



2017 COC PROGRAM COMPETITION RENEWAL PROJECT APPLICATION HOUSING PROJECTS

AGENCY PROFILE	
Legal Name of Agency	Community Rebuilders
Project Name	Community Rebuilders – Kent/Grand Rapids – Keys First
Contact Person	Vera Beech
Title	Executive Director
Address	1120 Monroe Ave NW Suite 220 Grand Rapids, MI 49503
Email	vbeech@communityrebuilders.org
Phone	616-458-5102

Check one:

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

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

Name: Vera Beech	Title: Executive Director
Date of Board Authorization:	9/14/2017
Date of Anticipated Board Authorization:	9/14/2017

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

GENERAL PROJECT INFORMATION

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

This project achieves national recognition for its rapid rehousing outcomes, 100% of participants exited to permanent housing in this contract year. Families served are able to exit homelessness despite the difficult rental market and quickly secure housing of their choice. Significantly our model of service deliver has allowed us to serve many more households than we are contracted to serve. We served 108 households and were only required to serve 25. This is a testament to our ability to partner with households and rally community resources and natural supports to assist families to maintain housing effectively and efficiently. This project serves a lot of youth as defined by HUD. 35 18-24 year olds were served in this project. 259 children were served in this contract year; these were children who were living in shelters or places on fit for human habitation who now now have a place to call home. 32% of adults served are survivors of domestic violence. It's also a very cost effective project with the average amount of financial assistance provided to stabilize a family being \$3,141.00.

1b. Use the last completed grant year APR for this and all other data/outcome measure questions.

Number of Units	Number of Stayers	Number of Leavers
26	105	283

2. Has the project had any significant changes since the last funding approval
Yes/No if "yes" complete the chart below to indicate the change.

Check change type		Previous	New
<input type="checkbox"/>	Decrease in the number of persons served		
<input type="checkbox"/>	Change in number of units		
<input type="checkbox"/>	Change in project site location		
<input type="checkbox"/>	Change in target population		
<input type="checkbox"/>	Change in component type		
<input type="checkbox"/>	Change in grantee/applicant		
<input type="checkbox"/>	Line item or cost category budget changes more than 10%		

<input type="checkbox"/>	Other: Click here to enter text.		
If change was made include as many of the following that apply as attachments to your application:			
Attached (check)			
<input type="checkbox"/>	Attachment: Written communication to HUD requesting the significant change		
<input type="checkbox"/>	Attachment: HUD's written approval of the change requested		
<input type="checkbox"/>	N/A: HUD has not yet provided written approval of the requested change		

SECTION I: Project Effectiveness

3. Does the project serve priority populations (Veterans, Chronically Homeless, Families, Youth, Domestic Violence Survivors)? Enter the number of units dedicated or prioritized for each population at turnover.

	Number of Units		
	Dedicated	Dedicated Plus	Prioritized
Veterans	Click here to enter text.	Click here to enter text.	Click here to enter text.
Chronically Homeless	Click here to enter text.	Click here to enter text.	Click here to enter text.
Families	26	Click here to enter text.	Click here to enter text.
Youth	Click here to enter text.	Click here to enter text.	Click here to enter text.
Domestic Violence	Click here to enter text.	Click here to enter text.	Click here to enter text.

4. Low Barrier

To earn points as Low Barrier, the project must answer affirmatively to all the following questions

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

5. Housing First

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

Does the project work to ensure that participants are NOT terminated from the program due to the following:	
Failure to participate in supportive services	Yes
Failure to make progress on a service plan	Yes
Loss of income or failure to improve income	Yes

Being a victim of domestic violence	Yes
Any other activity not typically covered in a lease agreement typically found in the project's geographic area.	Yes
Does the project quickly move participants into permanent housing?	Yes

6. Did the project take 100% of all referrals from Coordinated Entry in the past grant year? (Or community process if Category 4 homelessness) (Verified by HMIS Staff, next year verified by HMIS Reports) **Yes**

Efficient Use of Funding

7. What was the project's utilization rate? (*Average of Quarterly Point- in-Time Counts in APR 9 divided by total contracted units. New Projects will only use average of last two quarters in the operating year.*)

