

## **Before Starting the Project Application**

**To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.**

Things to Remember:

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

## 1A. SF-424 Application Type

**1. Type of Submission:**

**2. Type of Application:** New Project Application

**If Revision, select appropriate letter(s):**

**If "Other", specify:**

**3. Date Received:** 08/22/2017

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** Community Rebuilders

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

|  |                                |           |                |  |
|--|--------------------------------|-----------|----------------|--|
|  | <b>c. Organizational DUNS:</b> | 948960398 | <b>PLUS 4:</b> |  |
|--|--------------------------------|-----------|----------------|--|

### 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](mailto:adiaz@communityrebuilders.org)

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## 1C. SF-424 Application Details

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

**10. Name of Federal Agency:** Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Title:** CoC Program

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6100-N-25

**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

## 1D. SF-424 Congressional District(s)

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

**15. Descriptive Title of Applicant's Project:** First Step Housing

**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:** 12/01/2017

**b. End Date:** 11/30/2018

**18. Estimated Funding (\$)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. SF-424 Compliance

**19. Is the Application Subject to Review By State Executive Order 12372 Process?** a. Yes

**If "YES", enter the date this application was made available to the State for review:** 08/30/2017

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

**If "YES," provide an explanation:**

## 1F. SF-424 Declaration

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

I AGREE:

### 21. Authorized Representative

**Prefix:** 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

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

**Date Signed:** 08/22/2017



# 1G. HUD 2880

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

## Applicant/Recipient Information

### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** Community Rebuilders

**Prefix:** Mrs.

**First Name:** Vera

**Middle Name:** Jean

**Last Name:** Beech

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:** Community Rebuilders

**Telephone Number:** (616) 458-5102

**Extension:**

**Email:** vbeech@communityrebuilders.org

**City:** Grand Rapids

**County:** Kent

**State:** Michigan

**Country:** United States

**Zip/Postal Code:** 49503

**2. Employer ID Number (EIN):** 38-3094108

**3. HUD Program:** Continuum of Care Program

**4. Amount of HUD Assistance Requested/Received:** \$782,976.00

(Requested amounts will be automatically entered within applications)

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

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

**Part I Threshold Determinations**

**1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3).** Yes

**2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9.** Yes

**Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds**

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

| Department/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|--|--------------------|-----------------------------|----------------------------|
| NA                                       | NA                 |                             | NA                         |
|  |                    |                             |                            |
|  |                    |                             |                            |
|  |                    |                             |                            |
|  |                    |                             |                            |

**Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.**

**Part III Interested Parties**

You must disclose:

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

| Alphabetical list of all persons with a reportable financial interest in the project or activity<br>(For individuals, give the last name first) | Social Security No. or Employee ID No. | Type of Participation | Financial Interest in Project/Activity (\$) | Financial Interest in Project/Activity (%) |
|---|--|-----------------------|---|--|
| NA  | NA                                     | NA                    | \$0.00                                      | 0%   |
| NA  |  |                       |   |  |
| NA  |  |                       |   |  |
| NA  |  |                       |   |  |
| NA  |  |                       |   |  |

**Note: If there are no other people included, write NA in the boxes.**

**Certification**

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

**I AGREE:**

**Name / Title of Authorized Official:** Vera Beech, Executive Director

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

**Date Signed:** 08/07/2017

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Community Rebuilders  
**Program/Activity Receiving Federal Grant Funding:** CoC Program

**Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:**

|   |  |
|---|--|
| I certify that the above named Applicant will or will continue to provide a drug-free workplace by:   |  |
| a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.   | e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;   |
| b. Establishing an on-going drug-free awareness program to inform employees ---<br>(1) The dangers of drug abuse in the workplace<br>(2) The Applicant's policy of maintaining a drug-free workplace;<br>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and<br>(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace. | f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---<br>(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or<br>(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; |
| c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;  | g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.   |
| d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---<br>(1) Abide by the terms of the statement; and<br>(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;                      |  |

### 2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)  
Workplaces, including addresses, entered in the attached project application.  
Refer to addresses entered into the attached project application.

**I hereby certify that all the information stated herein, as well as any information provided in**

X

**the accompaniment herewith, is true and accurate.**



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

**Authorized Representative**

**Prefix:** 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

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

**Date Signed:** 08/22/2017

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements**

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

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

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

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

### **Statement for Loan Guarantees and Loan Insurance**

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

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

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

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

|   |
|---|
| X |
|---|

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

**Applicant's Organization:** Community Rebuilders

**Name / Title of Authorized Official:** Vera Beech, Executive Director

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

**Date Signed:** 08/22/2017

# 1J. SF-LLL

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

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

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

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

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

**Legal Name:** Community Rebuilders  
**Street 1:** 1120 Monroe NW, Suite 220  
**Street 2:**  
**City:** Grand Rapids  
**County:** Kent  
**State:** Michigan  
**Country:** United States  
**Zip / Postal Code:** 49503

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

I certify that this information is true and complete.



