



2016 COC PROGRAM COMPETITION RENEWAL PROJECT APPLICATION HOUSING PROJECTS

AGENCY PROFILE	
Legal Name of Agency	Inner City Christian Federation
Project Name	ICCF Rapid Re-Housing
Contact Person	John Carman & Katherine Collen
Title	Vice President of Operations/ Contract and Education Manager
Address	920 Cherry St. SE, Grand Rapids, MI 49506
Email	JCarman@iccf.org/ kcollen@iccf.org
Phone	616.336.9333

Check one:

- ☐ Permanent Supportive Housing
- ☒ Rapid Re-Housing
- ☐ Transitional Housing

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: John Carman	Title: Vice President of Operations
Date of Board Authorization:	
Date of Anticipated Board Authorization:	7/27/2016

All projects requesting renewal must demonstrate they have met minimum project eligibility, capacity, timeliness, and performance standards to be considered for funding.

GENERAL PROJECT INFORMATION

1. Provide a narrative describing how the project's performance met the plans and goals established in the current project's application the project's performance in assisting program participants to achieve and maintain independent living, and record of success. (Include target populations and preferences as specified and/or allowed by the Notice of Funding Availability (NOFA) under which the project was initially funded.)

ICCF RRH program served 49 families with children. This is a 23% increase over the original projection. 100% of the families maintained permanent housing for three months. Of the 15 households in the project for six months, none have returned to HMIS; however, two have returned for further housing assistance. All 49 households (100%) exited into permanent housing. Employment ratio is 47% which is 13% higher than projected. 173 people were served; 119 children and 54 adults which is 8% more than projected.

2. Has the project had any significant changes since the last funding approval (HUD FY 2015),
No if "yes" complete the chart below to indicate the change.

Check change type		Previous	New
<input type="checkbox"/>	Decrease in the number of persons served		
<input type="checkbox"/>	Change in number of units		
<input type="checkbox"/>	Change in project site location		
<input type="checkbox"/>	Change in target population		
<input type="checkbox"/>	Change in component type		
<input type="checkbox"/>	Change in grantee/applicant		
<input type="checkbox"/>	Line item or cost category budget changes more than 10%		
<input type="checkbox"/>	Other: Click here to enter text.		
If change was made include as many of the following that apply as attachments to your application:			
Attached (check)			
<input type="checkbox"/>	Attachment: Written communication to HUD requesting the significant change		
<input type="checkbox"/>	Attachment: HUD's written approval of the change requested		
<input type="checkbox"/>	N/A: HUD has not yet provided written approval of the requested change		

SECTION I: CoC Priority Populations

3. What percentage of the households served were chronically homeless? (HMIS Report)

Singles: 0 percent (0/0) Families: 0 percent (0/44)

4. What percentage of the households included at least one Veteran? (APR 21)

0 percent

5. What percentage of the households were headed by a youth aged 18-24? (APR 16)

16 percent

6. What percentage of the households served were families with children? (APR 9)

100 percent

7. What percentage of the households served had experienced domestic violence? (APR 19.a.)

17 percent

Low Barrier and Housing First

8. Low Barrier

Does the project ensure that participants are NOT screened out (or denied project entry) due to the following:	
Having too little or not enough income	Yes
Active substance use or history of substance abuse	Yes
Having a criminal record (other than for state-mandated restrictions)	Yes
Domestic violence (requiring survivor to take specific actions or demonstrate distance from assailant)	Yes

9. Housing First

In addition to the answers above, a project must also answer affirmatively to the following questions to qualify as Housing First.

Does the project work to ensure that participants are NOT terminated from the program due to the following:	
Failure to participate in supportive services	Yes
Failure to make progress on a service plan	Yes
Loss of income or failure to improve income	Yes
Being a victim of domestic violence	Yes
Any other activity not typically covered in a lease agreement typically found in the project's geographic area.	Yes
Does the project quickly move participants into permanent housing?	Yes

Section II: HUD Priorities

Permanent Housing

10. Is this a permanent housing (PH) project that is requesting funds for housing (i.e. rental assistance or leasing funds)? **No**

11. a. Total request for housing activities (leased units, leased structures, and/or rental assistance): Not Applicable

b. Total award (support services, operating cost, etc) plus administrative costs requested (not including match): Not Applicable

c. Percentage of total budget devoted to housing activities (10.a. ÷ 10.b.): Not Applicable

Prioritization of Chronic Homelessness in PSH—Questions 10 and 11 are for Permanent Supportive Housing Projects Only

12. Will the organization adopt the HUD CPD Notice on Prioritization? **Yes**

13. a. Is the project dedicated to chronic homelessness in 100% of its units? **No**

b. What percentage of the project's non-dedicated beds are prioritized for chronically homeless participants?

100 percent

Targeting Hard to Serve Populations

14. What percentage of participants had:

a. One(1) or more physical or mental health conditions known at entry (*APR 18.b. add totals for one, two and three or more conditions then divide by total*):

17 percent

b. Two (2) or more physical or mental health conditions known at entry (*APR 18.b. add totals in two and three or more conditions divided by total*):

3 percent

c. Three (3) or more physical or mental health conditions known at entry (*APR 18.b. total in three or more conditions divided by total*):

1 percent

15. What percentage of the adults served had less than \$500 income a month at entry? (*APR 23. Add values for No Income through \$251-\$500 and divide by Total in last row*):

22 percent

Impact on Homelessness

16. Please evaluate how the project would impact homelessness in the CoC if it were not awarded funding through this competition.

<input type="checkbox"/>	The project would close and ____ individuals would immediately become homeless if it were to not be funded.
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<input checked="" type="checkbox"/>	Loss of funding would result in loss of housing options and could mean eventual displacement or increase in homelessness.
<input type="checkbox"/>	Loss of funding would negatively impact services and resources but not a clear loss of housing options.
<input type="checkbox"/>	Loss of funding would minimally impact the number of housing options or resources available.