[Click here to enter text.](#)

111%

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

a. Total amount authorized within eLOCCS	820,794
b. Remaining balance in eLOCCS	0
c. Percentage recaptured Divide answer b. by answer a. and multiply by 100	0

9. Were drawdowns made to eLOCCS at least quarterly? (*Demonstrated in eLOCCS attachment*)

Yes

HMIS Participation

10. Indicate how many APR Data Quality Elements (DQE) have 5% or less null or missing values (*APR Q06*):

Data Quality Element APR 6a.-6d.			
Number of elements with 5% or less null or missing values			
DQE 6a.	DQE 6b.	DQE 6c.	DQE 6d.
5	5	4	3
Total the numbers above, divide by 16, multiply by 100 for a percent: 106.3%			

HUD Monitoring

11. a. Does the recipient have any HUD monitoring findings in any of the agency's projects? **No**

If yes, explain below findings in detail for the Funding Review Panel. Include details on the nature of the finding, resolution and corrective actions taken, if any.

[Click here to enter text.](#)

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

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

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

Impact on Homelessness

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

<input checked="" type="checkbox"/>	The project would close and 388 individuals would immediately become homeless if it were to not be funded.
<input type="checkbox"/>	Loss of funding would result in loss of housing options and could mean eventual displacement or increase in homelessness.
<input type="checkbox"/>	Loss of funding would negatively impact services and resources but not a clear loss of housing options.
<input type="checkbox"/>	Loss of funding would minimally impact the number of housing options or resources available.

13. Is this project the only CoC funded project with dedicated beds to a particular target population?

Answered by Funding Review based on all submitted applications

14. This year, funds that are reallocated may be added to renewal projects to increase the number of households served. If funding is available, would this project be a good candidate to add additional funding to and how might it be used?

Yes, It would be used to serve additional households.

Serving High Need Populations

15. What percentage of the households served met "hard to serve" criteria defined as having zero income at Start/entry? (APR 23. Add values for No Income and divide by Total in last row):

61%

16. What percentage of the households served met “hard to serve” criteria defined as having two (2) or more physical or mental health conditions known at Start/entry (APR 13.a.2. add totals for one, two and three or more conditions, then divide by total):

20%

17. What percentage of the households served were chronically homeless? (APR Q26a. divide total chronically homeless by total households):

3%

Section II. Project Performance

Performance Data

18. Length of Stay

a. Permanent Supportive Housing: Calculate the percentage of leavers that remained in project more than 180 days (APR 22a.1)

NA

b. Rapid Re-Housing: Calculate the percentage of participants that took 30 days or less from project entry to lease up (CAPER 22C)

NA CAPER 22 C is not available for this project CAPER is an ESG report or HOPWA report.

c. Transitional Housing: Calculate the average length of project stay in days (APR 22b)

NA

19. Exits to Permanent Housing

a. Permanent Supportive Housing: Calculate the percentage of participants who remained in project, or exited to permanent housing destinations. (Total Persons Exiting to Positive Housing Destinations APR Q23.a.+ Q23b. + Stayers 5.a.8/ [Total Served 5.a.1. – Excluded Q23.a. + Q23.b.]

NA

b. Rapid Re-Housing: Calculate the percentage of participants who exited to permanent housing destinations (Total Persons Exiting to Positive Housing Destinations APR Q23.a.+ Q23b./ [Total Leavers 5.a.5. – Excluded Q23.a. + Q23.b.]

NA

c. Transitional Housing: Calculate the percentage of participants who exited to permanent housing destinations (Total Persons Exiting to Positive Housing Destinations APR Q23.a.+ Q23b./ [Total Leavers 5.a.5. – Excluded Q23.a. + Q23.b.]