**Authorized Representative**

**Prefix:** 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  
**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.  
**Date Signed:** 08/22/2017

## 2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

**Total Expected Sub-Awards: \$104,721**

| Organization                            | Type                                  | Sub-Award Amount |
|---|---------------------------------------|------------------|
| The Central Territory of Salvation Army | N. Nonprofit without 501C3 IRS Status | \$104,721        |

## 2A. Project Subrecipients Detail

**a. Organization Name:** The Central Territory of Salvation Army

**b. Organization Type:** N. Nonprofit without 501C3 IRS Status  
**If "Other" specify:**

**c. Employer or Tax Identification Number:** 38-2699001

|  |                                  |           |                |  |
|--|----------------------------------|-----------|----------------|--|
|  | <b>* d. Organizational DUNS:</b> | 125624804 | <b>PLUS 4:</b> |  |
|--|----------------------------------|-----------|----------------|--|

### 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:** \$104,721

### j. Contact Person

**Prefix:** Ms.

**First Name:** Christina

**Middle Name:**

**Last Name:** Soulard

**Suffix:**

**Title:** Housing Services Director

**E-mail Address:** christina\_soulard@usc.salvationarmy.org

**Confirm E-mail Address:** christina\_soulard@usc.salvationarmy.org

**Phone Number:** 616-454-5840

**Extension:**

**Fax Number:** 616-459-8444

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

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

Community Rebuilders has 25 years of experience effectively using federal funds and performing the types of activities proposed in this application. The lengthy track record of Community Rebuilders managing all aspects and phases of project administration from planning to deliverables has been evidenced in the success of all projects initiated. Community Rebuilders (CR) has been a leader both nationally and locally designing and implementing RRH programs since 2007. Community Rebuilders early success with rapid rehousing resulted in all rapid rehousing services funded by HPRP for Kent County being delivered by Community Rebuilders Housing Resource Specialist. HPRP alone, 712 households were provided rapid rehousing assistance and 95% of the households served exited with permanent housing. In this highly audited project CR was praised by HUD for its implementation, and project design to verify eligibility and conduct re-certifications. This was significant as many HPRP providers across the county struggled with requirement and audit findings while we had none. 28 days was the average length of time to rehouse a household with HPRP assistance. In an average year Community Rebuilders rapidly rehoused approximately 400 households, while producing outcomes that exceed national benchmarks. The National Alliance to End Homelessness has enlisted Community Rebuilders to train others across the county on our model of rapid rehousing. Community Rebuilders is currently highlighted on webinars and within annual conference materials on the National Alliance to EndHomelessness website. Community Rebuilders developed and implemented the first rapid rehousing programs in Kent County and developed the strengths based Housing Resource Specialist model that is used by the National Alliance o End Homelessness as an example of how to effectively provide home based voluntary services in rapid rehousing programs. Federal funds currently administered successfully by Community Rebuilders include CoC funding forPSH and RRH, VA funding for the VRS program, SSVF program and Grant PerDiem program, Home Program- Tenant Based Rental Assistance and ESG.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 APRs have been submitted in a timely manner.The Salvation Army served as the Lead Agency for HPRP and is currently the fiduciary for the community's ESG funding for the State allocation (\$296,163)and the allocation through the City of Grand Rapids (\$252,353), both of which require collaboration with other community agencies to effectively disburse these dollars. The Salvation Army has the capacity, expertise, and commitment to ensure that these activities are carried out within the limitations. The Salvation Army has served as the HMIS Lead Agency and CoC Lead Agency and provides 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 leveraging funds has been our ability over the past 8-10 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 \$700,000.00 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. The Salvation Army has a long history of working within the human services field. Specifically, this is done through leveraging private and public dollars to ensure continued, quality services. The Salvation Army in Kent County is recognized as an organization with substantial capacity and understanding of distinct funding sources and the various requirements related so that it often is selected as an agency that can receive private funding. The Salvation Army has historically received government funds in the areas of housing, utility assistance and food assistance and has leveraged those sources with private funding, including mainstream programs, so that the value of each resource is enhanced and the services can be expanded.

**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, authority, 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 and COO, and CFO and four managers make up the management team. Community Rebuilders has a 25 year history as a successful not for profit organization that 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 Board and Executive Director share the responsibility for setting a tone and standard of accountability and conscientiousness regarding the organization's assets and responsibilities. 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. The Salvation Army is not for profit, charitable organization with a long history of providing a range of social services for and with persons in poverty with the goal of improving and developing greater personal strength and stability in all areas of their lives. The Salvation Army follows the regulations placed by The Financial Accounting Standards Board (FASB) which directs us to use Generally Accepted Accounting Policy (GAAP). The financial records are audited by a Certified Public Accounting firm annually, in addition to a Salvation Army team of auditors who annually review program and financial records.

