

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) 2016 Continuum of Care (CoC) Program Competition. For more information see FY 2016 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2016 CoC Program NOFA and the FY 2016 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 2016 CoC Program Competition NOFA.

1A. Application Type

Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

If Revision, select appropriate letters: This field is pre-populated and cannot be changed.

If "Other", specify: Field intentionally left blank, cannot edit.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: Field intentionally left blank, cannot edit.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

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

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/15/2016

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. Legal Applicant

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode on the Submission Summary screen to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode on the Submission Summary screen before clicking on "Back to New Project Application FY2016" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

8. Applicant

a. Legal Name: Community Rebuilders

b. Employer/Taxpayer Identification Number (EIN/TIN): 38-3094108

	c. Organizational DUNS:	948960398	PLUS 4:	
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d. Address

Street 1: 1120 Monroe NW, Suite 220

Street 2:

City: Grand Rapids

County: Kent

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: Anna

Middle Name:

Last Name: Diaz

Suffix:

Title: Chief Operating Officer

Organizational Affiliation: Community Rebuilders

Telephone Number: (616) 458-5102

Extension: 122

Fax Number: (616) 458-8788

Email: adiaz@communityrebuilders.org

1C. Application Details

Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode on the Submission Summary screen to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode on the Submission Summary screen before clicking on "Back to New Project Application FY2016" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

9. Type of Applicant: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" please specify:

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-6000-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. Congressional District(s)

Instructions:

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this screen. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select district(s) in which the project is expected to operate.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

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

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

15. Descriptive Title of Applicant's Project: I'm Going Home

16. Congressional District(s):

a. Applicant: MI-003, MI-002

b. Project: MI-003, MI-002
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2017

b. End Date: 08/31/2018

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

Instructions:

Is Application Subject to Review by State Executive Order 12372 Process: In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: http://www.whitehouse.gov/omb/grants_spoc

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

Is the Applicant Delinquent on any Federal Debt: In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected, an explanation is required in the space provided on this screen.

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

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: 11/07/2016

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

If "YES," provide an explanation:

1F. Declaration

Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2016 CoC Program NOFA (Section VI.A.i.b) and in the e-snaps Project Applicant Profile.

Authorized Representative: The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

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

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

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: Mrs.

First Name: Vera

Middle Name: Jean

Last Name: Beech

Suffix:

Title: Executive Director

Telephone Number: (616) 458-5102
(Format: 123-456-7890)

Fax Number: (616) 458-8788
(Format: 123-456-7890)

Email: vbeech@communityrebuilders.org

Applicant: Community Rebuilders

948960398



Project: I'm Going Home

139005

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

Date Signed: 08/15/2016

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: \$9,500

Organization	Type	Sub-Award Amount
The Salvation Army	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	\$4,750
Degage Ministries	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	\$4,750

2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at <http://www.dnb.com>.

Physical Address: Enter the street address, city, state, and zip code (required);

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

Expected Sub-Award Amount: This field is required. Enter the expected sub-award amount.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: The Salvation Army

b. Organization Type: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:

c. Employer or Tax Identification Number: 38-2699001

	* d. Organizational DUNS:	125624804	PLUS 4:	
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e. Physical Address

Street 1: 1215 E Fulton

Street 2:

City: Grand Rapids

State: Michigan

Zip Code: 49503

f. Congressional District(s): MI-003, MI-002
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? Yes

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

i. Expected Sub-Award Amount: \$4,750

j. Contact Person

Prefix: Mrs.

First Name: Betty

Middle Name:

Last Name: Zylstra

Suffix:

Title: Director of The Salvation Army Social Services

E-mail Address: bzylstra@usc.salvationarmy.org

Confirm E-mail Address: bzylstra@usc.salvationarmy.org

Phone Number: 616-459-9468

Extension:

Fax Number: 616-459-5372

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

Organization Name: This field is required. Enter the legal name of the organization that will serve as the subrecipient.

Organization Type: This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

Employer or Tax Identification Number: This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

Organizational DUNS: This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at <http://www.dnb.com>.

Physical Address: Enter the street address, city, state, and zip code (required);

Congressional District(s): This field is required. Select the congressional district(s) in which the subrecipient is located.

Faith Based Organization: This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

Prior Federal Grant Recipient: This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

Expected Sub-Award Amount: This field is required. Enter the expected sub-award amount.

Contact person: Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

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

a. Organization Name: Degage Ministries

b. Organization Type: M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

If "Other" specify:

c. Employer or Tax Identification Number: 38-1912094

	* d. Organizational DUNS:	163956469	PLUS 4:	
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e. Physical Address

Street 1: 144 Division Ave S

Street 2:

City: Grand Rapids

State: Michigan

Zip Code: 49503

f. Congressional District(s): MI-003, MI-002
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? Yes

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

i. Expected Sub-Award Amount: \$4,750

j. Contact Person

Prefix: Ms.

First Name: Marge

Middle Name:

Last Name: Palmerlee

Suffix:

Title: Executive Director

E-mail Address: marge@degageministries.org

Confirm E-mail Address: marge@degageministries.org

Phone Number: 616-454-1661

Extension: 211

Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

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

Instructions:

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: This is a required field. Describe why the applicant, subrecipients, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) are the appropriate entities to receive funding. Provide concrete examples that illustrate their experience and expertise in the following: 1) working with and addressing the target population's identified housing and supportive service needs; 2) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; 3) identifying and securing matching funds from a variety of sources; and 4) managing basic organization operations including financial accounting systems.

Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds: This is a required field. Include experience with all Federal, State, local and private sector funds. If the applicant and subrecipient have no experience leveraging other funds, include the phrase "No experience leveraging other Federal, State, local, or private sector funds."

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: This is a required field. Include the organization and management structure of the applicant and all subrecipients, making sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.

Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any): This is a required field. Select "Yes" or "No" to indicate whether or not the subrecipient has open OIG audit findings; poor or non-compliance with applicable Civil Rights Laws and/or Executive Orders; or open McKinney-Vento related monitoring findings. The question is related to those projects for which the subrecipient organization is either a direct recipient or a subrecipient.

Describe the unresolved monitoring or audit findings: This is a required field if "Yes" to the previous question. Use the space provided to explain the details of the unresolved monitoring or audit findings and the steps the applicant or subrecipient will take to resolve the findings.

Additional Resources can be found at the HUD Exchange:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

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.

Community Rebuilders (CR) has 25 years of experience effectively using federal funds and performing the types of activities proposed in this application. CR's lengthy track record of managing all aspects and phases of project administration from planning to deliverables has been evidenced in the success of all projects initiated. Community Rebuilders developed and implemented the first rapid rehousing program in Kent County and developed the strengths based Housing Resource Specialist model that is used by the National Alliance

to End Homelessness as an example of how to effectively provide services in rapid rehousing programs. Community Rebuilders has for the past 20 years provided the Shelter Plus Care program to more than 150 households that are permanently housed in a scattered site PSH program. Additionally, Community Rebuilders successfully operates five PSH programs that include PSH for 11 chronically homeless households, 11 disabled Veteran households, and an additional 46 mixed family and single households while using the strengths based housing first model of service delivery. Federal funds administered successfully by Community Rebuilders include CoC funding for PSH and RRH, VA funding for the VRS program, SSVF program and Grant Per Diem program, HOME Program-tenant based rental assistance and Michigan Department of Health and Human Services (MDHHS) for the PSH/Network 180 partnership program. Our experience with utilizing federal funds expands across the majority of HUD's program types. Community Rebuilders' programs have been awarded HUD Best Practice Awards, and are frequently used as best practice models by the National Alliance to End Homelessness and consistently meet or exceed national benchmark for outcomes. Most recently Community Rebuilders has researched, developed, and implemented housing provider homeless documentation training. This training provides psh providers with the procedure and documentation forms that meet HUD regulations for documenting chronic homelessness. This training has been sought out by most housing providers in Kent County and numerous providers across the State who have struggled with accurately documenting chronic homelessness as required by HUD. Community Rebuilders will provide this training to Dégagé staff and although Dégagé has never received federal funding, the organization, and specifically the Open Door Women's Center, has much experience performing the proposed project activities. Since opening in October 2003, the Open Door has provided services to 3,341 women in crisis. In 2015, 418 unique women were served in the Open Door and 11,800 overnight stays occurred. In addition to providing emergency shelter, support services are offered such as assistance obtaining State IDs and other vital documents. Dégagé helped members of the community obtain 1,271 documents in 2015 (7,039 State IDs have been obtained since the program started). Dégagé also distributes thousands of bus tickets annually for transportation to and from appointments, meetings with landlords, etc. Dégagé has a collaborative relationship with many other agencies to connect individuals with mental health services, health care, substance abuse and other needs. The Salvation Army has effectively utilized HUD funding for three housing related projects for over 15 years. The agency has had no findings or audit issues within this time period. Services have been delivered as outlined in applications and subsequent APR's have been submitted in a timely manner. The Salvation Army is currently the primary recipient of the community's ESG funding for the state allocation and the fiduciary and a recipient of the allocation through the City of Grand Rapids, both of which require collaboration with other community agencies to effectively disperse these dollars. The Salvation Army has the capacity, expertise, and commitment to ensure that these activities are carried out according to funding expectations and community need. The Salvation Army serves as the HMIS lead agency and fulfills the role of Coordinated Entry for our community

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

Community Rebuilders' solid history of experience administering programs is

due in part to its ability to leverage federal, state, local, and private sector funds. A great example of our success in leveraging funds has been our ability over the past 8 years to work with HUD to amend some of our renewal contracts. Several amendments were made at our request to shift dollars from Supportive Services to Leasing Assistance. These amendments were possible because of the linkages and leveraging of federal, state, local and private sector funds to pay for supportive service costs. Another example of our commitment and ability to leverage funds is evidenced in our Shelter Plus Care Project. Each year in this project alone Community Rebuilders' partner agencies provide between \$700,000 and one million dollars in services as matching funds to Community Rebuilders each year. This also demonstrates a solid history of quality communication and coordination with other providers within Kent County.

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.

The Board of Directors and employees at Community Rebuilders form a knowledgeable and productive work force that is empowered with all the direct information, power, recognition and training they need to satisfy the consumers they serve and meet the goals and objectives of each project. Our team is driven by our mission and our commitment to ending homelessness. The Executive Director reports directly to a dedicated and informed Board of Directors. The Executive Director along with a team of 6 management staff provide program direction and oversight and ensure quality service delivery and adherence to regulations and policies.

All case-managers at Community Rebuilders are trained as Housing Resource Specialists (HRS). Housing Resource Specialists utilize a housing first, strengths-based case management model and deliver service directly to consumers. Essential to this supervision model is group supervision, field mentoring, regular feedback, and quality reviews of documentation. Community Rebuilders places a heavy emphasis on accountability and transparency including reporting requirements related to the use of funds and maintenance of client level and program services and expense data. Community Rebuilders follows Generally Accepted Accounting policy (GAAP). The financial records of Community Rebuilders are audited by a Certified Public Accounting firm annually. Community Rebuilders has a robust system of controls in place and has a demonstrated history of integrity in financial records and reports generating trust with stakeholders. The system of controls assures appropriate authorization, recording and accountability of assets. Employees share the responsibility for maintaining and complying with these controls and compliance controls ensure they are not circumvented. The Salvation Army and DeGage Ministries each have similar organizational structures with financial accounting systems that are recognized in our community as exemplary. Community Rebuilders will act as the fiduciary for this project. Community Rebuilders internal coordination has been recognized by local partners and our model of Strengths-Based, Housing First Case management was adopted by the Continuum of Care as a community wide model of coordinated case management services. Community Rebuilders currently trains and certifies other service providers in the Kent County Community empowering them to delivery prevention and rapid rehousing services.