100%

20. New or Increased Income and Earned Income

a. PSH Only Project Stayers: What percent of project stayers had new or increased earned income with in the project contract year? *APR 19a.1*

NA

b. PSH Only Project Stayers: What percent of project stayers had new or increased other (non-employment) income? *APR 19a.1*

NA

c. Project Leavers: What percent of project leavers had new or increased earned income? *APR 19a.2*

41%

d. Project Leavers: What percent of project leavers had new or increased other (non-employment) income? *APR 19a.2*

56%

Financial Information

PROJECT BUDGET

Activity	Requested Funds	% of Requested Funds	Other Funding	Total Project Cost
Acquisition	56%	<div><div></div></div> %		
New Construction	0	<div><div></div></div> %		
Rehabilitation	0	<div><div></div></div> %		
Leasing	0	<div><div></div></div> %		
Rental Assistance	353,832	42 %		353,832
Supportive Services	391,463	47 %		391,463
Operating Costs	0	<div><div></div></div> %		
HMIS	41,200	5 %		41,200
Project Administration (limited to 7%)	54,435	6 %		54,435
Total Project Cost	840,930			840,930

Attachment A

Identify all match and leveraging funds. Only those dollars or non-cash contributions (in-kind) that directly support the project should be listed. This may include federal, state, or local government funds, private funds, grants, and/or other sources, including donations. Worksheet should reflect information in eSnaps application.

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

Resource	Cash or In Kind	Committed or Planned/ Pending	Available (MM/YY)	Amount/ Value	% of HUD Project Award	Serves as CoC Program Match? (Y/N)
United Way – CR	Cash	Committed	11/18	75,000	9%	Yes
HOME Investment Partnership Program	Cash	Committed	11/18	75,000	9%	Yes
State of Michigan - PSH	Cash	Committed	11/18	10,000	1%	Yes
The Salvation Army	In Kind	Committed	11/18	65,000	8%	Yes
	Cash/Kind	C/PP	MM/YY		%	Yes/No
	Cash/Kind	C/PP	MM/YY		%	Yes/No
	Cash/Kind	C/PP	MM/YY		%	Yes/No
	Cash/Kind	C/PP	MM/YY		%.	Yes/No
Total leveraged from other sources				225,000	27%	

Attach additional forms as necessary

Attachment B

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

All projects must include:

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

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

☒ Project Application submitted in *e-snaps*

Each applicant must include one of the following two:

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

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

If relevant include:

☐ Organization's response to any findings

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

☐ Any other relevant documentation

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

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

Attachment C

HUD General Section Certificates

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

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

Keys First - EDA Submission

Report Options

Provider Type ☒ [Provider](#) ☐ [Reporting Group](#)

Provider * Community Rebuilders - Kent/Grand Rapids - Keys First (10322)
☐ [This provider AND its subordinates](#) ☒ [This provider ONLY](#)

Program Date Range * 11/01/2015 to 10/31/2016

Entry/Exit Types * ☐ [Basic](#) ☐ [Basic Center Program Entry/Exit](#) ☒ [HUD](#) ☐ [PATH](#) ☐ [Quick Call](#) ☐ [RHY](#) ☐ [Standard](#) ☐ [Transitional Living Program Entry/Exit](#) ☐ [VA](#) ☐ [HPRP \(Retired\)](#)

CoC-APR Report Results

4a - Project Identifiers in HMIS

Organization Name	Community Rebuilders - Kent/Grand Rapids CoC
Organization ID	2154
Project Name	Community Rebuilders - Kent/Grand Rapids - Keys First
Project ID	10322
HMIS Project Type	PH - Rapid Re-Housing (HUD)
Method of Tracking ES	
If HMIS Project ID = 6 (S Only)	
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	
If 2.4, Dependent A = 1	
Identify the Project ID's of the housing projects this project is affiliated with	

5a - Report Validation Table

Report Validation Table	
1. Total Number of Persons Served	388
2. Number of Adults (age 18 or over)	129
3. Number of Children (under age 18)	259
4. Number of Persons with Unknown Age	0
5. Number of Leavers	283
6. Number of Adult Leavers	94
7. Number of Adult and Head of Household Leavers	95
8. Number of Stayers	105
9. Number of Adult Stayers	35
10. Number of Veterans	3
11. Number of Chronically Homeless Persons	13
12. Number of Youth Under Age 25	28
13. Number of Parenting Youth Under Age 25 with Children	27
14. Number of Adult Heads of Household	107
15. Number of Child and Unknown-Age Heads of Household	1
16. Heads of Households and Adult Stayers in the Project 365 Days or More	0