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

## 3A. Project Detail

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

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

**2. Project Name:** First Step Housing

**3. Project Status:** Standard

**4. Component Type:** Joint TH & PH-RRH

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



### 3B. Project Description

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

This project will be a re-allocation of the Youth Collaborative Rapid Rehousing Project. This project recognizes that not all young people have the same needs; some youth may require both TH and RRH in order to resolve their housing crisis and solve their immediate need for a safe place to stay. Both components will be made available to all program participants but a participant may choose to receive only the TH component or only the PH-RRH component or both. Youth that we have had contact with in the current year's program, frequently identified that they would be better able to engage in their housing search for permanent housing if they had a safe and stable place to stay while they were doing so. The TH component of this project will provide safe units at the ready for youth ages 18-24 to immediately access, when the participant identifies that is a need. All of the participants will then be able to either Transition in Place, where that transitional unit becomes their permanent housing, or move into another permanent housing destination of their choosing. This project allows for short or medium term financial assistance and developmentally appropriate individualized case management services that meet the needs of 18-24 year old households with and without children. Consistent with Housing First philosophy, this project will have a low barrier intake process and accept youth with a variety of backgrounds and barriers to housing stability including substance abuse and criminal histories and zero income. Screening and assessment for entry into this project will be conducted by our community's coordinated entry The Salvation Army. Resources will be targeted and prioritized based upon community priorities and in alignment with the community's CoC plan to end homelessness. Youth ages 18-24 who are living on the streets or in shelters and lack the financial resources and support networks to obtain housing on their own shall be prioritized for this project. All participating households will be assisted to obtain housing in the private rental market and be assisted to secure a lease in the neighborhood of their choice . All units will meet HUD Housing Quality Standards and rent reasonableness will be the applicable rent standard. All will receive services from a trained Housing Resource Specialist (HRS) and linkage to specialized youth services as needed, including but not limited to connection to mainstream benefits, mental health services, employment, income and educational assistance. Services are voluntary but a minimum requirement of monthly contact to ensure specific steps to achieve goals are outlined and strengths and resources are identified and rallied to address any barriers that might interfere with housing stability. Services are provided throughout program participation and for 6 months post exit from rental assistance. Services are designed to enhance participant's housing stability and self-sufficiency

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

We have chosen to pursue reallocation to ensure youth in our community have

access to an immediate, safe place to live while preparing for rapid rehousing. Upon grant award and in alignment with HUD guidance the organization will choose and operating start and end date. It is anticipated that the operating start and end date will be 12/1/18 because this is a reallocated project that will need to ensure there is no lapse in service for youth in our community. This date is consistent with the end date of the reallocated project. Also as required by HUD 12/1/2018 will be the first day of services to youth in the project. Community Rebuilders implements all project utilizing a consistent quality assurance model that uses tools adopted from LEAN and project management. 30-60days prior to the operating state date the following key actions occur:

1. Project Planning. This involves creation of quality assurance binders specific to the project. Employees are provided training on the scope and budget, work breakdown through the development of RACI charts, communication plans and risk management plans. Case file contents and documentation standards for the project are approved and defined. Key Milestones and deliverable charts are developed.
2. Project launch happens after a completed project kick off meeting and referrals are requested from Coordinated entry, HAP, one week prior to launch. In the first 90 days and throughout the project We will be in the Performance and Control phase of the project. Objectives, deliverables, effort and cost tracking and performance are evaluated monthly throughout the course of the project to ensure compliance with regulations and contract deliverables and consumer needs. Key activities, involve engagement of consumers, utilization of the strengths based housing resource specialist model, monitoring of consumer's progress and gradual disengagement as consumer's transition into permanent housing without support of the project. Quarterly sub recipient meetings are held, annual monitoring of sub recipients and multiple youth focus groups will be held throughout the project. Youth are quickly assisted to develop a strength based housing plan upon entry. This plan that facilitates their movement from homelessness to housing. By 120 / 180 days consumers have been housed and are being served many will have already exited to permanent housing and some will be entering the project.

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

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

**(Select ALL that apply)**

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

**5. Housing First**

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

**b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.**

|  |                                     |
|--|-------------------------------------|
| Having too little or little income   | <input checked="" type="checkbox"/> |
| Active or history of substance use   | <input checked="" type="checkbox"/> |
| Having a criminal record with exceptions for state-mandated restrictions           | <input checked="" type="checkbox"/> |
| History of victimization (e.g. domestic violence, sexual assault, childhood abuse) | <input checked="" type="checkbox"/> |
| None of the above  | <input type="checkbox"/>            |

**c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.**

|   |                                     |
|---|-------------------------------------|
| Failure to participate in supportive services   | <input checked="" type="checkbox"/> |
| Failure to make progress on a service plan  | <input checked="" type="checkbox"/> |
| Loss of income or failure to improve income   | <input checked="" type="checkbox"/> |
| Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area | <input checked="" type="checkbox"/> |
| None of the above   | <input type="checkbox"/>            |

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

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

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

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

## **3C. Project Expansion Information**

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

## 4A. Supportive Services for Participants

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

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

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

Housing Resource Specialist will assist households by completing an assessment to identify housing history, past strengths and barriers to housing. A comprehensive goal and action plan is developed in partnership with the households to meet their goals of increased income and housing stability. Households are assisted to secure a lease in the private rental market utilizing Community Rebuilders long standing relationships with local landlords. Rent reasonableness evaluation is conducted on each dwelling considered for occupancy by a household as well as HQS. Advocacy and assistance is provided to negotiate the lease provisions. Housing Resource Specialist engage with the participant and ensure understanding of the obligations of their lease. Supportive services strengthen the participant's ability to abide by the terms of the lease. The TH units will be spread throughout the community and will be available for immediate occupancy by project participants.