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

Instructions:

The selections made on this screen will determine the remaining screens that must be completed for this project application.

CoC Number and Name: Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC."

CoC Collaborative Applicant Name: Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

Project Name: This is pre-populated from the "Project" Form and cannot be edited.

Project Status: The default selection is "Standard," indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2016 CoC Program competition. The selection should only be changed to "Appeal" in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see the Section X of the FY 2016 CoC Program Competition NOFA. A full explanation of the process is provided on Screen "8A. Notice of Intent to Appeal."

Component Type: This is a populated field with PH, SSO and HMIS as options for selection and cannot be edited. PH-Permanent Supportive Housing, Rapid Re-Housing, SSO for Coordinated Entry and Dedicated HMIS projects are the only types of new project applications that can be submitted in the FY 2016 CoC Program Competition.

Energy Star: this field is required. Select "Yes" or "No" to indicate if Energy Star is being used in this project at one or more properties that will receive funding in this CoC Program Competition.

Title V: This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

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

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: I'm Going Home

3. Project Status: Standard

4. Component Type: PH

5. Is Energy Star used at one or more of the proposed properties? No

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

3B. Project Description

Instructions:

Provide a description that addresses the entire scope of the proposed project: This field is required. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: This is a required field. Provide a schedule and describe both a management plan and implementation methodology that will ensure that the project will begin operating within the requirements described in the FY 2016 CoC Program NOFA and CoC Program interim rule if it is selected for a funding award.

Will your project participate in a CoC Coordinated Entry Process: This is a required field. Select "Yes" if the project is currently participating in a coordinated entry process. Select "No" if a coordinated entry process does not exist in the CoC or if the project does not participate. You will then be asked to explain why your project will not participate in a CoC Coordinated Entry Process, and this is required.

Please identify the project's specific population focus. (Select ALL that apply): PH and SSO projects must select the applicable populations as outlined in the FY 2016 CoC Program NOFA. Multiple checkboxes are provided as options.

PH PROJECTS ONLY

Housing First: This is a required field for PH projects and does not apply to SSO and HMIS projects. The following questions are required fields to complete the Housing First question. Select all applicable checkboxes that indicate whether or not the project will follow a housing first approach. Select "none of the above" if the project will not follow a housing first approach.

Will the project quickly move participants into permanent housing?: Select "Yes" to this question if your project will quickly move program participants into permanent housing without additional steps (e.g., required stay in transitional housing first) before moving to permanent housing. If you are a domestic violence (DV) program you should select "Yes" if you will quickly move program participants into permanent housing after immediate safety needs are addressed (e.g., a person who is still in danger from a violent partner and would move into PH once the dangerous situation has been addressed). Select "No" if the project does not work to move program participants quickly into permanent housing.)

Will the project ensure that participants will not be screened out based on the listed reasons? (Check all that apply): The applicant must select at least one checkbox.

Will the project ensure that participants are not terminated from the program for listed reasons? (Check all that apply): The applicant must select at least one checkbox.

Will the project follow a "Housing First" approach?: This question's response of "Yes" or "No" is auto-scored based upon the responses to the questions above. This field is not editable.

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. This field must be completed if the project applicant will request capital costs (e.g., acquisition, rehabilitation, or new construction) in the project application. Provide a detailed list of the activities and responsibilities assigned to the applicant and each subrecipient (if any)

Will the PH project provide PSH or RRH: This is a required field. Select PSH if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select

RRH if the project will operate according to a rapid rehousing model as defined by 24 CFR 578. "

Will the project request costs under the rental assistance budget line item?: This is a required field. Select "Yes" or "No" from the dropdown menu and if "Yes" is selected, provide an explanation in the textbox provided.

Describe the method for determining the type, amount, and duration of rental assistance that participants can receive. Textbox is provided if the response to the question above is "Yes". If the project is requesting rental assistance, describe the method or process the applicant will use to determine the type, amount, and duration of rental assistance that participants can receive. For PH-PSH projects this generally means a brief explanation of the choice of rental assistance type (PRA, SRA, or TRA).

Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation: This is a required field. If "Yes" is selected, explain, in the textbox provided, how and why the project will implement this requirement for participants to live in particular structure, unit, or locality during all or a portion of the period of participation.

Will more than 16 persons live in one structure: This is a required field. If "Yes" is selected, describe, in the textbox provided, the local market conditions, that necessitate a project of this size and describe how the project will be integrated into the neighborhood.

FOR SSO PROJECTS ONLY

Please select the type of SSO Project: Only option will be Coordinated Entry

Will the coordinated entry process funded in part by this grant cover the COC's entire geographic area: This is a required field. Yes/ No dropdown question.

Will the coordinated entry process funded in part by this grant be easily accessible: This is a required field. Yes/No dropdown question.

Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. This is a required field. Explain the outreach strategy of the CE.

Does the coordinated entry process use a comprehensive, standardized assessment process: This is a required field. Yes/No dropdown question.

Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services: This is a required field. Explain the referral process.

If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth: This is a required field. Yes/No dropdown question.

