental Cash Flow Information		
Cash paid for interest	\$ 159	\$ 353

NOTES TO FINANCIAL STATEMENTS

WELL HOUSE

For years ended December 31, 2015 (Audited) and 2014 (Reviewed)

Note A – Summary of Significant Accounting Policies

Nature of Organization

Well House (The Organization) is a Michigan not-for-profit corporation exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The Organization's primary program provides housing to the homeless.

The Organization purchases vacant, boarded-up houses and improves them to make them livable. They move in people who need housing. They also hire tenants to help with the rehabilitation of the houses.

Method of Accounting and Basis of Presentation

The accompanying financial statements of the organization have been prepared on the accrual basis of accounting. The Organization presents its financial statements by unrestricted, temporarily restricted and permanently restricted net asset classifications.

Cash and Cash Equivalents

Cash and cash equivalents consist of bank deposits in accounts that may exceed federally insured limits. For purposes of the statements of cash flows, the Organization considers all highly liquid investments purchased with an original maturity of three months or less to be cash equivalents.

Accounts Receivable

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management has reviewed the balances that comprise the various categories of accounts receivable and determined such balances to be fully collectible. Accordingly, no provision for uncollectible accounts is included in the financial statements. If amounts become uncollectible, a provision for the potential loss will be charged to operations when that determination is made.

Pledges Receivable

Pledges receivable represent unconditional promises to give, and are recognized as revenues in the period promised and as assets, decreases in liabilities or expenses depending on the form of the benefits to be received. Unconditional promises to give are stated at the amount management expects to collect from outstanding balances, discounted to present value.

The Organization uses the allowance method to account for uncollectible promises to give. The allowance is calculated using an estimated percentage of outstanding balances based on management's experience. Management provides for probable uncollectible amounts through a charge to earnings and credit to a valuation allowance. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to unconditional promises to give.

Conditional promises to give are recognized when the conditions upon which they depend are substantially met. There were no conditional promises to give at December 31, 2015 and 2014.

NOTES TO FINANCIAL STATEMENTS

WELL HOUSE

For years ended December 31, 2015 (Audited) and 2014 (Reviewed)

Note A – Summary of Significant Accounting Policies (Continued)

Property and Equipment

Property and equipment are recorded at cost, if purchased or, if donated, at fair market value as of the date of the gift. Major improvements and betterments are capitalized; maintenance and repairs are expensed when incurred. Depreciation is computed principally on the straight-line method over the following useful lives of the assets:

Buildings	7 - 30 years
Computer equipment	3 - 5 years
Equipment	7 - 10 years
Furniture and fixtures	7 - 10 years

Net Assets

The Organization reports information regarding its financial position and activities according to three classes of net assets:

- Unrestricted net assets are not restricted by donors, or the donor-imposed restrictions have expired.
- Temporarily restricted net assets contain donor-imposed restrictions that permit the Organization to use or expend the assets as specified. Temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions when the restrictions are satisfied either by the passage of time or by actions of the Organization. However, if a restriction is fulfilled in the same period in which the contribution is received, the Organization reports the support as unrestricted.
- Permanently restricted net assets contain donor-imposed restrictions that stipulate the resources be maintained permanently, but permit the Organization to use or expend part or all of the income derived from the donated assets for specific purposes. Currently, there are no permanently restricted net assets.

Donations and Grants

Donations and grants received are recorded as increases in unrestricted, temporarily restricted, or permanently restricted net assets, depending on the existence or nature of any donor restrictions. All donor-restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. Contributions with donor imposed restrictions that are met in the same year as received or earned are reported as unrestricted income.

NOTES TO FINANCIAL STATEMENTS

WELL HOUSE

For years ended December 31, 2015 (Audited) and 2014 (Reviewed)

Note A – Summary of Significant Accounting Policies (Continued)

Income Taxes

The Organization is a not-for-profit organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code.

The Organization evaluates tax positions taken on its federal Exempt Organization Business Income Tax Returns in accordance with accounting principles generally accepted in the United States of America which require that tax positions taken be more-likely-than-not to be sustained. Management believes that the Organization has no significant unrecognized tax benefits under that criterion. Penalties and interest, if any, assessed by income taxing authorities are included in operating expenses. The Organization's federal Exempt Organization Business Income Tax Returns are generally subject to examination by taxing authorities for three years after they were filed.