**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 will be assisted to identify mainstream resources and entitlement benefits for which they are eligible. In addition linkages will be made to community employment services. A comprehensive individualized plan that considers all life domains is developed with participants that includes ongoing budget and financial planning as needed. Participants are encouraged to identify goals and objectives that meet their personal needs to increase their income and ability to live independently and are supported in achieving their goals. The continuum of services available in our community for youth will be made available, examples include access to Workforce Innovation and Opportunity Act, and case management and counseling through youth service

providers. Partner organizations have significant experience in serving the youth population and are capable leaders who understand the theory and practice Positive Youth Development and its relevance and importance to the target population and will provide services within this model. Stipend will also be available for youth who wish to developing a successful relationship with the business community, HQ will develop and train youth in relevant skills including communication, leadership, problem solving, and business acumen offering,

**4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.  
Click 'Save' to update.**

| Supportive Services                    | Provider     | Frequency |
|--|--------------|-----------|
| Assessment of Service Needs            | Applicant    | As needed |
| Assistance with Moving Costs           |              |           |
| Case Management                        | Applicant    | As needed |
| Child Care                             |              |           |
| Education Services                     | Applicant    | As needed |
| Employment Assistance and Job Training | Applicant    | As needed |
| Food                                   | Applicant    | As needed |
| Housing Search and Counseling Services | Applicant    | As needed |
| Legal Services                         | Non-Partner  | As needed |
| Life Skills Training                   | Applicant    | As needed |
| Mental Health Services                 | Non-Partner  | As needed |
| Outpatient Health Services             | Non-Partner  | As needed |
| Outreach Services                      | Subrecipient | Weekly    |
| Substance Abuse Treatment Services     | Non-Partner  | As needed |
| Transportation                         | Applicant    | As needed |
| Utility Deposits                       | Applicant    | As needed |

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

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



**5b. Use of a single application form for four or more mainstream programs?** 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.

|                     | TH | RRH | Total |
|---------------------|----|-----|-------|
| <b>Total Units:</b> | 14 | 33  | 48    |
| <b>Total Beds:</b>  | 21 | 54  | 87    |

**The sum of TH and RRH amounts must equal the Total.**

| Housing Type                    | Units | Beds |
|---------------------------------|-------|------|
| Dormitory, shared or privat...  | 15    | 33   |
| Scattered-site apartments (...) | 33    | 54   |



## 4B. Housing Type and Location Detail

**1. Housing Type:** Dormitory, shared or private rooms  
**Is this a private or semi private room?** Yes

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

**a. Units:** 15

**b. Beds:** 33

### 3. Address

**Street 1:** 733 Bridge Street NE

**Street 2:**

**City:** Grand Rapids

**State:** Michigan

**ZIP Code:** 49509

**\*4. 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

## 4B. Housing Type and Location Detail

**1. Housing Type:** Scattered-site apartments (including efficiencies)  
**Is this a private or semi private room?** Yes

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

**a. Units:** 33

**b. Beds:** 54

**3. Address**

**Street 1:** 1120 Monroe SW

**Street 2:**

**City:** Grand Rapids

**State:** Michigan

**ZIP Code:** 49503

**\*4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)**

262544 Grand Rapids

## 5A. Project Participants - Households

**Households Table**

|  | Households with at Least One Adult and One Child            | Adult Households without Children            | Households with Only Children            | Total |
|--|---|--|--|-------|
| <b>Number of Households</b>                | 21  | 20   |  | 41    |
|  |   |  |  |       |
| 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 |
| <b>Adults over age 24</b>                  | 2   | 4  |  | 6     |
| <b>Adults ages 18-24</b>                   | 26  | 20   |  | 46    |
| <b>Accompanied Children under age 18</b>   | 21  |  |  | 21    |
| <b>Unaccompanied Children under age 18</b> |   |  |  | 0     |
| <b>Total Persons</b>                       | 49  | 24   | 0  | 73    |