Section IV. Project Performance

Performance Data

17. What is the project's utilization rate? (*Quarterly Point- in-Time Counts in APR 9. New Projects will only use average of last two quarters in the operating year.*)

50 percent (5/10). The ICCF is contracted with HUD to serve 40 households (10 per quarter). Since the program was new during the last full program year, the program was still ramping up at the time of the APR.

18. Did 100% of project head of households enter from an eligible homeless situation? (*APR 20.a.1-3*)

Yes. ICCF APR is showing some individuals entering from ineligible situations due to these individuals not being the head of household. During this program year there was a data entry administrative change to the way that heads of household and individual children were entered into HMIS resulting in some non-head of households coming from non-eligible situations. There was a change to the way data was entered midway through the year and not all previous entries were able to be changed. All of ICCF's head of households did in fact enter from eligible situations and documentation is in each file showing this to be true.

19. What percentage of project Leavers exited to a known destination? (*APR 29.a.1-2 ÷ Total Leavers APR 7.*)

100 percent

20. What percentage of program participants exited to a permanent housing destination?

100 percent

21. All Projects: What percentage of project leavers had increased earned income at project exit? (*APR 24.b.2.total / 7. Total Leavers*)

41 percent

22. All Projects: What percentage of project leavers were receiving mainstream benefits at project exit? (*APR 26.a.2. total / 7. Total Leavers*)

86 percent

23. PSH Projects Only: What percentage of participants leaving project remained in the project 6 months or longer? (*APR 27*)

Not Applicable

HMIS Participation

24. Within HMIS, what is the number of Universal Data Elements (UDE) with 5% or more null or missing values?

0

Efficient Use of Funding

25. Expenditure of Funds: Use last completed HUD FY year. Projects that have not completed a grant year should not answer.

a. Total amount awarded	\$82,872
b. Total amount spent	\$82,872
c. Percentage spent Divide answer b. by answer a.	100 percent

HUD Monitoring

26. a. Is the recipient free of HUD monitoring findings for all the agency's projects? **Yes**

If no, explain below findings in detail for the Funding Review Panel. Include details on the nature of the finding, resolution and corrective actions taken, if any.

Not applicable

b. Has your organization been monitored by HUD in the past three (3) years? **Yes**

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, provide 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.

Financial Information

27. What is the percent of leveraging funds of the total requested funds? 36%

Complete Leveraging worksheet, Attachment A.

PROJECT BUDGET

Activity	Requested Funds	% of Requested Funds	Other Funding	Total Project Cost
Acquisition		%		
New Construction		%		
Rehabilitation		%		
Leasing		%		

Rental Assistance	\$57,342	69 %		\$57,342
Supportive Services	\$15,829	19 %	\$26,488	\$42,317
Operating Costs		%		
HMIS	\$3,900	5 %	\$1,412	\$5,312
Project Administration (limited to 7%)	\$5,801	7 %	\$2,100	\$7,901
Total Project Cost	\$82,872		\$30,000	\$112,872

Attachment A

Identify all match and leveraging funds. 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. Worksheet should reflect information in eSnaps application.

Resource	Cash or In Kind	Committed or Planned/ Pending	Available (MM/YY)	Amount/ Value	% of HUD Project Award	Serves as CoC Program Match? (Y/N)
Kent County UnMet Needs	Cash	Planned/Pending	01/17	\$20,000	24%	Yes
Emergency Food and Shelter Program	Cash	Planned/Pending	10/16	\$10,000	12%	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				30,000	36%	

Attach additional forms as necessary

Attachment B

Attachments listed below are required but unscored. Failure to include any documentation that is required may result in application being out of the competition.

All projects must include:

☒ Annual Progress Report (APR) for the project's most recent completed contract year. (If a full year has not yet been completed for the project, attach an APR with an end date of 6/25/2015) Other structured outcome report for non-HMIS participating agencies are allowed (i.e. domestic violence agencies).

☒ Line of Credit Control System (LOCCS) report showing drawdowns and final balance

☐ Project Application submitted in *e-snaps*

Each applicant must include one of the following two:

☒ Monitoring report from US Department of Housing and Urban Development (HUD)

☐ Monitoring report from an entity other than HUD for federal or state funding (ESG, CDBG, etc)

If relevant include:

☐ Organization's response to any findings

☐ Documentation from HUD (or other entity) that finding or concern has been satisfied

☐ Any other relevant documentation

☐ Written communication to HUD requesting the significant change indicated in question 2.

☐ HUD's written approval of the change requested in question 2.

Attachment C

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/2015general to ensure eligibility.

Agency: Inner City Christian Federation

Acknowledged By: Ryan VerWys

Title: President & CEO

Date: 7/14/2016

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Question 7

7. HMIS or Comparable Database Data Quality

Total number of records for All Clients	171
Total number of records for Adults Only	59
Total number of records for Unaccompanied Youth	0
Total number of records for Leavers	114

Data Element	Don't Know or Refused	Missing Data
First Name	0	0
Last Name	0	0
SSN	1	0
Date of Birth	0	0
Race	0	0
Ethnicity	0	0
Gender	0	0
Veteran Status	0	0
Disabling Condition	0	0
Residence Prior to Entry	0	0
Zip of Last Permanent Address	0	0
Housing Status (at entry)	0	0
Income (at entry)	0	0
Income (at exit)	0	0
Non-Cash Benefits (at entry)	0	0
Non-Cash Benefits (at exit)	0	0
Physical Disability (at entry)	0	0
Developmental Disability (at entry)	0	0
Chronic Health Condition (at entry)	0	0
HIV / AIDS (at entry)	0	0
Mental Health (at entry)	0	0
Substance Abuse (at entry)	0	0
Domestic Violence (at entry)	0	0
Destination	0	0

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Questions 8-9

8. Persons Served During the Operating Year by Type

Number of Persons in Households Served During the Operating Year

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Adults	59	2	57	0	0
Children	112	0	112	0	0
Don't Know/Refused	0	0	0	0	0
Missing Information	0	0	0	0	0
TOTAL	171	2	169	0	0