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

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

The I'm Going Home (IGH) collaborative project will target chronically homeless persons who are residing in shelter, living on the streets and in places not meant for human habitation. The expertise and unique qualifications of all 3 key partners, Community Rebuilders, The Salvation Army, and Dégagé Ministries, will provide a comprehensive approach to ending Chronic homelessness for persons in Kent County using a Housing First, strengths based model that has proven to be successful. IGH will also set a path for Kent County to accomplish goal outlined in the Federal Strategic plan of ending all Chronic Homelessness

by the end of 2017. Currently on any given night Dégagés Open Door Women's Center provides overnight shelter stay for up to 40 women in crisis. The Salvation Army's 2015 Homeless Count report shows that from 6/1/15-5/31/16 there are 282 (125 female and 156 males) chronically homeless individuals that entered our homeless system. The proposed project is designed to help fill this gap in our community. Dégagé will provide outreach and interim housing as well as patron advocates to assist consumers with obtaining necessary documentation such as identification, and social security cards and transportation to and from medical and employment appointments. Dégagés interim housing will provide short term crisis response beds for persons while they are searching for permanent housing. Community Rebuilders will provide housing using strengths based housing first case management services model. All households will be assisted in obtaining housing in the private rental market and to secure a lease in the neighborhood of their choice near amenities that they most desire or need. All units will meet HUD Housing Quality Standards and rent reasonableness will be the applicable rent standard. Households will receive services from a trained Housing Resource Specialist (HRS) and linkages to supportive services. All services provided in this project are voluntary and are designed to enhance participant's housing stability and self-sufficiency. The non-housing related service needs of households are brokered via referral and linkages to mainstream community resources and local providers. For this project projected outcomes include: 1) 91% of persons served will remain housed in permanent housing for at least six months 2) 82% of persons served will remain in or exit to permanent housing destinations during the operating year. 3) 27% of persons served will maintain or increase their income earned from all sources as of the end of the operating year or program exit. 4) 98% of persons served will report an increase in health and well being as a result of participation in the program.

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

Program set up will be complete within 15 days from contract execution. The project will begin providing services within four weeks from the contract execution date. Households will be housed within 20 days of program eligibility and supportive services will be provided immediately upon program entry. The comprehensive coordinated housing resource specialist model of service that Community Rebuilders utilizes in similar HUD program will be in place for this project. This model includes comprehensive procedures and protocols for the delivery of supportive services and leasing assistance. The management team oversees the on-going reporting activities of programs on a monthly and quarterly basis. The management team thoughtfully reviews forms, checklists and other documentation to ensure efficient consumer- and employee- friendly processes are in place that will meet the objectives of the project. Direct supervisors review monthly reports and cross reference them to case files, HMIS data, supporting documents and financial statements. The Board of Directors receives regular updates regarding project outcomes and deliverables.

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

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*** 4. Please identify the project's specific population focus.****(Select ALL that apply)**

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<input checked="" type="checkbox"/>	HIV/AIDS	<input checked="" 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 abuse	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	<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"/>
Being a victim of domestic violence	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found 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

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.

Not applicable

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

8. Will the project request costs under the rental assistance budget line item? Yes

9. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

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

3C. Project Expansion Information

Instructions:

Will the project use an existing housing facility or incorporate activities provided by an existing project: This is a required field. Select "Yes" or "No" to indicate whether the proposed project expands an existing project in any way either by increasing the number of persons served, providing additional supportive services, bringing existing facilities up to state or local government health and safety standards, or if the funding replaces the loss of non-renewable funding. If "Yes" select all of the applicable expansion activities and provide a description for each.

Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Select one or more of the following activities that describe the type of expansion being proposed. Once all selections have been made, click on the "Save" button in order for follow-up questions related to the applicable selections to be made visible.

Increase the number of homeless persons served

The project applicant will complete a table to indicate what the current level of effort (i.e., number of persons currently being served) and what the new level of effort will be as a result of this expansion project. The project applicant should enter the number of persons/units/beds based on the full capacity (currently and after expansion) at a single point in time and not based on the number of persons served over the course of an operating year.

Provide additional supportive services to homeless persons

Select from the available items in the first menu and click "Add" or "Add All" to move them to the second menu. To cancel selection of one or more items added to the second menu, click on the appropriate selection(s) and then click "Remove" or "Remove All."

Use the text box provided to justify the supportive service increase indicated in the second menu screen above.

Bring existing facilities up to state or local government health and safety standards

Use the text box provided to describe how the project is proposing to "bring the existing facility(ies) up to state/local government health and safety standards." Please reference the applicable standard(s).

Replace the loss of nonrenewable funding

- Use the text box provided to describe the source of non-renewable funding.
- Use the text box provided to describe why the funds are non-renewable.
- Select the date from the date field corresponding to the date when the non-renewable funds will expire
- Use the text box provided to describe what steps were taken to obtain other funding sources.
- Use the text box provided to describe why CoC Program funds are needed to continue operating the project.

Additional Resources can be found at the HUD Exchange:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

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

4A. Supportive Services for Participants

Instructions:

Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: This is a required field. Select "Yes", "No" or "N/A" to indicate whether the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with local and federal educational laws, including the McKinney-Vento Act. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Does the proposed project have a designated staff person to ensure that children are enrolled in school and receive educational services, as appropriate: This is a required field. Select "Yes", "No" or "N/A" to indicate whether the project has a designated staff person responsible for ensuring that children and youth are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Describe the manner in which the project applicant will take into account the educational needs of children when children and/or families are placed in housing: This is a required field if a response of "No" is given for either one of the two preceding questions. Use this space to explain how the project will plan to meet the educational needs of children and youth participants according to the requirements specified under section 426.B.4 of the McKinney-Vento Act as amended by HEARTH.

Describe how participants will be assisted to obtain and remain in permanent housing: This is a required field. Describe how the project applicant will assist project participants to obtain and remain in permanent housing. The response should address how the applicant will take into consideration the needs of the target population and the barriers that are currently preventing them from obtaining and maintaining permanent housing. The applicant should describe how those needs and barriers will be addressed through case management and/or other supportive services that will be offered through the project. If participants will be housed in units not owned by the project applicant, the narrative must also indicate how appropriate units will be identified and how the project applicant or subrecipient will ensure that rents are reasonable. Established arrangements and coordination with landlords and other homeless services providers should be detailed in the narrative.

Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently: This is a required field. Describe the supportive services that will be provided to help project participants locate employment and access mainstream resources so that they are more likely to be able to live independently.

For all supportive services available to participants, indicate who will provide them and how often they are provided. This field is required and at least one value must be entered. Complete each row from the dropdown menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- • Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, "Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then

Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as “—select—” when services are not applicable.

Please identify whether the project will include the following activities:

Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs: This is a required field. Select “Yes” if the project provides regular or as requested transportation assistance to mainstream and community resources, including appointments, employment training, or jobs. Select “No” if transportation is not regularly provided or cannot be provided consistently as requested.

Use of a single application form for four or more mainstream programs: This is a required field. Select “Yes” if the project uses a single application form that allow participants to sign up for four or more mainstream programs. Select “No” if mainstream forms are for 3 or fewer programs.

Regular follow-ups with participants to ensure mainstream benefits are received and renewed: This is a required field. Select “Yes” if the project regularly follows-up with participants to ensure that they are receiving their mainstream benefits and to renew benefits when required. Select “No” if there is no follow-ups or the follow-ups are irregular concerning mainstream benefits.

Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency: This is a required field. Select “Yes” if project participants have access to SSI/SSDI technical assistance. The assistance can be provided by the applicant, a subrecipient, or a partner agency – through a formal or informal relationship. Select “No” if there is no or significantly limited access to SSI/SSDI technical assistance.

Indicate the last SOAR training date for the staff person providing the technical assistance: This is a required field. Indicate the date of the last SOAR training date for the staff person who is providing the technical assistance.

Additional Resources can be found at the HUD Exchange:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

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.

Participants are assisted to quickly secure permanent housing in the community using Housing First strategies. Housing Resource Specialists provide strengths based services that are trauma informed, and incorporate key components from solution focused and motivational interviewing. Each housing unit is inspected

to meet Housing Quality Standards before being occupied by a participant and on an annual basis or more often if needed. Housing Resource Specialists will assist with negotiating leases so that rents are reasonable and under Fair Market Rent. Each participant signs their own lease with a landlord and receives the full rights and obligations of tenancy. Housing Resource Specialists support the landlord/tenant relationship and promote individual pride and care of property. Linkage to supportive services is provided for participants and focus on stabilization in the neighborhood and community, meeting health care and other service needs, and assistance with accessing benefits.

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

Participants are assisted as appropriate for their health condition to increase their income and self sufficiency. Individualized goals and action plans are developed that focus on the strengths of the individual and their hopes and dreams for the future. Linkage to mainstream benefits occurs very early on. Participants are assisted in accessing VA, DHHS, SS and other benefits for which they may be eligible. Community Rebuilders is a MI Bridges partner site so that consumers have direct access to apply for or check the status of their DHHS benefits on-site. In addition, group educational classes are offered with topics that range from budgeting, healthy cooking, to utility conservation, and communicating with landlords. These groups are voluntary and are provided for the enrichment of consumers to maximize their ability to live independently. These methods have proven to be successful as Community Rebuilders routinely exceeds all income targets in all of their PSH programs.

4. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.

Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	Annually
Assistance with Moving Costs		Partner	As needed
Case Management		Applicant	As needed
Child Care		Partner	As needed
Education Services		Subrecipient	As needed
Employment Assistance and Job Training		Subrecipient	As needed
Food		Applicant	As needed
Housing Search and Counseling Services		Applicant	As needed
Legal Services		Partner	As needed
Life Skills Training		Applicant	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed

Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Subrecipient	As needed
Partner	As needed
Subrecipient	As needed
Partner	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? Yes

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: 18

Total Beds: 35

Total Dedicated CH Beds: 35

Total Prioritized CH Beds: 0

Housing Type	Units	Beds	Dedicated CH Beds	Prioritized CH Beds
Scattered-site apartments (...)	18	35	35	0

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

PH-PSH PROJECTS ONLY

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? This is a required field, but it is Auto calculated. The number that is calculated is the difference between 3a and 2b.

How many of the total beds entered in "3b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field, but it is auto calculated to zero. Since all new PH-PSH projects have to dedicate all units to CH, the number here will be zero.

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless? This is a required field, but it is auto calculated to zero. Since all new PH-PSH projects have to dedicate all units to CH, the number here will be zero.

ALL PROJECTS EXCEPT HMIS

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Exchange:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

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

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

a. Units: 18

b. Beds: 35

New PSH projects are required to dedicate ALL units and beds to persons and families experiencing chronic homelessness.

***3. Beds for the Chronically Homeless**

a. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? (Auto-calculated) 35

b. How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless? (Auto-calculated) 0

c. How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2016 operating year? (Auto-calculated) 0

d. How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year? (Auto-calculated) 0

4. Address:

Street 1: 1120 Monroe Ave NW Suite 220

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, 266624 Wyoming,
269081 Kent County

5A. Project Participants - Households

Instructions:

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.

Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

Totals: All fields in the "Total Number..." and "Total Persons" rows will automatically calculate when the "Save" button is clicked.

Additional Resources can be found at the HUD Exchange:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	7	11	0	18
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
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Applicant: Community Rebuilders

948960398

Project: I'm Going Home

139005

Adults over age 24	4	13		17
Adults ages 18-24	3	5		8
Accompanied Children under age 18	10		0	10
Unaccompanied Children under age 18			0	0
Total Persons	17	18	0	35

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Instructions:

*This screen can only be completed once Screen "5A. Project Participants – Households" has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on the screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the "Total Persons" rows will calculate automatically when the "Save" button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

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

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	4	0	0	2	0	1	0	1	0	0
Adults ages 18-24	3	0	0	1	0	1	1	0	0	0
Children under age 18	10			0	0	0	0	1	1	0
Total Persons	17	0	0	3	0	2	1	2	1	0

Click Save to automatically calculate totals

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	9	2	0	3	1	2	1	2	1	0
Adults ages 18-24	4	0	0	1		2		1		
Total Persons	13	2	0	4	1	4	1	3	1	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

Instructions:

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the "Save" button is clicked. A warning message will appear if the total is greater than 100%.