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

### Persons in Households with at Least One Adult and One Child

| Characteristics       | Chronically Homeless Non-Veterans | Chronically Homeless Veterans | Non-Chronically Homeless Veterans | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domestic Violence | Physical Disability | Developmental Disability | Persons not represented by listed subpopulations |
|-----------------------|-----------------------------------|-------------------------------|-----------------------------------|-------------------------|-----------------------|-----------------------|------------------------------|---------------------|--------------------------|--|
| Adults over age 24    | 0                                 | 1                             | 0                                 | 0                       | 0                     | 1                     |                              |                     |                          |  |
| Adults ages 18-24     | 8                                 | 0                             | 0                                 | 4                       | 0                     | 2                     | 4                            | 4                   | 4                        |  |
| Children under age 18 |                                   |                               |                                   |                         |                       |                       |                              |                     |                          | 21   |
| <b>Total Persons</b>  | <b>8</b>                          | <b>1</b>                      | <b>0</b>                          | <b>4</b>                | <b>0</b>              | <b>3</b>              | <b>4</b>                     | <b>4</b>            | <b>4</b>                 | <b>21</b>  |

**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   | 0                                 | 0                             | 0                                 | 1                       | 0                     | 0                     | 3                            | 0                   | 0                        |  |
| Adults ages 18-24    |                                   | 0                             | 0                                 | 2                       | 1                     | 1                     | 10                           | 2                   | 5                        | 0  |
| <b>Total Persons</b> | <b>0</b>                          | <b>0</b>                      | <b>0</b>                          | <b>3</b>                | <b>1</b>              | <b>1</b>              | <b>13</b>                    | <b>2</b>            | <b>5</b>                 | <b>0</b>   |

**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 |                                   |                               |                                   |                         |                       |                       |                              |                     |                          |  |
| <b>Total Persons</b>                | <b>0</b>                          |                               |                                   |                         | <b>0</b>              | <b>0</b>              | <b>0</b>                     | <b>0</b>            | <b>0</b>                 | <b>0</b>   |

**Describe the unlisted subpopulations referred to above:**

Children who do not fit any of the listed categories

## 5C. Outreach for Participants

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

|      |  |
|------|--|
| 88%  | Directly from the street or other locations not meant for human habitation.  |
| 10%  | Directly from emergency shelters.  |
|      | Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing.       |
|      | Directly from safe havens.   |
| 1%   | Persons fleeing domestic violence.   |
|      | Directly from transitional housing.  |
| 1%   | Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters). |
| 100% | Total of above percentages   |

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

All outreach services are designed to provide services to runaway and homeless youth, to strengthen the integration of comprehensive services to address the unique needs of the homeless youth population and move them from a situation of homelessness to housing. The lead outreach agency is The Salvation Army Social Services Program, serving as our coordinated entry. Outreach is conducted in coordination with local youth service providers who also conduct outreach and referral to coordinated entry to bring homeless youth into this project. Outreach efforts will be broad and varied. Outreach will be on the streets, and throughout the community in multiple formats, persons to person, education presentations, information and referral for our United Way 211 etc.

## 6A. Funding Request

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

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

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

**4. Select a grant term:** 1 Year

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

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

## 6C. Leased Units

**The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.**

| <b>Total Annual Assistance Requested:</b> |                       | \$117,852                         |                        |
|---|-----------------------|-----------------------------------|------------------------|
| <b>Grant Term:</b>                        |                       | 1 Year                            |                        |
| <b>Total Request for Grant Term:</b>      |                       | \$117,852                         |                        |
| <b>Total Units:</b>                       |                       | 14                                |                        |
| FMR Area                                  | Total Units Requested | Total Annual Assistance Requested | Total Budget Requested |
| MI - Grand Rapids...                      | 14                    | \$117,852                         | \$117,852              |

## Leased Units Budget Detail

### Instructions:

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 rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: 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 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

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 with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is 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>

**In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.**

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

### Leased Units Annual Budget

|                                |         |            |
|--------------------------------|---------|------------|
| New Project Application FY2017 | Page 40 | 08/30/2017 |
|--------------------------------|---------|------------|



| Size of Units                                       | Number of units (Applicant) |   | FMR (Applicant) | HUD Paid Rent (Applicant) |   | 12 months |   | Total request (Applicant) |
|---|-----------------------------|---|-----------------|---------------------------|---|-----------|---|---------------------------|
| SRO   |                             | x | \$391           |                           | x | 12        | = | \$0                       |
| 0 Bedroom   |                             | x | \$521           |                           | x | 12        | = | \$0                       |
| 1 Bedroom   | 7                           | x | \$627           | \$627                     | x | 12        | = | \$52,668                  |
| 2 Bedroom   | 7                           | x | \$776           | \$776                     | x | 12        | = | \$65,184                  |
| 3 Bedroom   | 0                           | x | \$1,091         |                           | x | 12        | = | \$0                       |
| 4 Bedroom   |                             | x | \$1,228         |                           | x | 12        | = | \$0                       |
| 5 Bedroom   |                             | x | \$1,412         |                           | x | 12        | = | \$0                       |
| 6 Bedroom   |                             | x | \$1,596         |                           | x | 12        | = | \$0                       |
| 7 Bedroom   |                             | x | \$1,781         |                           | x | 12        | = | \$0                       |
| 8 Bedroom   |                             | x | \$1,965         |                           | x | 12        | = | \$0                       |
| 9 Bedroom   |                             | x | \$2,149         |                           | x | 12        | = | \$0                       |
| <b>Total units and annual assistance requested:</b> | 14                          |   |                 |                           |   |           |   | \$117,852                 |
| <b>Grant term:</b>                                  |                             |   |                 |                           |   |           |   | 1 Year                    |
| <b>Total request for grant term:</b>                |                             |   |                 |                           |   |           |   | \$117,852                 |