Functional Expenses

The costs to provide the various programs and other activities have been summarized on a functional basis in the statement of activities and in the statement of functional expenses. Directly identifiable expenses are charged to programs and supporting services. Expenses related to more than one function are charged to programs and supporting services on the basis of periodic time and expense studies. Management and general expenses include those expenses that are not directly identifiable with any other specific function but provide for the overall support and direction of the Organization.

Use of Estimates

Management uses estimates and assumptions in preparing financial statements in accordance with generally accepted accounting principles. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could vary from the estimates that were used.

Subsequent Events

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through the date of the accompanying auditor's report, which is the date the financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS

WELL HOUSE

For years ended December 31, 2015 (Audited) and 2014 (Reviewed)

Note B – Properties under Improvement

The Organization has purchased vacant land and boarded-up houses. The Organization will improve the properties in order to get the properties into a livable condition. These properties will be depreciated once occupied.

Note C – Grand Rapids Community Foundation

The Organization borrowed \$25,000 from Grand Rapids Community Foundation for the purchase of a property. The note requires a quarterly payment of \$2,214, which includes administrative fees and interest at 2% per annum. The note comes due in June 2016. The outstanding balance on the loan was \$6,401 and \$12,697 as of December 31, 2015 and 2014, respectively.

Note D – Rental Income

The Organization provides housing for homeless individuals and families. The organization rents rooms to the individual or families and expects timely rent collection. Residents are asked to provide 30 day notice if the resident plans to move. Rental income was \$67,164 and \$48,883 for the year ended December 31, 2015 and 2014, respectively. Future rental income is expected to be similar to current year income.

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 Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) 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) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2017 General Section NOFA.
- 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 onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2017 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/18/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Well House

b. Employer/Taxpayer Identification Number (EIN/TIN): 38-2779457

	c. Organizational DUNS:	089971514	PLUS 4:	
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d. Address

Street 1: 600 Cass SE

Street 2:

City: Grand Rapids

County:

State: Michigan

Country: United States

Zip / Postal Code: 49503

e. Organizational Unit (optional)

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Tami

Middle Name:

Last Name: Vandenberg

Suffix:

Title: Executive Director

Organizational Affiliation: Well House

Telephone Number: (616) 245-3910

Applicant: Well House

382779457

Project: Well House Permanent Supportive Housing

156200

Extension:

Fax Number: (616) 241-4498

Email: tami@wellhousegr.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

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-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): Michigan
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Well House Permanent Supportive Housing

16. Congressional District(s):

a. Applicant: MI-003
b. Project: MI-003
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 01/01/2018
b. End Date: 12/31/2018

18. Estimated Funding (\$)

a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:

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: 08/18/2017

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

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Ms.

First Name: Erin

Middle Name:

Last Name: Crison

Suffix:

Title: Chief Operating Officer

Telephone Number: (616) 822-8208
(Format: 123-456-7890)

Fax Number: (616) 241-4498
(Format: 123-456-7890)

Email: erin@wellhousegr.org

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

Date Signed: 08/18/2017

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Well House
Prefix: Ms.
First Name: Erin
Middle Name:
Last Name: Crison
Suffix:
Title: Chief Operating Officer
Organizational Affiliation: Well House
Telephone Number: (616) 822-8208
Extension:
Email: erin@wellhousegr.org
City: Grand Rapids
County:
State: Michigan
Country: United States
Zip/Postal Code: 49503

2. Employer ID Number (EIN): 38-2779457

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$169,882.00

(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. 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 nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Erin Crison, Chief Operating Officer

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

Date Signed: 08/17/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Well House

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:	
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.	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 Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
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.	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;
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.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
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;	

2. 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 hereby certify that all the information stated herein, as well as any information provided in

X

the accompaniment herewith, is true and accurate.



Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Ms.