Average Number of persons Served Each Night

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Average Number of Persons	17.56	0.36	17.2	0	0

Point-in-Time Count of Persons on the Last Wednesday in

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
January	30	0	30	0	0
April	17	0	17	0	0
July	25	2	23	0	0
October	0	0	0	0	0

9. Households Served During the Operating Year

Number of Households Served During the Operating Year

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Households	48	1	47	0	0

Point-in-Time Count of Households Served on the Last Wednesday in

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
January	10	0	10	0	0
April	4	0	4	0	0
July	7	1	6	0	0
October	0	0	0	0	0

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Question 12

12. Client Contacts and Engagements

Number of Persons Contacted Rates During the Operating Year

	Total	First contacted at place not meant for human habitation	First contacted at non-housing service site	First contacted at housing location	First contact place was missing
Once	0	0	0	0	0
2-5 Times	0	0	0	0	0
6-9 Times	0	0	0	0	0
10+ Times	0	0	0	0	0
TOTAL	0	0	0	0	0

Number of Persons Engaged by Number of Contacts During the Operating Year

	Total	First contacted at place not meant for human habitation	First contacted at non-housing service site	First contacted at housing location	First contact place was missing
1 Contact	0	0	0	0	0
2-5 Contacts	0	0	0	0	0
6-9 Contacts	0	0	0	0	0
10+ Contacts	0	0	0	0	0
TOTAL	0	0	0	0	0

Rate of Engagement	0	0	0	0	0
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Question 15

15a. Gender - Adults

Gender of Adults
Number of Adults in Households

	Total	Without Children	With Children and Adults	Unknown HH Type
Male	12	1	11	0
Female	47	1	46	0
Transgendered	0	0	0	0
Other	0	0	0	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
Subtotal	59	2	57	0

15b. Gender - Children

Gender of Children
Number of Children in Households

	Total	With Children and Adults	With Only Children	Unknown HH Type
Male	63	63	0	0
Female	49	49	0	0
Transgendered	0	0	0	0
Other	0	0	0	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
Subtotal	112	112	0	0

15c. Gender - Missing Age

Gender of Persons Missing Age Information
Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Male	0	0	0	0	0
Female	0	0	0	0	0
Transgendered	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Subtotal	0	0	0	0	0

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Questions 16-17

16. Age

Age
Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Under 5	37	0	37	0	0
5 - 12	55	0	55	0	0
13 - 17	20	0	20	0	0
18 - 24	9	1	8	0	0
25 - 34	25	0	25	0	0
35 - 44	15	0	15	0	0
45 - 54	8	0	8	0	0
55 - 61	1	0	1	0	0
62+	1	1	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Age Error (Negative Age or 100+)	0	0	0	0	0
Total	171	2	169	0	0

17a. Ethnicity

Ethnicity
Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Non-Hispanic/Non-Latino	136	2	134	0	0
Hispanic/Latino	35	0	35	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Total	171	2	169	0	0

17b. Race

Race
Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
White	40	0	40	0	0
Black or African-American	118	1	117	0	0
Asian	0	0	0	0	0
American Indian or Alaska Native	1	0	1	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0
Multiple Races	12	1	11	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Total	171	2	169	0	0

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Questions 18-19

18a. Physical and Mental Health Types of Conditions at Entry

Known Physical and Mental Health Conditions
Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Mental Illness	12	0	12	0	0
Alcohol Abuse	0	0	0	0	0
Drug Abuse	0	0	0	0	0
Chronic Health Condition	4	1	3	0	0
HIV/AIDS and Related Diseases	0	0	0	0	0
Developmental Disability	9	0	9	0	0
Physical Disability	9	1	8	0	0

18b. Physical and Mental Health Known Conditions at Entry

Number of Known Conditions
Number of Persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
None	142	1	141	0	0
1 Condition	24	0	24	0	0
2 Conditions	3	1	2	0	0
3+ Conditions	2	0	2	0	0
Condition Unknown	0	0	0	0	0
Don't Know / Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
TOTAL:	171	2	169	0	0

19a. Victims of Domestic Violence

Past Domestic Violence Experience
Number of Adults and Unaccompanied Children in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Yes	9	0	9	0	0
No	50	2	48	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
TOTAL	59	2	57	0	0

19b. When Past Domestic Violence Experience Occurred

Number of Adults and Unaccompanied Children in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Less than 3 Months	0	0	0	0	0
3 to 6 Months Ago	2	0	2	0	0
6 to 12 Months Ago	1	0	1	0	0
More than a year Ago	6	0	6	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
TOTAL	9	0	9	0	0

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Question 20

20a1. Residence Prior to Program Entry - Homeless Situations

Residence Prior to Program Entry - Homeless Situations Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Emergency Shelter	40	2	38	0	0
Transitional housing for homeless persons	0	0	0	0	0
Place not meant for habitation	16	0	16	0	0
Safe Haven	0	0	0	0	0
TOTAL	56	2	54	0	0

20a2. Residence Prior to Program Entry - Institutional Settings

Residence Prior to Program Entry - Institutional Settings Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital (Non-psychiatric)	0	0	0	0	0
Jail, prison , or juvenile detention facility	0	0	0	0	0
Foster Care	0	0	0	0	0
TOTAL	0	0	0	0	0

20a3. Residence Prior to Program Entry - Other Locations

Residence Prior to Program Entry - Other Locations Number of Adults and Unaccompanied Youth in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
PSH for Homeless persons	0	0	0	0	0
Owned by Client, no Subsidy	0	0	0	0	0
Owned by Client, with Subsidy	0	0	0	0	0
Rental by Client, no subsidy	1	0	1	0	0
Rental by Client, with VASH Subsidy	0	0	0	0	0
Rental by Client, with other ongoing Subsidy	0	0	0	0	0
Hotel/Motel, Paid by Client	0	0	0	0	0
Staying or Living with Family	0	0	0	0	0
Staying or Living with Friend(s)	0	0	0	0	0
Other	2	0	2	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
TOTAL	3	0	3	0	0