**Click the 'Save' button to automatically calculate totals.**

**Please enter an amount for HUD Paid Rent.**

## 6D. Leased Structures Budget

The following list summarizes the funds being requested for one or more structures leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

| <b>Total Annual Assistance Requested:</b> |               | \$16,284                          |                            |
|---|---------------|-----------------------------------|----------------------------|
| <b>Grant Term:</b>                        |               | 1 Year                            |                            |
| <b>Total Request for Grant Term:</b>      |               | \$16,284                          |                            |
| <b>Total Structures:</b>                  |               | 1                                 |                            |
| Structure Name                            | HUD Paid Rent | Total Annual Assistance Requested | Total Assistance Requested |
| Housing Navigatio...                      | \$1,357       | \$16,284                          | \$16,284                   |

## Leased Structures Budget Detail

### Instructions:

Complete the following fields related to the funds being requested to lease one or more structures for operating the project.

**Structure Name:** This is a required field. Indicate the name of the structure for which funds are requested.

**Address:** Only 1 "Street Address..." field is required. Enter the actual street number and name in the first field. Do not list a PO Box or other mailing address. Use the second field for apartment or subsection numbers. Complete fields for City, State, and Zip Code.

**HUD Paid Rent (per Month):** This is a required field. Enter the monthly leasing amount. The amount entered cannot exceed the monthly rent for comparable structures.

**12 Months:** This field is populated with the value 12 to calculate the annual grant request.

**Total Annual Assistance Requested:** This field is automatically calculated based on the per month rent entered in the first field.

**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 calculated based on the per month rent entered in the first field, multiplied by 12 months, 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>

**Structure Name:** Housing Navigation Center  
**Street Address 1:** 1120 Monroe NW Suite 220  
**Street Address 2:**  
**City:** Grand Rapids  
**State:** Michigan  
**Zip Code:** 49504

|   |          |
|---|----------|
| <b>HUD Paid Rent (per Month):</b>         | \$1,357  |
| <b>12 Months:</b>                         | 12       |
| <b>Total Annual Assistance Requested:</b> | \$16,284 |
| <b>Grant Term:</b>                        | 1 Year   |
| <b>Total Request for Grant Term:</b>      | \$16,284 |

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

## 6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

| Total Request for Grant Term: |  |                       | \$291,816     |
|-------------------------------|--|-----------------------|---------------|
| Total Units:                  |  |                       | 33            |
| Type of Rental Assistance     | FMR Area                                 | Total Units Requested | Total Request |
| TRA                           | MI - Grand Rapids-Wyoming, MI HUD Met... | 33                    | \$291,816     |

# 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**

**The RRH component of a Joint TH-RRH project can only use TRA. The TH component of a Joint TH-RRH project part of the component can only use PRA and SRA or the Leased Units budget.**

**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) |
|---------------|------------------------|----------------------|-----------|---------------------------|
|---------------|------------------------|----------------------|-----------|---------------------------|

|  |    |   |         |   |    |   |           |
|--|----|---|---------|---|----|---|-----------|
| <b>SRO</b>   |    | x | \$391   | x | 12 | = | \$0       |
| <b>0 Bedroom</b>                                   |    | x | \$521   | x | 12 | = | \$0       |
| <b>1 Bedroom</b>                                   | 15 | x | \$627   | x | 12 | = | \$112,860 |
| <b>2 Bedrooms</b>                                  | 15 | x | \$776   | x | 12 | = | \$139,680 |
| <b>3 Bedrooms</b>                                  | 3  | x | \$1,091 | x | 12 | = | \$39,276  |
| <b>4 Bedrooms</b>                                  |    | x | \$1,228 | x | 12 | = | \$0       |
| <b>5 Bedrooms</b>                                  |    | x | \$1,412 | x | 12 | = | \$0       |
| <b>6 Bedrooms</b>                                  |    | x | \$1,596 | x | 12 | = | \$0       |
| <b>7 Bedrooms</b>                                  |    | x | \$1,781 | x | 12 | = | \$0       |
| <b>8 Bedrooms</b>                                  |    | x | \$1,965 | x | 12 | = | \$0       |
| <b>9 Bedrooms</b>                                  |    | x | \$2,149 | x | 12 | = | \$0       |
| <b>Total Units and Annual Assistance Requested</b> | 33 |   |         |   |    |   | \$291,816 |
| <b>Grant Term</b>                                  |    |   |         |   |    |   | 1 Year    |
| <b>Total Request for Grant Term</b>                |    |   |         |   |    |   | \$291,816 |