6a - Data Quality: Personally Identifiable Information

Data Element	Client Doesn't Know/Client Refused	Information Missing	Data Issues	% of Error Rate
Name (3.1)	0	0	0	0%
SSN (3.2)	3	1	66	18%
Date of Birth (3.3)	0	0	5	1%
Race (3.4)	0	0		0%
Ethnicity (3.5)	0	0		0%
Gender (3.6)	0	0		0%
Overall Score				19%

6b - Data Quality: Universal Data Elements

Data Element	Error Count	% of Error Rate
Veteran Status (3.7)	0	0%
Project Entry Date (3.10)	0	0%
Relationship to Head of Household (3.15)	4	1%

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

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

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

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

Agency: **Community Rebuilders**

Acknowledged By: **Vera Beech**



Title: Executive Director

Date: 8/15/2017

Client Location (3.16)	0	0%
Disabling Condition (3.8)	1	0%

5c - Data Quality: Income and Housing Data Quality

Data Element	Error Count	% of Error Rate
Destination (3.12)	0	0%
Income and Sources (4.2) at Entry	2	2%
Income and Sources (4.2) at Annual Assessment	0	0%
Income and Sources (4.2) at Exit	1	1%

6d - Data Quality Chronic Homelessness

Entering into project type	Count of total records	Missing time in institution (3.917.2)	Missing time in housing (3.917.2)	Approximate Date started (3.917.3) DK/R/missing	Number of times (3.917.4) DK/R/missing	Number of months (3.917.5) DK/R/missing	% of records unable to calculate
ES, SH, Street Outreach	0			0	0	0	0%
TH	0	0	0	0	0	0	0%
PH(all)	130	0	0	2	0	1	2%
Total	130						2%

6e - Data Quality: Timeliness

Time For Record Entry	Number of Project Entry Records	Number of Project Exit Records
0 days	10	0
1 - 3 days	2	23
4 - 6 days	10	7
7 - 10 days	8	28
11+ days	358	225

6f - Data Quality: Inactive Records: Street Outreach and Emergency Shelter

	# of Records	# of Inactive Records	% of Inactive Records
Contact (Adults and Heads of Household in Street Outreach or ES - NBN)	0	0	0%
Bed Night (All clients in ES - NBN)	0	0	0%

7a - Number of Persons Served

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Adults	129	0	129		0
Children	259		258	1	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	388	0	387	1	0

7b - Point-in-Time Count of Persons on the Last Wednesday

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	146	0	146	0	0
April	46	0	45	1	0
July	70	0	70	0	0
October	133	0	133	0	0

8a - Number of Households Served

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Total Households	108	0	108	0	0

8b - Point-in-Time Count of Households on the Last Wednesday

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	40	0	40	0	0
April	16	0	16	0	0
July	23	0	23	0	0
October	36	0	36	0	0

9a - Number of Persons Contacted

	All Persons Contacted	First Contact was at a place not meant for human habitation	First contact was at a non-residential service setting	First contact was at a residential service setting	First contact place was missing
Once	0	0	0	0	0
2-5 Times	0	0	0	0	0
6-9 Times	0	0	0	0	0
10+ Times	0	0	0	0	0
Total Persons Contacted	0	0	0	0	0

9b - Number of Persons Engaged

	All Persons Contacted	First Contact was at a place not meant for human habitation	First contact was at a non-residential service setting	First contact was at a residential service setting	First contact place was missing
Once	0	0	0	0	0
2-5 Times	0	0	0	0	0
6-9 Times	0	0	0	0	0
10+ Times	0	0	0	0	0
Total Persons Engaged	0	0	0	0	0
Rate of Engagement	0%	0%	0%	0%	0%