If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements: This field is required if the total percentage calculated above is less than 100 percent. If required, explain where the unaccounted for participants will come from. All participants served in CoC Program funded projects must meet eligibility criteria set forth in the CoC Program interim rule and the FY 2016 CoC Program NOFA.

Describe the outreach plan to bring these homeless participants into the project: This field is required. Describe how the applicant/subrecipient plans to bring homeless persons into the project. Also describe the contingency plan that the applicant/subrecipient will implement if the project experiences difficulty in meeting the requirements to serve exclusively chronically homeless individuals and/or families. The contingency plan may include re-evaluating the intake assessment procedures or outreach plan.

NOTE The definition of Chronic Homelessness qualifies persons as chronically homeless only when they come from the street or other locations not meant for human habitation, emergency shelter, or safe havens. Additionally, to qualify for rapid re-housing, persons may only come from the street or other locations not meant for human habitation, emergency shelter, or safe havens.

Additional Resources can be found at the HUD Exchange:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

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

50%	Directly from the street or other locations not meant for human habitation.
48%	Directly from emergency shelters.
2%	Directly from safe havens.
100%	Total of above percentages

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

This project will allow for increased and enhanced outreach efforts to be conducted at Dégagé drop in services by the Salvation Army's outreach teams to target persons who are chronically homeless and cycling through Dégagé services. Dégagé will coordinate with The Salvation Army's Housing

Assessment Program outreach team for services and eligibility determination. All referrals for this project will be made through the Housing Assessment Program. Housing Assistance will be provided by Community Rebuilders once a referral has been completed by coordinated entry. Outreach has a broad, and consistent presence in the community and targets both homeless individuals and organizations who come into contact with persons experiencing homelessness. This helps to ensure a comprehensive response. Outreach teams rely on training and tools from Motivational Interviewing, and take a housing first, low demand-harm reduction approach. The trauma informed outreach teams have a consistent presence in the community and are known for engaging in give and take, trusting relationships. There is a focus on the cultural competency of outreach workers and engagement relies upon a human connection that puts the person experiencing homelessness in the drivers seat, giving them choice. Outreach workers demonstrate trust, and develop a sense of community as they engage with consumers. Interactions that are based on building of trust, developing a sense of understanding and community while honoring the dignity and respect of persons served. This results in consumers wanting to enter the housing project. The Salvation Army using HMIS and other local data sets to monitor outreach and engagement efforts and success.

6A. Funding Request

Instructions:

Will it be feasible for the project to be under grant agreement by September 30, 2018: This is a required field. Select "Yes" or "No" to indicate if this project application is awarded if it will be in a position to begin operating by September 30, 2018. The FY 2016 HUD Appropriations Act requires HUD to obligate FY 2016 CoC Program funds by this date. If "No" is selected, or if the deadline is not met, this may result in the rejection of a grant or the recapture of conditionally awarded funds.

Is the project proposing to use funds reallocated from the CoC's annual renewal demand
OR

Is the project applying for funding through the permanent housing bonus? Select "Reallocation" if this project application was created through the use of funds reallocated from one or more eligible renewal projects.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select 'Yes' or 'No' to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2016 NOFA and contact your local HUD office. The following questions become visible if "Yes" is selected:

- Please complete the indirect cost rate schedule below: Applicant must complete at least one row in the grid.
- Has this rate been approved by your cognizant agency? Select "Yes" or "No" from the dropdown menu.
- Do you plan to use the 10% de minimis rate?: Select "Yes" or "No" from the dropdown menu.

Select a grant term: This is a required field. Select the term of the proposed project application. The selection here will determine how the "Summary Budget" will calculate the total funding request. Please refer to the FY 2016 CoC Program NOFA for details concerning grant terms and years of funding for different project types and eligible costs. If a 15 year grant term is selected, only requested costs up to 5 years will be calculated on the application.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budgets for which funding is being requested. The choices available will depend on the project type selected on Screen "3A Project Detail." The following eligible cost budgets may be listed: acquisition/rehabilitation/new construction, leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities for which the applicant is requesting funding from HUD through the FY 2016 CoC Program competition.

If you do not see the eligible cost budgets that you expected, you may need to return to Screen "3B. Project Description" to review the type of project selected. See the FY 2016 CoC Program NOFA for additional guidance.

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

1. Will it be feasible for the project to be under grant agreement by September 30, 2018? Yes

2. Is the project proposing to using funds reallocated from the CoCs annual renewal demand Permanent Housing Bonus

OR
**is the project applying for funding through
the permanent housing bonus?**

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

4. Select a grant term: 1 Year

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

Acquisition/Rehabilitation/New Construction	<input type="checkbox"/>
Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operations	<input type="checkbox"/>
HMIS	<input checked="" type="checkbox"/>



Funding_Request HIDDEN

(HIDDEN) Grant Term in years, for use in calculations: 1

(HIDDEN) Grant Term in Months, for use in calculations: 12

Acquisition/Rehabilitation/New Construction (Hidden)	
Supportive Services (Hidden)	X
Rental Assistance (Hidden)	X
Leased Units (Hidden)	
Leased Structures (Hidden)	
Housing Relocation & Stabilization (Hidden)	
Operations (Hidden)	
HMIS (Hidden)	X

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:			\$162,720
Total Units:			18
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MI - Grand Rapids-Wyoming, MI HUD Met...	18	\$162,720