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Questions 21-22

21. Veteran Status

Veteran Status
Number of Adults in Households

	Total	Without Children	With Children and Adults	Unknown HH Type
Veteran	0	0	0	0
Not a Veteran	59	2	57	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
Total	59	2	57	0

22a1. Physical and Mental Health Condition Types at Exit - Leavers

Known Physical and Mental Health Conditions
Leavers - Total Number by Type

	All Persons	Adults	Children	Unknown
Mental Illness	6	5	1	0
Alcohol Abuse	0	0	0	0
Drug Abuse	0	0	0	0
Chronic Health Condition	3	3	0	0
HIV/AIDS and Related Diseases	0	0	0	0
Developmental Disability	5	1	4	0
Physical Disability	6	6	0	0

22a2. Known Physical and Mental Health Condition at Exit - Leavers

Number of Known Conditions
Leavers - Total Number by Type

	All Persons	Adults	Children	Unknown
None	96	31	65	0
1 Condition	16	11	5	0
2 Conditions	2	2	0	0
3+ Conditions	0	0	0	0
Condition Unknown	0	0	0	0
Don't Know / Refused	0	0	0	0
Information Missing	0	0	0	0
TOTAL:	114	44	70	0

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Annual Performance Report

Questions 21-22

22b1. Physical and Mental Health Condition Types at Exit – Stayers

Known Physical and Mental Health Conditions Stayers - Total Number by Type

	All Persons	Adults	Children	Unknown
Mental Illness	6	3	3	0
Alcohol Abuse	0	0	0	0
Drug Abuse	0	0	0	0
Chronic Health Condition	2	1	1	0
HIV/AIDS and Related Diseases	0	0	0	0
Developmental Disability	5	0	5	0
Physical Disability	3	2	1	0

22b2. Known Physical and Mental Health Condition at Exit – Stayers

Number of Known Conditions Stayers - Total Number by Type

	All Persons	Adults	Children	Unknown
None	45	10	35	0
1 Condition	8	3	5	0
2 Conditions	2	2	0	0
3+ Conditions	2	0	2	0
Condition Unknown	0	0	0	0
Don't Know / Refused	0	0	0	0
Information Missing	0	0	0	0
TOTAL:	57	15	42	0

HUD CoC APR

Annual Performance Report

Questions 23-24

23. Cash Income Range	Number of Adults		
	Income at Entry	Income at Latest Follow-up for Stayers	Income at Exit for Leavers
No Income	10	2	8
\$1 - \$150	0	0	1
\$151 - \$250	1	0	0
\$251 - \$500	3	1	0
\$501 - \$1,000	26	7	14
\$1,001 - \$1,500	16	4	13
\$1,501 - \$2,000	2	1	5
\$2,001 +	1	0	3
Don't Know/Refused	0	0	0
Information Missing	0	0	0
Total	59	15	44

24.a Number of Adults By Income Category	Adults at Entry	Adults at Latest Follow-up (Stayers)	Adults at Exit (Leavers)
Adults with Only Earned Income	19	6	12
Adults with Only Other Income	25	5	16
Adults with Both Earned Income and Other Income	5	2	8
Adults with No Income	10	2	8
Adults with DK/R Income Information	0	0	0
Adults with Missing Income Information	0	0	0
Total Adults	59	15	44
Adults with Income Information at Entry and Follow-up/Exit		15	44

24.b.1 Income Change by Income Category (Universe: Adult Stayers with Income Info at Entry and Follow-up)	Had Income Category at Entry and Not at Follow-up	Retained Income Category But Had Less \$ at Follow-up	Retained Income Category and Same \$ at Follow-up	Retained Income Category and Increased \$ at Follow-up	Did Not Have Income Category at Entry and Gained it at Follow-up	Did Not Have the Income Category at Entry or at Follow-up	Total Adults (Including those with no Income)
Adults with Earned Income	1	2	6	0	0	6	15
Avg Change in Earned Income	(\$717.00)	(\$608.50)		0	0		
Adults with Other Income	1	0	6	1	0	7	15
Average Change in Other Income	(\$815.00)	0		\$9.21	0		
Adults Any Income	0	0	12	1	0	2	15
Avg Change in Overall Income	0	0		\$9.21	0		\$0.61

24.b.2 Income Change by Income Category (Universe: Adult Leavers with Income Info at Entry and Exit)	Had Income Category at Entry and Did Not Have at Exit	Retained Income Category But Had Less \$ at Exit	Retained Income Category and Same \$ at Exit	Retained Income Category and Increased \$ at Exit	Did Not Have Income Category at Entry and Gained it at Exit	Did Not Have the Income Category at Entry or at Exit	Total Adults (Including those with no Income)
Adults with Earned Income	1	4	6	4	6	23	44
Avg Change in Earned Income	(\$720.00)	(\$1,075.00)		\$1,022.80	\$1,101.14		
Adults with Other Income	2	4	7	9	4	18	44
Avg Change in Other Income	(\$669.16)	(\$388.23)		\$792.67	\$1,116.75		
Adults Any Income	3	6	12	15	3	5	44
Avg Change in Overall Income	(\$754.11)	(\$544.99)		\$787.24	\$1,057.00		\$214.71

24.b.3 Income Change by Income Category (Universe: Total Adults with Income Info at Entry and Either Follow Up (Stayers) or Exit (Leavers))	Had Income Category at Entry and Did Not at Follow-up/Exit	Retained Income Category But Had Less \$ at Follow-up/Exit	Retained Income Category and Same \$ at Follow-up/Exit	Retained Income Category and Increased \$ at Follow-up/Exit	Did Not Have Income Category at Entry and Gained it at Follow-up/Exit	Did Not Have the Income Category at Entry or at Follow-up/Exit	Total Adults (Including those with no Income)
Adults with Earned Income	2	6	12	4	6	29	59
Avg Change in Earned Income	(\$718.50)	(\$919.50)		\$1,022.80	\$1,101.14		
Adults with Other Income	3	4	13	10	4	25	59
Avg Change in Other Income	(\$717.77)	(\$388.23)		\$714.33	\$1,116.75		
Adults Any Income	3	6	24	16	3	7	59
Avg Change in Overall Income	(\$754.11)	(\$544.99)		\$738.61	\$1,057.00		\$160.28