10a - Gender of Adults

	Total	Without Children	With Children and Adults	Unknown Household Type
Male	22	0	22	0
Female	107	0	107	0
Transgender male to female	0	0	0	0
Transgender female to male	0	0	0	0
Doesn't identify as male, female, or transgender	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
Subtotal	129	0	129	0

10b - Gender of Children

	Total	With Children and Adults	With Only Children	Unknown Household Type
Male	117	117	0	0
Female	142	141	1	0
Transgender male to female	0	0	0	0
Transgender female to male	0	0	0	0
Doesn't identify as male, female, or transgender	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
Subtotal	259	258	1	0

10c - Gender of Persons Missing Age Information

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	0	0	0	0	0
Female	0	0	0	0	0
Transgender male to female	0	0	0	0	0
Transgender female to male	0	0	0	0	0
Doesn't identify as male, female, or transgender	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Subtotal	0	0	0	0	0

11 - Age

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Under 5	110		110	0	0
5 - 12	109		109	0	0
13 - 17	40		39	1	0
18 - 24	35	0	35		0
25 - 34	50	0	50		0
35 - 44	30	0	30		0
45 - 54	10	0	10		0
55 - 61	2	0	2		0
62 +	2	0	2		0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	388	0	387	1	0

12a - Race

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
White	57	0	56	1	0
Black or African American	275	0	275	0	0
Asian	1	0	1	0	0
American Indian or Alaska Native	6	0	6	0	0
Native Hawaiian or Other Pacific Islander	1	0	1	0	0

Multiple races	59	0	59	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	388	0	387	1	0

12b - Ethnicity

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Non-Hispanic/Non-Latino	354	0	353	1	0
Hispanic/Latino	34	0	34	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	388	0	387	1	0

13a1 - Physical and Mental Health Conditions at Entry

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Mental Health Problem	23	0	23	0	0
Alcohol Abuse	1	0	1	0	0
Drug Abuse	0	0	0	0	0
Both Alcohol and Drug Abuse	0	0	0	0	0
Chronic Health Condition	26	0	26	0	0
HIV/AIDS	1	0	1	0	0
Development Disability	35	0	35	0	0
Physical Disability	39	0	39	0	0

13b1 - Physical and Mental Health Conditions at Exit

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Mental Health Problem	16	0	16	0	0
Alcohol Abuse	1	0	1	0	0
Drug Abuse	0	0	0	0	0
Both Alcohol and Drug Abuse	0	0	0	0	0
Chronic Health Condition	21	0	21	0	0
HIV/AIDS	0	0	0	0	0
Development Disability	23	0	23	0	0
Physical Disability	29	0	29	0	0

13c1 - Physical and Mental Health Conditions of Stayers

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Mental Health Problem	7	0	7	0	0
Alcohol Abuse	0	0	0	0	0
Drug Abuse	0	0	0	0	0
Both Alcohol and Drug Abuse	0	0	0	0	0
Chronic Health Condition	6	0	6	0	0
HIV/AIDS	1	0	1	0	0
Development Disability	12	0	12	0	0
Physical Disability	10	0	10	0	0

13a2 - Number of Conditions at Entry

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
None	310	0	309	1	0
1 Condition	40	0	40	0	0
2 Conditions	27	0	27	0	0
3+ Conditions	10	0	10	0	0
Condition Unknown	1	0	1	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	388	0	387	1	0

13b2 - Number of Conditions at Exit

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
None	230	0	229	1	0
1 Condition	22	0	22	0	0
2 Conditions	20	0	20	0	0
3+ Conditions	9	0	9	0	0
Condition Unknown	2	0	2	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0