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		x	\$391	x	12		=	\$0
0 Bedroom		x	\$521	x	12		=	\$0
1 Bedroom	10	x	\$627	x	12		=	\$75,240

New Project Application FY2016	Page 47	08/18/2016
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Applicant: Community Rebuilders

948960398

Project: I'm Going Home

139005

2 Bedrooms	5	x	\$776	x	12	=	\$46,560
3 Bedrooms	2	x	\$1,091	x	12	=	\$26,184
4 Bedrooms	1	x	\$1,228	x	12	=	\$14,736
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	18						\$162,720
Grant Term							1 Year
Total Request for Grant Term							\$162,720

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	\$1,500.00 annual cost of assessment of supportive service needs 3 focus groups and report	\$1,825
2. Assistance with Moving Costs		
3. Case Management	.50 FTE Housing Resource Specialist(HRS) with Benefits \$24,00.00 annually, .125, \$5,750.00 supervisor /Lead FTE and benefits,	\$29,750
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	Food for participants 35.00 X 12 groups settings and reception for 18 households per year at estimated 55.00	\$1,000
8. Housing/Counseling Services	50 FTE HRS salary and benefits \$24,000.00 .125 FTE supervisor/leadsalary and benefits\$7,750.00,	\$31,750
9. Legal Services		
10. Life Skills	.125 Life skills HRS salaries benefits 4,750.00	\$4,750
11. Mental Health Services		

Applicant: Community Rebuilders

948960398

Project: I'm Going Home

139005

12. Outpatient Health Services		
13. Outreach Services	.125 FTE salaries and benefits of outreach specialist 4,750.00	\$4,750
14. Substance Abuse Treatment Services		
15. Transportation	\$47.00 for 1 monthly bus pass,\$ 3.50 for a one day bus pass, for participants to help obtain and maintain housing. mileage 1200 miles per year at federal rate .54	\$1,650
16. Utility Deposits		
17. Operating Costs	office space for 12 months, supplies and materials for 18 hh service delivery	\$4,000
Total Annual Assistance Requested		\$79,475
Grant Term		1 Year
Total Request for Grant Term		\$79,475

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	two computers purchases 3,000.00	\$3,000
2. Software		
3. Services	2 FTE 12 months- technical support computer - HMIS	\$1,000
4. Personnel	1 Data specialist /manager \$2,500.00 salary and benefits, training 1,000.00	\$3,500
5. Space & Operations	office space 1 FTE 12 / months	\$500
Total Annual Assistance Requested:		\$8,000
Grant Term:		1 Year
Total Request for Grant Term:		\$8,000

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:					\$0
Total Value of In-Kind Commitments:					\$66,897
Total Value of All Commitments:					\$66,897
Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Private	Degage Ministries	09/01/2016	\$66,897

Sources of Match Detail

Instructions:

Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Please review 24 CFR Part 578, and the FY 2016 CoC Program NOFA for more detailed information concerning Match.

Will this commitment be used towards Match? Yes is automatically selected and this is a field that cannot be edited.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match screen will populate the Screen "6J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

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

1. Will this commitment be used towards match ? Yes

2. Type of commitment: In-Kind

3. Type of source: Private

4. Name the source of the commitment: Degage Ministries
 (Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 09/01/2016

6. Value of Written Commitment: \$66,897

6J. Summary Budget

Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field "8. Admin (Up to 10%)."

Admin (Up to 10%): Enter the amount of requested administration funds. The grant will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is this is the total amount of funding the project applicant will request in the FY 2016 CoC Program Competition.

Cash Match: This field is automatically populated. If it needs to be changed, return to Screen "6I. Match" to make changes to this field.

In-Kind Match: This field is automatically populated. If it needs to be changed, return to Screen "6I. Match" to make changes to this field.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen "6I. Match" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

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

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0

2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$162,720	1 Year	\$162,720
4. Supportive Services	\$79,475	1 Year	\$79,475
5. Operating	\$0	1 Year	\$0
6. HMIS	\$8,000	1 Year	\$8,000
7. Sub-total Costs Requested			\$250,195
8. Admin (Up to 10%)			\$17,394
9. Total Assistance Plus Admin Requested			\$267,589
10. Cash Match			\$0
11. In-Kind Match			\$66,897
12. Total Match			\$66,897
13. Total Budget			\$334,486

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Instructions:

Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

Other Attachment(s): Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 7A. Attachments:

CoC Rejection Letter: Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

Certification of Consistency with Consolidated Plan: Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan.

If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

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

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Salvation Army no...	08/11/2016
2) Other Attachment(s)	No	Degage Ministries...	08/12/2016
3) Other Attachment(s)	No		

Attachment Details

Document Description: Salvation Army nonprofit documentation

Attachment Details

Document Description: Degage Ministries nonprofit documentation

Attachment Details

Document Description:

7B. Applicant 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: Vera Beech

Date: 08/15/2016

Title: Executive Director

Applicant Organization: Community Rebuilders

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).**

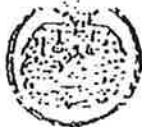
8B. Submission Summary

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

Page	Last Updated
1A. Application Type	No Input Required
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	08/14/2016

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1E. Compliance	08/14/2016
1F. Declaration	08/09/2016
2A. Subrecipients	08/15/2016
2B. Experience	08/10/2016
3A. Project Detail	08/09/2016
3B. Description	08/10/2016
3C. Expansion	08/09/2016
4A. Services	08/15/2016
4B. Housing Type	08/12/2016
5A. Households	08/12/2016
5B. Subpopulations	No Input Required
5C. Outreach	08/14/2016
6A. Funding Request	08/11/2016
6E. Rental Assistance	08/12/2016
6F. Supp Srvcs Budget	08/15/2016
6H. HMIS Budget	08/15/2016
6I. Match	08/15/2016
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/12/2016
7B. Certification	08/12/2016



U. S. TREASURY DEPARTMENT

WASHINGTON 25

OFFICE OF
COMMISSIONER OF INTERNAL REVENUE

ADVISED BY
COMMISSIONER OF INTERNAL REVENUE
AND REFERRED TO

T:R:I

RFW-3

OCT 10 1955.