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Question 25

25a1. Cash Income Types by Exit Status - Leavers

Cash-Income Sources
Type of Cash-Income Sources by Number of Persons - Leavers

	Total	Adults	Children	Age Unknown
Earned Income	21	21	0	0
Unemployment Insurance	0	0	0	0
SSI	14	14	0	0
SSDI	5	5	0	0
Veteran's Disability	0	0	0	0
Private Disability Insurance	0	0	0	0
Worker's Compensation	0	0	0	0
TANF or Equivalent	6	6	0	0
General Assistance	0	0	0	0
Retirement (Social Security)	0	0	0	0
Veteran's Pension	0	0	0	0
Pension from Former Job	0	0	0	0
Child Support	6	6	0	0
Alimony (Spousal Support)	0	0	0	0
Other Source	1	1	0	0
TOTAL	53	53	0	0

25a2. Cash-Income by Exit Status - Leavers

Cash-Income Sources
Number of Cash-Income Sources by Number of Persons - Leavers

	Total	Adults	Children	Age Unknown
No Sources	8	8	0	0
1+ Source(s)	36	36	0	0
Don't Know / Refused	0	0	0	0
Missing this Information	0	0	0	0
TOTAL	44	44	0	0

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Annual Performance Report

Question 25

25b1. Cash-Income Sources - Stayers

Cash-Income Sources
Type of Cash-Income Sources by Number of Persons - Stayers

	Total	Adults	Children	Age Unknown
Earned Income	8	8	0	0
Unemployment Insurance	0	0	0	0
SSI	6	6	0	0
SSDI	0	0	0	0
Veteran's Disability	0	0	0	0
Private Disability Insurance	0	0	0	0
Worker's Compensation	0	0	0	0
TANF or Equivalent	0	0	0	0
General Assistance	0	0	0	0
Retirement (Social Security)	0	0	0	0
Veteran's Pension	0	0	0	0
Pension from Former Job	0	0	0	0
Child Support	3	3	0	0
Alimony (Spousal Support)	0	0	0	0
Other Source	1	1	0	0
TOTAL	18	18	0	0

25b2. Cash Income Number of Sources - Stayers

Cash-Income Sources
Number of Cash-Income Sources by Number of Persons - Stayers

	Total	Adults	Children	Age Unknown
No Sources	2	2	0	0
1+ Source(s)	13	13	0	0
Don't Know / Refused	0	0	0	0
Missing this Information	0	0	0	0
TOTAL	15	15	0	0

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Question 26

26a1. Non-Cash Benefit Types by Exit Status - Leavers

Non-Cash Benefits Non-Cash Benefits by Number of Persons - Leavers

	Total	Adults	Children	Age Unknown
Supplemental Nutritional Assistance Program	27	27	0	0
MEDICAID Health Insurance	33	33	0	0
MEDICARE Health Insurance	3	3	0	0
State Children's Health Insurance	0	0	0	0
WIC	6	6	0	0
VA Medical Services	0	0	0	0
TANF Child Care Services	1	1	0	0
TANF Transportation Services	0	0	0	0
Other TANF-Funded Services	0	0	0	0
Temporary Rental Assistance	0	0	0	0
Section 8, Public Housing, Rental Assistance	1	1	0	0
Other Source	0	0	0	0
TOTAL	71	71	0	0

26a2. Non-Cash Benefits by Exit Status - Leavers

Client Non-Cash Benefits by Exit Status Number of Non-Cash Benefits by Number of Persons - Leavers

	Total	Adults	Children	Age Unknown
No Sources	6	6	0	0
1+ Source(s)	38	38	0	0
Don't Know / Refused	0	0	0	0
Missing this Information	0	0	0	0
TOTAL	44	44	0	0

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Question 26

26b1. Non-Cash Benefit Sources - Stayers

Non-Cash Benefits Non-Cash Benefits by Number of Persons - Stayers

	Total	Adults	Children	Age Unknown
Supplemental Nutritional Assistance Program	9	9	0	0
MEDICAID Health Insurance	13	13	0	0
MEDICARE Health Insurance	0	0	0	0
State Children's Health Insurance	0	0	0	0
WIC	2	2	0	0
VA Medical Services	0	0	0	0
TANF Child Care Services	0	0	0	0
TANF Transportation Services	0	0	0	0
Other TANF-Funded Services	0	0	0	0
Temporary Rental Assistance	0	0	0	0
Section 8, Public Housing, Rental Assistance	2	2	0	0
Other Source	1	1	0	0
TOTAL	27	27	0	0

26b2. Number of Non-Cash Benefit Sources - Stayers

Client Non-Cash Benefits by Exit Status Number of Non-Cash Benefits by Number of Persons - Stayers

	Total	Adults	Children	Age Unknown
No Sources	0	0	0	0
1+ Source(s)	15	15	0	0
Don't Know / Refused	0	0	0	0
Missing this Information	0	0	0	0
TOTAL	15	15	0	0

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Question 27

27. Length of Participation by Exit Status

**Length of Participation by Exit Status
Number of Persons**

	Total	Leavers	Stayers
Less than 30 days	84	61	23
31 to 60 days	60	45	15
61 to 180 days	23	8	15
181 to 365 days	4	0	4
366 to 730 days (1-2 Yrs)	0	0	0
731 to 1095 days (2-3 Yrs)	0	0	0
1096 to 1460 days (3-4 Yrs)	0	0	0
1461 to 1825 days (4-5 Yrs)	0	0	0
More than 1825 Days (>5 Yrs)	0	0	0
Information Missing	0	0	0
Total	171	114	57

Average and Median Length of Participation in Days

	Average Length	Median Length
Leavers	32	29
Stayers	49	36

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Question 29

29a1. Destination by Household Type and Length of Stay (All Leavers who Stayed More than 90 Days)