First Name: Erin

Middle Name

Last Name: Crison

Suffix:

Title: Chief Operating Officer

Telephone Number: (616) 822-8208
(Format: 123-456-7890)

Fax Number: (616) 241-4498
(Format: 123-456-7890)

Email: erin@wellhousegr.org

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

Date Signed: 08/18/2017

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: Well House

Name / Title of Authorized Official: Erin Crison, Chief Operating Officer

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

Date Signed: 08/18/2017

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Well House
Street 1: 600 Cass SE
Street 2:
City: Grand Rapids
County:
State: Michigan
Country: United States
Zip / Postal Code: 49503


11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Ms.
First Name: Erin
Middle Name:
Last Name: Crison
Suffix:
Title: Chief Operating Officer
Telephone Number: (616) 822-8208
(Format: 123-456-7890)
Fax Number: (616) 241-4498
(Format: 123-456-7890)
Email: erin@wellhousegr.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/18/2017

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:

Organization	Type	Sub-Award Amount
This list contains no items		

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

Our management team, comprised of our Executive Director and Chief Operating Officer, have extensive experience managing federal grants at prior organizations. Our Executive Director has past experience managing \$4-5 million dollars in HUD funding and our Chief Operating Officer has experience in managing USDA and Department of Justice grant funds.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

Well House has received and effectively utilized significant grant funding from private foundations, including over \$730,000 in funding from the W.K. Kellogg Foundation. Well House also received a matching grant through MEDC and MSHDA's Public Spaces Community Places initiative in 2016.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

Well House is overseen by an executive team, including an Executive Director and COO, and a board of directors. Well House uses an outside accountant who works at the organization weekly. All payments are approved by the Executive Director, processed by the COO, and entered into Quickbooks by the accountant. Financial reports are prepared and reviewed by our executive team and board of directors monthly. We also have a finance subcommittee of the board who meet quarterly to review the financials, prepare budgets and make any financial recommendations. For procurement, we use a process of obtaining three quotes to verify all bids. Quotes are obtained by our Director of Construction and Maintenance and then approved by our Executive team. We also have an annual audit prepared by an independent certified public accountant.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

1a. CoC Number and Name: MI-506 - Grand Rapids, Wyoming/Kent County CoC

1b. CoC Collaborative Applicant Name: Heart of West Michigan United Way

2. Project Name: Well House Permanent Supportive Housing

3. Project Status: Standard

4. Component Type: PH

5. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

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

This funding will allow Well House to acquire another home, providing housing for an additional 4-8 individuals/families experiencing homelessness. Well House provides housing that is permanent and low cost. We can connect individuals without income to short term rental assistance and income generating employment on our urban farm or as part of a construction crew. We prioritize the groups that are most marginalized and have the most barriers in finding housing, like people with a history of addiction and legal issues. We will accept referrals through Coordinated Entry to identify tenants experiencing chronic homelessness. Referrals for additional supportive services will be based on the individual needs and goals of each tenant and their chosen path to recovery, stable housing and/or employment.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

Within the first 60 days of the grant award we will identify potential properties to purchase. Once a house has been selected, we will purchase the property and begin the renovation process. We plan to have the property fully renovated within 120 days, with tenants moving into the property within 180 days following the grant award (based on comparable project timetables). The project will be overseen by the Director of Construction and Maintenance and COO to assure it stays on track and that any issues affecting completion are resolved within a timely manner.

3. Will your project participate in a CoC Coordinated Entry Process? Yes

*** 4. Please identify the project's specific population focus.**

(Select ALL that apply)

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

5. Housing First

a. Will the project quickly move participants into permanent housing Yes

b. Does the project ensure that participants are not screened out based on the following items? 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"/>

c. Does the project ensure that participants are not terminated from the program 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"/>

d. Will the project follow a "Housing First" approach? Yes
 (Click 'Save' to update)

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

Well House will be responsible for the rehabilitation, operations, and ongoing maintenance of the property.

7. Will the PH project provide PSH or RRH? PSH

8. Will participants be required to live in a particular structure, unit, or locality, at some Yes

point during the period of participation?

Explain how and why the project will implement this requirement.

Well House provides permanent supportive housing through properties owned by the organization. The new property that will be purchased for this project will house the units available for new referrals.

9. Will more than 16 persons live in one structure? No

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

10. Indicate whether the project is “100% Dedicated,” or “DedicatedPLUS,” according to the information provided above. 100% Dedicated

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? No

4A. Supportive Services for Participants

1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Yes

1b. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? Yes

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

Well House offers safe and affordable supportive housing without a set time limit on how long an individual or family can remain. Addressing the primary need of housing allows tenants to begin to recover from the trauma of living on the street and overcome barriers to success in fully independent living, such as securing employment or overcoming addiction. Well House staff help connect tenants with support services – like behavioral or physical health care – and can also provide employment and job training.