The Salvation Army
c/o Cadwalader, Wickersham and Taft
40 Wall Street
New York 5, New York

Attention: Mr. H. Gilmer Wells

Gentlemen:

This is in reply to a letter dated August 15, 1955, from Cadwalader, Wickersham and Taft, in which they request reconsideration of our ruling issued on May 27, 1955, to The Salvation Army, Detroit, Michigan, holding that The Salvation Army is not a church or a convention or association of churches referred to in section 170(b)(1)(A)(i) of the Internal Revenue Code of 1954, and that such ruling be revoked. It is also requested that a ruling be issued to the effect that the National Headquarters of The Salvation Army and its various components throughout the United States constitute a church or a convention of churches as that term is used in section 170(b)(1)(A) of the 1954 Code.

It is stated that The Salvation Army is an international unincorporated Christian Church with International Headquarters in London, England; that its churches within the United States are organized into Four Territories under the general supervision of the National Headquarters in New York City; and that the Territories are further subdivided into 48 Divisions, each of which supervises The Salvation Army churches within a state or a part of a state.

The evidence submitted discloses that The Salvation Army has a distinct legal existence, a recognized creed and form of worship, a definite and distinct ecclesiastical government, a formal code of doctrine and discipline, a distinct religious history, a membership not associated with any church or denomination, a complete organization of ordained ministers ministering to their congregations; ordained ministers selected after completing prescribed courses of study, a literature of its

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2 - The Salvation Army

own, established places of worship, regular congregations, regular religious services, Sunday Schools for the religious instruction of the young, and schools for the preparation of its ministers.

It is further stated that in addition to the fundamental ecclesiastical activities as a Christian Church, The Salvation Army also conducts recreational and social programs of the same types as other churches or denominations, and that in working with the spiritually disassociated members of society The Salvation Army found it necessary to administer to the physical needs of those whom it brings spiritual Salvation. For this purpose it maintains shelters for transients, rehabilitation centers for alcoholics, homes and hospitals for unmarried mothers, visiting services for those in prison, nurseries and camps for children of abandoned mothers, and medical and dental clinics. Such activities are under the supervision of Salvation Army officers who are Ministers of the Gospel, and form an integral part of the religious program within the ecclesiastical organization of The Salvation Army.

It is further stated that The Salvation Army is recognized as a church or denomination by other Christian Churches, and has operated effectively in close conjunction with representatives of all faiths throughout local, national and international councils of churches and ministerial associations. At the first Assembly of the World Council of Churches in 1948 five Salvation Army Commanders were international representatives, and one was a member of the Central Committee. The Salvation Army is listed in the 1955 Yearbook of American Churches, published by the National Council of the Churches of Christ in the U. S. A.

Under section 170(b)(1)(A) of the 1954 Code, individuals are allowed an additional deduction of not exceeding 10 percent of their adjusted gross income for contributions made to a church or a convention or association of churches, to educational organizations referred to in section 503(b)(2), and to hospitals referred to in section 503(b)(5).

We have held The Salvation Army and its State and Regional organizations and local posts exempt from Federal income tax under the provisions of section 101(6) of the Internal Revenue Code of 1939, and that contributions made thereto are deductible by the donors in arriving at their taxable net income in the manner and to the extent provided by section 23(o) and (q) of the 1939 Code.

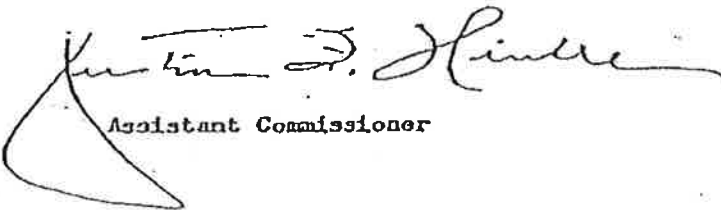
3 - The Salvation Army

Section 101(6) and section 23(e) and (q) of the 1939 Code correspond to section 501(c)(3) and section 170 of the Code of 1954.

Based upon the evidence submitted it is the opinion of this office that the National Headquarters of The Salvation Army and its various components throughout the United States constitute a church or a convention or association of churches as that term is used in section 170(b)(1)(A)(i) of the 1954 Code, and contributions made thereto are deductible by individual donors to the extent of the special rule provided in section 170(b)(1)(A) of the 1954 Code.

The ruling dated May 27, 1955, addressed to The Salvation Army, Detroit, Michigan will be revoked.

Very truly yours,



Assistant Commissioner

Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: October 14, 1999

Person to Contact:
Stephanie Broach-Camp 31-04022
Customer Service Representative
Telephone Number:
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
38-1912094

Degage Ministries
144 S. Division
Grand Rapids, MI 49503

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in May 1985 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 it is an organization described in sections 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 organization's sources of support, or its character, method of operations, or purposes 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.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its 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 the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, 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. Your organization is 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, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its 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.

Degage Ministries
38-1912094

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,



C. Ashley Bullard
District Director

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name

Degage Ministries

Business name, if different from above

Check appropriate box: ☐ Individual/
Sole proprietor

☒ Corporation

☐ Partnership

☐ Other ▶

Non profit

☐ Exempt from backup
withholding

Address (number, street, and apt. or suite no.)

144 Division Ave S

City, state, and ZIP code

Grand Rapids MI 49503

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

3 8 1 9 1 2 0 9 4

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign
Here

Signature of
U.S. person ▶

Margie Palmerlee

Date ▶

10-27-15

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.