**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<br>(max 400 characters)                              | Annual Assistance Requested |
|--|---|-----------------------------|
| <b>1. Assessment of Service Needs</b>  | .50 FTE + benefits intake specialistt   | \$24                        |
| <b>2. Assistance with Moving Costs</b> |   |                             |
| <b>3. Case Management</b>              | 2 .50 FTE Housing resource Specialist + benefits,.25 project manager          | \$72,824                    |
| <b>4. Child Care</b>                   |   |                             |
| <b>5. Education Services</b>           | 44 consumers educational assistance   | \$13,200                    |
| <b>6. Employment Assistance</b>        | stipends for employment related consumer need 44 consumer HHx250.00           | \$11,000                    |
| <b>7. Food</b>                         | 44 youth hh x 250.00  | \$11,000                    |
| <b>8. Housing/Counseling Services</b>  | 2, .50 FTE Housing resource specialist + benefits .75 FTE property specialist | \$92,824                    |
| <b>9. Legal Services</b>               |   |                             |
| <b>10. Life Skills</b>                 | Group sessions, training content, supplies for 24 groups                      | \$3,600                     |
| <b>11. Mental Health Services</b>      |   |                             |
| <b>12. Outpatient Health Services</b>  |   |                             |

|   |  |           |
|---|--|-----------|
| <b>13. Outreach Services</b>                  | .50 FTE Outreach specialist  | \$23,642  |
| <b>14. Substance Abuse Treatment Services</b> |  |           |
| <b>15. Transportation</b>                     | Bus passes 150 one month passes                                    | \$6,750   |
| <b>16. Utility Deposits</b>                   | emergency deposit assistance 10 participants x 250                 | \$2,500   |
| <b>17. Operating Costs</b>                    | Supplies, telephone,mileage,mailings,tech to serve 44 participants | \$16,035  |
| <b>Total Annual Assistance Requested</b>      |  | \$253,399 |
| <b>Grant Term</b>                             |  | 1 Year    |
| <b>Total Request for Grant Term</b>           |  | \$253,399 |

**Click the 'Save' button to automatically calculate totals.**



## 6G. Operating

**Instructions:**

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

**Eligible Costs:** The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

**Quantity AND Detail:** This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating 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 of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

**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<br>(max 400 characters)                             | Annual Assistance Requested |
|--|--|-----------------------------|
| <b>1. Maintenance/Repair</b>             | supplies misc repair and cleaning and maintenance @ 18.hr staffing f         | \$8,000                     |
| <b>2. Property Taxes and Insurance</b>   |  |                             |
| <b>3. Replacement Reserve</b>            |  |                             |
| <b>4. Building Security</b>              | .75 FTE Security   | \$22,000                    |
| <b>5. Electricity, Gas, and Water</b>    | utilities for TH housing 1,000/month   | \$12,000                    |
| <b>6. Furniture</b>                      | Beds at approx 150 each x 13, plus misc necessary furnishings office 3 staff | \$2,000                     |
| <b>7. Equipment (lease, buy)</b>         | Computers, copiers for 3 FTE   | \$4,000                     |
| <b>Total Annual Assistance Requested</b> |  | \$48,000                    |
| <b>Grant Term</b>                        |  | 1 Year                      |
| <b>Total Request for Grant Term</b>      |  | \$48,000                    |

**Click the 'Save' button to automatically calculate totals.**

## 6H. HMIS Budget

**Instructions:**

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

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

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

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

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

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

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

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

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

| Eligible Costs                            | Quantity AND Description<br>(max 400 characters)                 | Annual Assistance Requested |
|---|--|-----------------------------|
| <b>1. Equipment</b>                       | computer misc supplies,  | \$3,000                     |
| <b>2. Software</b>                        |  |                             |
| <b>3. Services</b>                        |  |                             |
| <b>4. Personnel</b>                       |  |                             |
| <b>5. Space &amp; Operations</b>          | HMIS supplies, connectivity 2 HRS employees, HMIS specialist FTE | \$3,000                     |
| <b>Total Annual Assistance Requested:</b> |  | \$6,000                     |
| <b>Grant Term:</b>                        |  | 1 Year                      |
| <b>Total Request for Grant Term:</b>      |  | \$6,000                     |

**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:    | \$185,000 |
| Total Value of In-Kind Commitments: | \$26,180  |
| Total Value of All Commitments:     | \$211,180 |

**1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?**      No

**Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**

| Match | Type    | Source     | Contributor          | Date of Commitment | Value of Commitments |
|-------|---------|------------|----------------------|--------------------|----------------------|
| Yes   | Cash    | Government | State of Michigan... | 08/30/2017         | \$75,000             |
| Yes   | Cash    | Government | Home Investment P... | 08/30/2017         | \$110,000            |
| Yes   | In-Kind | Private    | The Salvation Army   | 08/30/2017         | \$26,180             |

## Sources of Match Detail

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: Cash
- 3. Type of source: Government
- 4. Name the source of the commitment: State of Michigan - PSH  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/30/2017
- 6. Value of Written Commitment: \$75,000