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

Well House is committed to helping solve the problems that are inherent in the populations we serve, like underemployment and income inequality. Many of the tenants that come through Well House have significant barriers to entering the workforce, such as a criminal history, substance abuse or mental health struggles. We offer opportunities to earn an income through work on our urban farm or as part of a construction crew. We are looking at future funding opportunities and partnerships that will allow us to expand our workforce development efforts. For those tenants who come to Well House with employment but who have struggled to find affordable housing, we offer a low-cost option for as long as a resident needs to stay. As an organization, Well House continues to advocate at a local level for more affordable housing and for laws and ordinances that don't hurt families who are struggling to get by.

**4. For all supportive services available to 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	Applicant	Bi-weekly
Assistance with Moving Costs	Non-Partner	As needed
Case Management	Applicant	Monthly
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Applicant	As needed
Food	Applicant	As needed
Housing Search and Counseling Services	Non-Partner	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Applicant	As needed
Mental Health Services	Non-Partner	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Applicant	As needed
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Applicant	As needed
Utility Deposits	Applicant	As needed

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes



5b. Use of a single application form for four or more mainstream programs? No

5c. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

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.

Total Units: 4

Total Beds: 8

Total Dedicated CH Beds: 8

Housing Type	Units	Beds
Shared housing	4	8

4B. Housing Type and Location Detail

1. Housing Type: Shared housing

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

a. Units: 4

b. Beds: 8

3. How many beds of the total beds in “2b. 8 Beds” are dedicated to the chronically homeless?

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

4. Address:

Street 1: 516 Highland St SE

Street 2:

City: Grand Rapids

State: Michigan

ZIP Code: 49503

***5. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)**

262544 Grand Rapids

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households		4		4
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
Adults over age 24		8		8
Adults ages 18-24				0
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	8	0	8

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	8									
Adults ages 18-24										
Total Persons	8	0	0	0	0	0	0	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

31%	Directly from the street or other locations not meant for human habitation.
69%	Directly from emergency shelters.
	Directly from safe havens.
	Persons fleeing domestic violence.
100%	Total of above percentages

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

Coordinated entry will provide outreach and access to these participants. We will work with coordinated entry leading up to the start of the project to ensure that Well House staff and coordinated entry have a clear line of communication when dealing with referrals.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2019? Yes

2. Is the project proposing to using funds reallocated from the CoCs annual renewal demand OR is the project applying for funding through the permanent housing bonus? Reallocation

3. Does this project propose to allocate funds according to an indirect cost rate? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

a. Please complete the indirect cost rate schedule below

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
HUD	7%	\$158,768.00

b. Has this rate been approved by your cognizant agency? Yes

c. Do you plan to use the 10% de minimis rate? No



4. Select a grant term: 1 Year

*** 5. Select the costs for which funding is being requested:**

Acquisition/Rehabilitation/New Construction

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

6B. Acquisition/Rehabilitation/New Construction Budget

The following list summarizes the total request for each structure. To add a structure to the list, select the  icon. To view or update a structure already listed, select the  icon.

Total Acquisition:						\$75,000			
Total Rehabilitation:						\$50,000			
Total New Construction:						\$0			
Total Assistance Requested:						\$125,000			
Name of Structure	Street Address 1	Street Address 2	City	State	Zip Code	Total Request	Acquisition	Rehabilitation	New Construction
Well House	600 Cass Ave SE	--	Grand Rapids	Michigan	49503	\$125,000	\$75,000	\$50,000	--

Acquisition/Rehabilitation/New Construction Budget Detail

Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new construction of the new project.

Name of Structure: Well House
Street Address 1: 600 Cass Ave SE
Street Address 2:
City: Grand Rapids
State: Michigan
Zip Code: 49503

	Assistance Requested
1. Acquisition	\$75,000
2. Rehabilitation	\$50,000
3. New Construction	
4. Total Assistance Requested	\$125,000

Click the 'Save' button to automatically calculate the Total Assistance Requested.