Total	283	0	282	1	0
13c2 - Number of Conditions for Stayers					
	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
None	79	0	79	0	0
1 Condition	17	0	17	0	0
2 Conditions	7	0	7	0	0
3+ Conditions	1	0	1	0	0
Condition Unknown	1	0	1	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	105	0	105	0	0
14a - Domestic Violence History					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	43	0	43	0	0
No	87	0	87	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	130	0	130	0	0
14b - Persons Fleeing Domestic Violence					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	17	0	17	0	0
No	19	0	19	0	0
Client Doesn't Know/Client Refused	1	0	1	0	0
Data not collected	6	0	6	0	0
Total	43	0	43	0	0
15 - Living Situation					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Homeless Situations					
Emergency shelter	79	0	79	0	0
Transitional housing for homeless persons	1	0	1	0	0
Place not meant for human habitation	46	0	46	0	0
Safe Haven	1	0	1	0	0
Interim Housing	0	0	0	0	0
Subtotal	127	0	127	0	0
Institutional Settings					
Psychiatric hospital or facility	0	0	0	0	0
Substance abuse or detox center	0	0	0	0	0
Hospital (non-psychiatric)	0	0	0	0	0
Jail, prison, or juvenile detention	0	0	0	0	0
Foster care home or foster care group home	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Locations					
PH for formerly homeless persons	0	0	0	0	0
Owned by client, no subsidy	0	0	0	0	0
Owned by client, with subsidy	0	0	0	0	0
Rental by client, no subsidy	0	0	0	0	0
Rental by client, with VASH subsidy	0	0	0	0	0
Rental by client with GPD TIP subsidy	0	0	0	0	0
Rental by client with other subsidy	0	0	0	0	0
Hotel/Motel, paid by client	0	0	0	0	0
Staying or living with friend(s)	0	0	0	0	0
Staying or living with family	3	0	3	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Subtotal	3	0	3	0	0
Total	130	0	130	0	0
16 - Cash Income - Ranges					
				Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
				Income at Entry	

No Income	57	0	12
\$1 - 150	2	0	2
\$151 - \$250	1	0	3
\$251 - \$500	12	0	4
\$501 - \$1000	27	0	25
\$1001 - \$1500	18	0	24
\$1501 - \$2000	7	0	8
\$2001 +	5	0	15
Client Doesn't Know/Client Refused	0	0	0
Data not collected	0	0	1
Number of adult stayers not yet required to have an annual assessment		35	
Number of adult stayers without required annual assessment		0	
Total Adults	129	35	94

17 - Cash Income - Sources

	Income at Entry	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	30	0	54
Unemployment Insurance	2	0	1
SSI	26	0	19
SSDI	10	0	8
VA Service - Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
TANF or Equivalent	12	0	12
General Assistance	3	0	2
Retirement (Social Security)	0	0	0
Pension from Former Job	0	0	0
Child Support	21	0	13
Alimony (Spousal Support)	0	0	1
Other Source	2	0	10
Adults with Income Information at Entry and Annual Assessment/Exit		0	49

18 - Client Cash Income Category - Earned/Other Income Category - by Entry and Annual Assessment/Exit Status

Number of Adults by Income Category	Number of Adults at Entry	Number of Adults at Annual Assessment (Stayers)	Number of Adults at Exit (Leavers)
Adults with Only Earned Income (i.e., Employment Income)	21	0	37
Adults with Only Other Income	42	0	27
Adults with Both Earned and Other Income	9	0	17
Adults with No Income	57	0	13
Adults with Client Doesn't Know/Client Refused Income Information	0	0	0
Adults with Missing Income Information	0	0	0
Number of adult stayers not yet required to have an annual assessment		35	
Number of adult stayers without required annual assessment		0	
Total Adults	129	35	94
1 or More Source of Income	84	0	83
Adults with Income Information at Entry and Annual Assessment/Exit		0	49

19a1 - Client Cash Income Change - Income Source - by Entry and Latest Status

Income Change by Income Category (Universe: Adult Stayers with Income Information at Entry and Annual Assessment)	Had Income Category at Entry and Did Not Have It at Annual Assessment	Retained Income Category But Had Less \$ at Annual Assessment Than at Entry	Retained Income Category and Same \$ at Annual Assessment as at Entry	Retained Income Category and Increased \$ at Annual Assessment	Did Not Have the Income Category at Entry and Gained the Income Category at Annual Assessment	Did Not Have the Income Category at Entry or at Annual Assessment	Total Adults (Including those with No Income)	Performance Measure: Adults who Gained or Increased Income from Entry to Annual Assessment, Average Gain	Performance Measure: Percent of Persons who Accomplished this Measure
Number of Adults with Earned Income (i.e., Employment Income)	0	0	0	0	0	0	0	0	0%
Average Change in Earned Income	0	0		0	0			0	
Number of Adults with Other Income	0	0	0	0	0	0	0	0	0%
Average Change in Other Income	0	0		0	0			0	