Number of Leavers in Households

Permanent Destinations

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Owned by Client, no Ongoing Subsidy	0	0	0	0	0
Owned by Client, with Ongoing Subsidy	0	0	0	0	0
Rental by Client, no Ongoing subsidy	2	0	2	0	0
Rental by Client, with VASH Subsidy	0	0	0	0	0
Rental by Client, with other Ongoing Subsidy	0	0	0	0	0
PSH for Homeless Persons	0	0	0	0	0
Living with Family, Permanent Tenure	0	0	0	0	0
Living with Friends, Permanent Tenure	0	0	0	0	0
Subtotal	2	0	2	0	0

Temporary Destinations

Emergency Shelter	0	0	0	0	0
TH for Homeless Persons	0	0	0	0	0
Staying with Family, Temporary Tenure	0	0	0	0	0
Staying with Friends, Temporary Tenure	0	0	0	0	0
Place Not Meant for Human Habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or Motel, Paid by Client	0	0	0	0	0
Subtotal	0	0	0	0	0

Institutional Settings

Foster Care	0	0	0	0	0
Psychiatric Facility	0	0	0	0	0
Substance Abuse or Detox Facility	0	0	0	0	0
Hospital (non-Psychiatric)	0	0	0	0	0
Jail or Prison	0	0	0	0	0
Subtotal	0	0	0	0	0

Other Destinations

Deceased	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Subtotal	0	0	0	0	0

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Annual Performance Report

Question 29

29a2. Destination by Household Type and Length of Stay (All Leavers who Stayed 90 Days or Less)

Number of Leavers in Households

Permanent Destinations

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Owned by Client, no Ongoing Subsidy	0	0	0	0	0
Owned by Client, with Ongoing Subsidy	0	0	0	0	0
Rental by Client, no Ongoing subsidy	70	0	70	0	0
Rental by Client, with VASH Subsidy	0	0	0	0	0
Rental by Client, with other Ongoing Subsidy	42	0	42	0	0
PSH for Homeless Persons	0	0	0	0	0
Living with Family, Permanent Tenure	0	0	0	0	0
Living with Friends, Permanent Tenure	0	0	0	0	0
Subtotal	112	0	112	0	0

Temporary Destinations

Emergency Shelter	0	0	0	0	0
TH for Homeless Persons	0	0	0	0	0
Staying with Family, Temporary Tenure	0	0	0	0	0
Staying with Friends, Temporary Tenure	0	0	0	0	0
Place Not Meant for Human Habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or Motel, Paid by Client	0	0	0	0	0
Subtotal	0	0	0	0	0

Institutional Settings

Foster Care	0	0	0	0	0
Psychiatric Facility	0	0	0	0	0
Substance Abuse or Detox Facility	0	0	0	0	0
Hospital (non-Psychiatric)	0	0	0	0	0
Jail or Prison	0	0	0	0	0
Subtotal	0	0	0	0	0

Other Destinations

Deceased	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Subtotal	0	0	0	0	0

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Annual Performance Report

Question 36

36a. Permanent Housing Programs / Rapid Re-Housing Programs

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			171	171	100.00%	
2a. Total Income Measure			59	43	72.88%	
2b. Earned Income Measure			58	22	37.93%	

36b. Transitional Housing Programs

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Total Income Measure			0	0	0.00%	
2b. Earned Income Measure			0	0	0.00%	

36c. Street Outreach Programs

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Physical Disability			0	0	0.00%	
2b. Developmental Disability			0	0	0.00%	
2c. Chronic Health			0	0	0.00%	
2d. HIV/AIDS			0	0	0.00%	
2e. Mental Health			0	0	0.00%	
2f. Substance Abuse			0	0	0.00%	

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Annual Performance Report

Question 36

36d. Supportive Services Only (SSO) Programs

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Total Income Measure			0	0	0.00%	
2b. Earned Income Measure			0	0	0.00%	

36e. Safe Haven Programs

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Total Income Measure			0	0	0.00%	

HUD CoC APR

Annual Performance Report

Additional Information

User Prompt Field	Value(s) Selected
1. Select Provider Group(s):	-None Selected-
1. Select Provider(s):	Inner City Christian Federation - Kent/Grand Rapids - ICCF RRH(10433)
2. Enter Start Date:	10/1/2014
3. Enter End Date PLUS 1 Day:	10/1/2015
4. Select Entry Type:	HUD
5. Enter Adult Age:	18
EDA Provider	Inner City Christian Federation - Kent/Grand Rapids - ICCF RRH(10433)
Enter Effective Date	10/1/2015
Is using the Disability Determination field part of your workflow for HUD reporting?	Yes
Is using the Receiving Income Source field part of your workflow for HUD reporting?	Yes
Is using the Receiving Benefit field part of your workflow for HUD reporting?	Yes
Is using Interim Reviews part of your workflow for HUD reporting?	Yes

Provider Reporting Information	Client Count Based on Uid	Unduplicated Count
Inner City Christian Federation - Kent/Grand Rapids - ICCF RRH(10433)	171	171

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eLOCCS

SNAP Special Needs Assistance
Payment Voucher

**U.S. Department of Housing
and Urban Development**
Office of Community Planning and Development

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

HUD implemented the Line of Credit Control System/Voice Response System (LOCCS/VRS) to process requests for payments to grantees. Grant recipients fill out a voucher form for the applicable HUD program with all the necessary information prior to making a telephone call using a touch tone telephone to initiate the drawdown process. This information is required to obtain benefits under the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

1. Voucher Number 501-102045	2. LOCCS Pgrm Area SNAP	3	4
5. Voice Response No. 33597-78465	6. Grantee Organization INNER CITY CHRISTIAN		
8. Grant or Project No. MI0425L5F061300	6a. Grantee Organization TIN 38-1903026		

Budget Line Item	Name	Authorized	Disbursed	Available Balance	Voucher Amount
1030	Operating Costs	3,900.00	1,950.00	1,950.00	1,950.00
1040	Rental Assistance	53,280.00	53,280.00	0.00	53,280.00
1060	Administrative	7,271.00	3,640.00	3,631.00	3,640.00
Total:		64,451.00	58,870.00	5,581.00	58,870.00

I certify the data reported and funds requested on this voucher are correct and the amount requested is not in excess of immediate disbursement needs for this program. In the event the funds provided become more than necessary, such excess will be promptly returned, as directed by HUD.

