

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

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

Street 1: 1120 Monroe NW, Suite 220

Street 2:

City: Grand Rapids

County: Kent

State: Michigan

Country: United States

Zip / Postal Code: 49503

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Ms.

First Name: Anna

Middle Name:

Last Name: Diaz

Suffix:

Title: Chief Operating Officer

Organizational Affiliation: Community Rebuilders

Telephone Number: (616) 458-5102

Extension: 122
Fax Number: (616) 458-8788
Email: adiaz@communityrebuilders.org

1C. 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: Housing Solutions 2

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: 11/01/2018

b. End Date: 10/31/2019

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: 08/31/2017

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: \$321,059.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. 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 (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 --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

2. Sites for Work Performance.

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

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

X

the accompaniment herewith, is true and accurate.



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

Authorized Representative

Prefix: 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.

X

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:

Organization	Type	Sub-Award Amount
This list contains no items		

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

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

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. Community Rebuilders has a solid reputation of spending out and meeting all project deliverables.

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

Community Rebuilder has a 25 year history of managing federal funds. Community Rebuilders has a robust system in place for efficiently distributing funds and managing federally funded projects. Effective staffing, policy and procedure and the ability to translate federal rules and regulations into practices is a skill the organization is praised for by federal agencies. Performance on federally funded projects under the U.S. Department of Veteran Affairs has identified our projects as "exceptional: in their review of our performance. Financial management, grant management, reporting and audit compliance as well as collaboration and transparency are keys to our success at managing federal funds. The organization has been publicly praised by HUD to Local CoC steering council members after an audit HUD invited the steering council, shared our success and encouraged other grantees to learn from our example and processes.

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 acknowledgeable 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: Housing Solutions 2

3. Project Status: Standard

4. Component Type: PH

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

3B. Project Description

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

Community Rebuilders is seeking an expansion to its currently funded Housing Solutions project. Housing Solutions is dedicated to serve chronically homeless households. We know that chronically homeless households face the greatest barriers to obtaining housing and remaining housed long term. With the use of best practices such as a strengths based, housing first model, we are ensuring that this most vulnerable population is receiving the most cost-effective intervention (housing) that serves as a foundation for improved health and well being. A Life Domain Rating Scale is used to measure improvement in health and well-being and self-sufficiency. This tool allows us to see the effectiveness of the PSH program through the eyes of the consumer. The project exceeded the targets for all outcome measures. Because of careful financial oversight and efficient use of resources, Housing solutions served 20% over the projected number to be served. Based on feedback from our consumers this year, a support group was held each month giving consumers the opportunity to share their personal success stories regarding their housing stability. Consumers have enjoyed this and have indicated they want this to continue. New consumers have found the group both motivating and inspiring. Our Housing Resource Specialist staff work with consumers to gain or increase income whenever possible. This is accomplished through connection to benefits or working to increase earned income when possible. All avenues to increase income are explored including non-traditional employment.

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

This application is being submitted as an expansion of our current Housing Solutions project. This request allows the community to provide much needed housing for chronically homeless individuals and families. Because Community Rebuilders' Housing Solutions program is currently in operation, the staff team for Housing Solutions 2 are already trained and experienced. These staff can begin working in the project immediately. Staff will simply transition to a new contract with the availability to meet the unmet needs of chronically homeless households who may need additional supports prior to entry into housing. We have chosen to pursue an expansion to our current project, in order to align with HUD's Federal strategic plan objective #4, to provide permanent supportive housing to prevent and end chronic homelessness. Through our work in leading the ending Veteran homelessness effort, we believe we have the skills, ability, and expertise to end chronic homelessness. Additional funding for this project will allow us to provide the much needed leasing assistance dollars to serve additional households and give Consumers immediate access to safe and affordable housing of their choice. This project will maintain its current operating start date of 11/1/2017. 30-60 days 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. New Participants are entered as openings occur. 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 checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

5. Housing First

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

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

Having too little or little income	<input checked="" type="checkbox"/>
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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 the PH project provide PSH or RRH? PSH

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

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

Dedicated and DedicatedPLUS

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

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

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

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

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? Yes

2. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type? Yes

Enter the PIN number (first 6 numbers of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2017 upon which this project proposes to expand.

Eligible Renewal Grant PIN Number: MI0412

Eligible Renewal Grant Project Name: Housing Solutions.

3. Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Increase the number of homeless persons served

Increase number of homeless persons served

Indicate how the project is proposing to "increase the number of homeless persons served."

Current level of effort	
# of persons served at a point-in-time	25
# of units	25
# of beds	40
New effort	
# of additional persons served at a point in time that this project will provide	21
# of additional units this project will provide	14
# of additional beds this project will provide	21

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.

Every participant will partner with a trained Housing Resource Specialist (HRS), who is experienced in providing strengths based, housing first services. Participant and HRS will develop individualized housing plans that allow the project participant choice in their housing. This begins with pre-tenancy planning and culminates in the execution of a lease. Chronically homeless households will be assisted to negotiate lease terms and will develop a plan to take over full rental payments once project leasing assistance ends. HRS services will promote housing stability this includes, connection to mainstream benefits, counseling, transportation assistance, and educational assistance.

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

Currently our Housing Resource Specialist staff work with consumers to gain or increase income . This is accomplished through connections to benefits, or working to increase earned income. All avenues to increase income are explored including non-traditional I employment. Consumers are assisted to connect with local employment and rehabilitative services that meet their specific needs.