6E. 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:			\$18,768
Total Units:			4
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MI - Grand Rapids-Wyoming, MI HUD Met...	4	\$18,768

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MI - Grand Rapids-Wyoming, MI HUD Metro FMR Area (2608199999)

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	12 Months	Total Request (Applicant)
SRO	4 x	\$391 x	12	\$18,768
0 Bedroom	x	\$521 x	12	\$0
1 Bedroom	x	\$627 x	12	\$0

2 Bedrooms		x	\$776	x	12	=	\$0
3 Bedrooms		x	\$1,091	x	12	=	\$0
4 Bedrooms		x	\$1,228	x	12	=	\$0
5 Bedrooms		x	\$1,412	x	12	=	\$0
6 Bedrooms		x	\$1,596	x	12	=	\$0
7 Bedrooms		x	\$1,781	x	12	=	\$0
8 Bedrooms		x	\$1,965	x	12	=	\$0
9 Bedrooms		x	\$2,149	x	12	=	\$0
Total Units and Annual Assistance Requested	4						\$18,768
Grant Term							1 Year
Total Request for Grant Term							\$18,768

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services	Housing Specialist: .5 FTE at \$30,867.20	\$10,000

Applicant: Well House

382779457

Project: Well House Permanent Supportive Housing

156200

14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$10,000
Grant Term		1 Year
Total Request for Grant Term		\$10,000

Click the 'Save' button to automatically calculate totals.

6H. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount funds requested for each activity.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment	Acquisition of 2 new computers to support HMIS entry	\$1,000
2. Software	Acquisition of software to support the new computers and installation of software	\$500
3. Services		
4. Personnel	Technical assistance and training of HMIS users	\$3,500
5. Space & Operations		
Total Annual Assistance Requested:		\$5,000
Grant Term:		1 Year
Total Request for Grant Term:		\$5,000

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$53,400
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$53,400

1. Does this project generate program income Yes
as described in 24 CFR 578.97 that will be
used as Match for this grant?

1a. Briefly describe the source of the program income:
(limit 1000 characters)

We have committed program income as described in 24 CFR 578.97 to support the required 25% match for this project. This program income is supported by two grant funding sources.

1b. Estimate the amount of program income \$39,692
that will be used as Match for this project:

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Spectrum Healthie...	06/11/2017	\$18,800
Yes	Cash	Private	United Way	01/25/2017	\$34,600

Sources of Match Detail

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: Cash
- 3. Type of source: Private
- 4. Name the source of the commitment: Spectrum Healthier Communities
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 06/11/2017
- 6. Value of Written Commitment: \$18,800

Sources of Match Detail

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: Cash
- 3. Type of source: Private
- 4. Name the source of the commitment: United Way
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 01/25/2017
- 6. Value of Written Commitment: \$34,600

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$75,000
1b. Rehabilitation			\$50,000
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$18,768	1 Year	\$18,768
4. Supportive Services	\$10,000	1 Year	\$10,000
5. Operating	\$0	1 Year	\$0
6. HMIS	\$5,000	1 Year	\$5,000
7. Sub-total Costs Requested			\$158,768
8. Admin (Up to 10%)			\$11,114
9. Total Assistance Plus Admin Requested			\$169,882
10. Cash Match			\$53,400
11. In-Kind Match			\$0
12. Total Match			\$53,400
13. Total Budget			\$223,282

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7D. Certification

A. For all projects: Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Erin Crison
Date: 08/18/2017
Title: Chief Operating Officer
Applicant Organization: Well House

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent

X

**statements or claims may subject me to
criminal, civil, or administrative penalties .
(U.S. Code, Title 218, Section 1001).**

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated	
New Project Application FY2017	Page 49	08/18/2017

1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/17/2017
1E. SF-424 Compliance	08/17/2017
1F. SF-424 Declaration	08/17/2017
1G. HUD 2880	08/17/2017
1H. HUD 50070	08/17/2017
1I. Cert. Lobbying	08/17/2017
1J. SF-LLL	08/17/2017
2A. Subrecipients	No Input Required
2B. Experience	08/17/2017
3A. Project Detail	08/18/2017
3B. Description	08/18/2017
3C. Expansion	08/18/2017
4A. Services	08/18/2017
4B. Housing Type	08/18/2017
5A. Households	08/18/2017
5B. Subpopulations	No Input Required
5C. Outreach	08/18/2017
6A. Funding Request	08/18/2017
6B. Acq/Rehab/Const	08/18/2017
6E. Rental Assistance	08/18/2017
6F. Supp Srvcs Budget	08/18/2017
6H. HMIS Budget	08/18/2017
6I. Match	08/18/2017
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7D. Certification	08/18/2017