11. Name & Phone Number of Person completing this form BEN KROMBEEN	12. Name & Title of Authorized Signatory	
	13. Signature	14. Date of Request 12-08-2014

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)

Privacy Statement: Public Law 97-255, Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions. The purpose of the data is to safeguard the Line of Credit Control System (LOCCS) from unauthorized access. The data are used to ensure that individuals who no longer require access to LOCCS have their access capability promptly deleted. Failure to provide the information requested on the form may delay the processing of your approval for access to LOCCS. While the provision of the SSN is voluntary, HUD uses it as a unique identifier for safeguarding the LOCCS from unauthorized access. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

form HUD-50080-SNAP-a (4/2000)

This Payment Request was **APPROVED...**



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SNAP Special Needs Assistance
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**U.S. Department of Housing
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Office of Community Planning and Development

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

HUD implemented the Line of Credit Control System/Voice Response System (LOCCS/VRS) to process requests for payments to grantees. Grant recipients fill out a voucher form for the applicable HUD program with all the necessary information prior to making a telephone call using a touch tone telephone to initiate the drawdown process. This information is required to obtain benefits under the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

1. Voucher Number 501-175894	2. LOCCS Pgrm Area SNAP	3	4
5. Voice Response No. 33597-78465	6. Grantee Organization INNER CITY CHRISTIAN		
8. Grant or Project No. MI0425L5F061300	6a. Grantee Organization TIN 38-1903026		

Budget Line Item	Name	Authorized	Disbursed	Available Balance	Voucher Amount
1050	Supportive Services	15,829.00	15,829.00	0.00	7,914.00
Total:		15,829.00	15,829.00	0.00	7,914.00

I certify the data reported and funds requested on this voucher are correct and the amount requested is not in excess of immediate disbursement needs for this program. In the event the funds provided become more than necessary, such excess will be promptly returned, as directed by HUD.

11. Name & Phone Number of Person completing this form BEN KROMBEEN	12. Name & Title of Authorized Signatory	
	13. Signature	14. Date of Request 10-09-2015

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)

Privacy Statement: Public Law 97-255, Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions. The purpose of the data is to safeguard the Line of Credit Control System (LOCCS) from unauthorized access. The data are used to ensure that individuals who no longer require access to LOCCS have their access capability promptly deleted. Failure to provide the information requested on the form may delay the processing of your approval for access to LOCCS. While the provision of the SSN is voluntary, HUD uses it as a unique identifier for safeguarding the LOCCS from unauthorized access. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

form HUD-50080-SNAP-a (4/2000)

This Payment Request was **APPROVED...**



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eLOCCS

SNAP Special Needs Assistance
 Payment Voucher

 U.S. Department of Housing
 and Urban Development
 Office of Community Planning and Development

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

HUD implemented the Line of Credit Control System/Voice Response System (LOCCS/VRS) to process requests for payments to grantees. Grant recipients fill out a voucher form for the applicable HUD program with all the necessary information prior to making a telephone call using a touch tone telephone to initiate the drawdown process. This information is required to obtain benefits under the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

1. Voucher Number 501-113339	2. LOCCS Pgrm Area SNAP	3	4
5. Voice Response No. 33597-78465	6. Grantee Organization INNER CITY CHRISTIAN		
8. Grant or Project No. MI0425L5F061300	6a. Grantee Organization TIN 38-1903026		

Budget Line Item	Name	Authorized	Disbursed	Available Balance	Voucher Amount
1050	Supportive Services	15,829.00	7,915.00	7,914.00	7,915.00
Total:		15,829.00	7,915.00	7,914.00	7,915.00

I certify the data reported and funds requested on this voucher are correct and the amount requested is not in excess of immediate disbursement needs for this program. In the event the funds provided become more than necessary, such excess will be promptly returned, as directed by HUD.

11. Name & Phone Number of Person completing this form

BEN KROMBEEN

12. Name & Title of Authorized Signatory

13. Signature

14. Date of Request

01-23-2015

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)

Privacy Statement: Public Law 97-255, Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions. The purpose of the data is to safeguard the Line of Credit Control System (LOCCS) from unauthorized access. The data are used to ensure that individuals who no longer require access to LOCCS have their access capability promptly deleted. Failure to provide the information requested on the form may delay the processing of your approval for access to LOCCS. While the provision of the SSN is voluntary, HUD uses it as a unique identifier for safeguarding the LOCCS from unauthorized access. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

form HUD-50080-SNAP-a (4/2000)

This Payment Request was **APPROVED...**

A payment of **\$7,915.00** should be deposited in your account on **Tuesday January 27, 2015**. Please print this request, and retain for your records.



Please use the **Cancel Voucher** option on the main menu if you need to cancel this voucher prior to payment.