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
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Assessment of Service Needs
Assistance with Moving Costs
Case Management
Child Care
Education Services
Employment Assistance and Job Training
Food
Housing Search and Counseling Services
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Non-Partner	As needed
Non-Partner	As needed
Applicant	As needed
Non-Partner	As needed
Non-Partner	As needed
Non-Partner	As needed
Applicant	As needed
Applicant	As needed
Non-Partner	As needed
Non-Partner	As needed
Non-Partner	As needed
Non-Partner	As needed
Non-Partner	As needed
Non-Partner	As needed
Applicant	As needed
Non-Partner	As needed

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

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



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

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

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

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

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 21

Total Beds: 34

Total Dedicated CH Beds: 34

Housing Type	Units	Beds
Scattered-site apartments (...)	21	34

4B. Housing Type and Location Detail

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

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

a. Units: 21

b. Beds: 34

3. How many beds of the total beds in “2b. 34 Beds” are dedicated to the chronically homeless?

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

4. Address:

Street 1: 1120 Monroe Suite 220

Street 2:

City: Grand Rapid

State: Michigan

ZIP Code: 49503

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

262544 Grand Rapids

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	7	14		21
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	6	13		19
Adults ages 18-24	1	1		2
Accompanied Children under age 18	7			7
Unaccompanied Children under age 18				0
Total Persons	14	14	0	28

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	1	1	1	1			1	1		
Adults ages 18-24	1									
Children under age 18										7
Total Persons	2	1	1	1	0	0	1	1	0	7

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	10	1					1	11		
Adults ages 18-24	1									
Total Persons	11	1	0	0	0	0	1	11	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

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

Describe the unlisted subpopulations referred to above:

children

5C. Outreach for Participants

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

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

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

Our community has an effective coordinated entry system that conducts outreach throughout the community, and multiple times through out the year, many places and using multiple methods. Outreach staff are trauma informed and skilled at reaching out and engaging with homeless person living on the streets. Outreach services are coordinated with local shelters and community mental health teams, law enforcement and community health care providers as well as other local community organizations.

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? Permanent Housing Bonus

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

4. Select a grant term: 1 Year

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

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

Total Annual Assistance Requested:		\$191,064	
Grant Term:		1 Year	
Total Request for Grant Term:		\$191,064	
Total Units:		21	
FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
MI - Grand Rapids...	21	\$191,064	\$191,064

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 FMR Area (2608199999)

Leased Units Annual Budget

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Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO		x	\$391	\$391	x	12	=	\$0
0 Bedroom		x	\$521	\$521	x	12	=	\$0
1 Bedroom	14	x	\$627	\$627	x	12	=	\$105,336
2 Bedroom	2	x	\$776	\$776	x	12	=	\$18,624
3 Bedroom	4	x	\$1,091	\$1,091	x	12	=	\$52,368
4 Bedroom	1	x	\$1,228	\$1,228	x	12	=	\$14,736
5 Bedroom		x	\$1,412	\$1,412	x	12	=	\$0
6 Bedroom		x	\$1,596	\$1,596	x	12	=	\$0
7 Bedroom		x	\$1,781	\$1,781	x	12	=	\$0
8 Bedroom		x	\$1,965	\$1,965	x	12	=	\$0
9 Bedroom		x	\$2,149	\$2,149	x	12	=	\$0
Total units and annual assistance requested:	21							\$191,064
Grant term:								1 Year
Total request for grant term:								\$191,064

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

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

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	1 FTE HRS + benefits .25 Supervisor + benefits	\$79,192
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	Consumer groups 12/ year at 85.00	\$1,020
8. Housing/Counseling Services	.2 FTE HRS + benefits	\$9,160
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

14. Substance Abuse Treatment Services		
15. Transportation	47.00 monthly bus passess times 60	\$2,820
16. Utility Deposits		
17. Operating Costs	office supplies, space, for 1.75 FTE	\$4,000
Total Annual Assistance Requested		\$96,192
Grant Term		1 Year
Total Request for Grant Term		\$96,192

Click the 'Save' button to automatically calculate totals.

6H. HMIS Budget

Instructions:

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software		
3. Services		
4. Personnel	.15 FTE and benefits HMIS	\$11,329
5. Space & Operations		
Total Annual Assistance Requested:		\$11,329
Grant Term:		1 Year
Total Request for Grant Term:		\$11,329

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:	\$22,756
Total Value of In-Kind Commitments:	\$12,200
Total Value of All Commitments:	\$34,956

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

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

Program Participants contribution towards rent.

1b. Estimate the amount of program income \$22,756
that will be used as Match for this project:

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	Private	Program income	08/31/2017	\$22,756
Yes	In-Kind	Private	The Salvation Arm...	08/31/2017	\$12,200

Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Private
- 4. Name the source of the commitment:** Program income
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/31/2017
- 6. Value of Written Commitment:** \$22,756

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 Social Services
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/31/2017
- 6. Value of Written Commitment:** \$12,200

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	\$191,064	1 Year	\$191,064
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$96,192	1 Year	\$96,192
5. Operating	\$0	1 Year	\$0
6. HMIS	\$11,329	1 Year	\$11,329
7. Sub-total Costs Requested			\$298,585
8. Admin (Up to 10%)			\$22,474
9. Total Assistance Plus Admin Requested			\$321,059
10. Cash Match			\$22,756
11. In-Kind Match			\$12,200
12. Total Match			\$34,956
13. Total Budget			\$356,015

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

**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.

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

7A. In-Kind MOU Attachment

No Input Required

7D. Certification

08/18/2017