## Sources of Match Detail

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: Cash
- 3. Type of source: Government
- 4. Name the source of the commitment: Home Investment Partnership  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/30/2017
- 6. Value of Written Commitment: \$110,000

## Sources of Match Detail

- 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: The Salvation Army  
(Be as specific as possible and include the

**office or grant program as applicable)**

**5. Date of Written Commitment:** 08/30/2017

**6. Value of Written Commitment:** \$26,180

**Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**

## 6J. Summary Budget

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

| Eligible Costs                           | Annual Assistance Requested (Applicant) | Grant Term (Applicant) | Total Assistance Requested for Grant Term (Applicant) |
|--|---|------------------------|---|
| 1a. Acquisition                          |   |                        | \$0   |
| 1b. Rehabilitation                       |   |                        | \$0   |
| 1c. New Construction                     |   |                        | \$0   |
| 2a. Leased Units                         | \$117,852                               | 1 Year                 | \$117,852   |
| 2b. Leased Structures                    | \$16,284                                | 1 Year                 | \$16,284  |
| 3. Rental Assistance                     | \$291,816                               | 1 Year                 | \$291,816   |
| 4. Supportive Services                   | \$253,399                               | 1 Year                 | \$253,399   |
| 5. Operating                             | \$48,000                                | 1 Year                 | \$48,000  |
| 6. HMIS                                  | \$6,000                                 | 1 Year                 | \$6,000   |
| 7. Sub-total Costs Requested             |   |                        | \$733,351   |
| 8. Admin (Up to 10%)                     |   |                        | \$49,625  |
| 9. Total Assistance Plus Admin Requested |   |                        | \$782,976   |
| 10. Cash Match                           |   |                        | \$185,000   |
| 11. In-Kind Match                        |   |                        | \$26,180  |
| 12. Total Match                          |   |                        | \$211,180   |
| 13. Total Budget                         |   |                        | \$994,156   |

**Click the 'Save' button to automatically calculate totals.**

## 7A. Attachment(s)

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

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**



## 7A. In-Kind MOU Attachment

| Document Type     | Required? | Document Description | Date Attached |
|-------------------|-----------|----------------------|---------------|
| In-Kind Match MOU | No        |                      |               |

## Attachment Details

### Document Description:

## 7D. Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

**Additional for Rental Assistance Projects:**

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

**B. For non-Rental Assistance Projects Only.**

**15-Year Operation Rule.**

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

**1-Year Operation Rule.**

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

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

**Name of Authorized Certifying Official:** Vera Beech

**Date:** 08/22/2017

**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.**

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

| <b>Page</b>                                 | <b>Last Updated</b> |
|---|---------------------|
| <b>1A. SF-424 Application Type</b>          | No Input Required   |
| <b>1B. SF-424 Legal Applicant</b>           | No Input Required   |
| <b>1C. SF-424 Application Details</b>       | No Input Required   |
| <b>1D. SF-424 Congressional District(s)</b> | 08/18/2017          |
| <b>1E. SF-424 Compliance</b>                | 08/18/2017          |
| <b>1F. SF-424 Declaration</b>               | 08/18/2017          |
| <b>1G. HUD 2880</b>                         | 08/18/2017          |
| <b>1H. HUD 50070</b>                        | 08/18/2017          |
| <b>1I. Cert. Lobbying</b>                   | 08/18/2017          |
| <b>1J. SF-LLL</b>                           | 08/18/2017          |
| <b>2A. Subrecipients</b>                    | 08/18/2017          |
| <b>2B. Experience</b>                       | 08/18/2017          |
| <b>3A. Project Detail</b>                   | 08/18/2017          |
| <b>3B. Description</b>                      | 08/18/2017          |
| <b>3C. Expansion</b>                        | 08/18/2017          |
| <b>4A. Services</b>                         | 08/18/2017          |
| <b>4B. Housing Type</b>                     | 08/18/2017          |
| <b>5A. Households</b>                       | 08/18/2017          |
| <b>5B. Subpopulations</b>                   | 08/18/2017          |
| <b>5C. Outreach</b>                         | 08/18/2017          |
| <b>6A. Funding Request</b>                  | 08/18/2017          |
| <b>6C. Leased Units</b>                     | 08/18/2017          |
| <b>6D. Leased Structures</b>                | 08/18/2017          |
| <b>6E. Rental Assistance</b>                | 08/18/2017          |
| <b>6F. Supp Srvcs Budget</b>                | 08/18/2017          |

|                                   |                   |
|-----------------------------------|-------------------|
| <b>6G. Operating</b>              | 08/18/2017        |
| <b>6H. HMIS Budget</b>            | 08/18/2017        |
| <b>6I. Match</b>                  | 08/18/2017        |
| <b>6J. Summary Budget</b>         | No Input Required |
| <b>7A. Attachment(s)</b>          | No Input Required |
| <b>7A. In-Kind MOU Attachment</b> | No Input Required |
| <b>7D. Certification</b>          | 08/18/2017        |