[Menu](#)



INNER CITY CHRISTIAN Payment Voucher Entry

[Menu](#) [Auth](#)
[Log Off](#) [Bottom](#)

[Menu](#) [Voucher Selection](#) [Payment Entry](#)

eLOCCS

SNAP Special Needs Assistance

Payment Voucher

U.S. Department of Housing
and Urban Development

Office of Community Planning and Development

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

HUD implemented the Line of Credit Control System/Voice Response System (LOCCS/VRS) to process requests for payments to grantees. Grant recipients fill out a voucher form for the applicable HUD program with all the necessary information prior to making a telephone call using a touch tone telephone to initiate the drawdown process. This information is required to obtain benefits under the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

1. Voucher Number 501-149885	2. LOCCS Pgrm Area SNAP	3	4
5. Voice Response No. 33597-78465	6. Grantee Organization INNER CITY CHRISTIAN		
8. Grant or Project No. MI0425L5F061300	6a. Grantee Organization TIN 38-1903026		

Budget Line Item	Name	Authorized	Disbursed	Available Balance	Voucher Amount
1030	Operating Costs	3,900.00	3,900.00	0.00	1,950.00
1060	Administrative	7,271.00	7,271.00	0.00	3,631.00
Total:		11,171.00	11,171.00	0.00	5,581.00

I certify the data reported and funds requested on this voucher are correct and the amount requested is not in excess of immediate disbursement needs for this program. In the event the funds provided become more than necessary, such excess will be promptly returned, as directed by HUD. pt. 6/25/15

11. Name & Phone Number of Person completing this form BEN KROMBEEN	12. Name & Title of Authorized Signatory	
	13. Signature	14. Date of Request 06-23-2015

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form HUD-50080-SNAP-a (4/2000)

This Payment Request was **APPROVED...**

**U.S. Department of Housing & Urban Development
Detroit Field Office, MI**



**Monitoring Report
Supportive Housing Program**

**Inner City Christian Federation, MI
MI0176B5F061104 for \$38,810**

Monitoring Dates: 6/22/2015 to 6/22/2015

OVERVIEW

Monitoring is the principal means by which HUD ensures that programs and technical areas are carried out efficiently, effectively, and that the programs comply with applicable laws and regulations. It assists grantees in improving their performance, developing or increasing capacity and augmenting their management and technical skills. Also, it provides a method for staying abreast of the efficacy of CPD-administered programs and technical areas within the communities HUD programs serve. Monitoring is not limited to a one-time review but is meant to be an ongoing process that assesses the quality of a grantee's performance over a period of time involving continuous communication and evaluation. In determining which grantees will be monitored, the Department uses a risk-based approach to rate grantees, programs and functions, including assessing the Department's exposure to fraud, waste and mismanagement. This process not only assists the Department in determining which grantees to monitor, but also identifies which programs and functions will be reviewed. Areas reviewed may result in the identification of findings, concerns or exemplary practices.

Specifics relating to this review are as follows:

Date(s) Monitoring Conducted:	6/22/2015
Type of Monitoring:	On-site
HUD Reviewer(s):	CPD Representative Darrick Mallad
Grantee Staff and Other Participants:	Ms. Sue Ortiz
Entrance Conference:	
Date	6/22/2015
Representatives	CPD Representative Darrick Mallad Ms. Sue Ortiz, Executive Director
Exit Conference:	
Date	6/22/2015
Representatives	CPD Representative Darrick Mallad Mr. Sue Ortiz, Executive Director

SUMMARY OF RESULTS AND CONCLUSIONS

This report details the results of the monitoring review which produced no findings or concerns at this time.

The following areas were reviewed:

Exhibit 13-3 - Guide for Review of SHP Housing

Exhibit 13-4 - Guide for Review of SHP Program Participants

Exhibit 13-5 - Guide for Review of SHP Match Documentation

Exhibits were used to guide the review from the *Community Planning and Development Monitoring Handbook 6509.2*; they are available at:

http://portal.hud.gov/hudportal/HUD?src=/program_offices/administration/hudclips/handbooks/cpd/6509.2.

Your HUD representative, CPD Representative Darrick Mallad, is available to discuss the results of this monitoring report or provide technical assistance, if requested, and can be reached at 313-234-7328. If you disagree with any of HUD's determinations or conclusions in this monitoring report, please address these issues in writing to this Department within 60 days of this report. Your written communication should explain your reasons why you disagree along with supporting evidence and documentation. All communication should be sent to the Department of Housing and Urban Development, Detroit Field Office, Community Planning and Development Division, 477 Michigan Ave Detroit MI, 48226

SCOPE OF REVIEW

Inner City Christian Federation is a non-profit corporation whose leadership is motivated, and programs shaped by its belief that all people deserve safe, clean, affordable housing. They are a large multifaceted organization which believes in community revitalization in addition to their homelessness focus and charity donations.

Area Reviewed and Results

Review of Program Housing

This review evaluates a grantee's housing operations to include: residential rent calculations, residential supervision, habitability standards, Section 3 requirements, affirmative outreach and due process for program termination.

Mr. Mallad conducted the review using program client records, program spreadsheets generated by the grantee and questions directed to Ms. Sue Ortiz and her staff.

The program is designed as transitional housing program. HUD funds are utilized in conjunction with foundation funds to help clients with short term transitional housing. The organization has since transitioned to rapid rehousing and is having good outcomes. Services provided include but are not limited to counseling, legal assistance, medical services, life skills training and transportation assistance.

Review of Program Participants

This review was conducted to determine if a client's homelessness prior to entry into the program has been documented to a sufficient level as required by 24 CFR 583. This program is designed to serve homeless with a transition into more permanent housing.

A total of 26 files were inspected to ascertain the status of clients prior to entry into the program and to verify the validity of the documentation provided. Mr. Mallad found all files contained the required documentation.

Records were also reviewed to determine homeless status and program eligibility. The recipient maintains a records system that provides sufficient data to make that determination. All client files reviewed showed sufficient verification of homelessness to meet HUD requirements.

Visual inspection of client folders found program participants are evaluated on a regular basis to determine the level of supportive services needed for each client and adherence to program rules.

Client program records are maintained on site. These records are used to maintain all pertinent information outside of medical records which are maintained by the service providers. Mr. Mallad found adequate protection of client records, which are held in a locked location to which only appropriate persons have access to.

Review of Program Match

This review is designed to determine if the statutory requirements are met based on 24 CFR 583.

The grantee expended \$38,810 of the total award of \$38,810. Documentation to support the match amount needed was available at the time of the monitoring and verified against the source of match provided.

Mr. Mallad had a robust conversation with the grantee on changes in match requirements with the implementation of the HEARTH Act of which the recipient showed a superior level of program knowledge.

No findings or issues were noted during this review.