[illegible]

Medicare	6	0	3
State Children's Health Insurance Program	1	0	1
VA Medical Services	0	0	0
Employer Provided Health Insurance	5	0	4
Health Insurance through COBRA	0	0	0
Private Pay Health Insurance	1	0	1
State Health Insurance for Adults	0	0	0
Indian Health Services Program	0	0	0
Other	0	0	0
No Health Insurance	24	0	15
Client Doesn't Know/Client Refused	0	0	0
Data not collected	1	0	1
Number of stayers not yet required to have an annual assessment		105	
1 Source of Health Insurance	355	0	263
More than 1 Source of Health Insurance	8	0	5

22a1 - Length of Participation - CoC Projects

	Total	Leavers	Stayers
30 days or less	33	9	24
31 to 60 days	31	5	26
61 to 90 days	33	11	22
91 to 180 days	177	151	26
181 to 365 days	114	107	7
366 to 730 Days (1-2 Yrs)	0	0	0
731 to 1,095 Days (2-3 Yrs)	0	0	0
1,096 to 1,460 Days (3-4 Yrs)	0	0	0
1,461 to 1,825 Days (4-5 Yrs)	0	0	0
More than 1,825 Days (>5 Yrs)	0	0	0
Data not collected	0	0	0
Total	388	283	105

22b - Average and Median Length of Participation in Days

	Leavers	Stayers
Average Length	164	78
Median Length	170	61

23a - Exit Destination - More than 90 days

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing subsidy	0	0	0	0	0
Owned by client, with ongoing subsidy	0	0	0	0	0
Rental by client, no ongoing subsidy	204	0	204	0	0
Rental by client, with VASH subsidy	0	0	0	0	0
Rental by client with GPD TIP subsidy	0	0	0	0	0
Rental by client, other ongoing subsidy	54	0	54	0	0
PH for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Subtotal	258	0	258	0	0
Temporary Destinations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0
Place not meant for human habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel, paid by client	0	0	0	0	0
Subtotal	0	0	0	0	0
Institutional Settings					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention	0	0	0	0	0

Long-term care facility or nursing home	0	0	0	0	0
* Subtotal	0	0	0	0	0
Other Destinations					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
Subtotal	0	0	0	0	0
Total	258	0	258	0	0
Total persons exiting to positive housing destinations	258	0	258	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	100%	0%	100%	0%	0%

23b - Exit Destination - 90 Days or Less

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing subsidy	0	0	0	0	0
Owned by client, with ongoing subsidy	0	0	0	0	0
Rental by client, no ongoing subsidy	13	0	12	1	0
Rental by client, with VASH subsidy	0	0	0	0	0
Rental by client with GPD TIP subsidy	0	0	0	0	0
Rental by client, other ongoing subsidy	11	0	11	0	0
PH for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	1	0	1	0	0
Subtotal	25	0	24	1	0
Temporary Destinations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0
Place not meant for human habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel, paid by client	0	0	0	0	0
Subtotal	0	0	0	0	0
Institutional Settings					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Destinations					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
Subtotal	0	0	0	0	0
Total	25	0	24	1	0
Total persons exiting to positive housing destinations	25	0	24	1	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	100%	0%	100%	100%	0%

25a - Number of Veterans

	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	0	0	0	0
Non-Chronically Homeless Veteran	3	0	3	0
Not a veteran	126	0	126	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0

Total	129	0	129	0
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25b - Number of Veteran Households

	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	0	0	0	0
Non-Chronically Homeless Veteran	2	0	2	0
Not a veteran	105	0	105	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
Total	107	0	107	0

25c - Gender - Veterans

	Total	Without Children	With Children and Adults	Unknown Household Type
Male	3	0	3	0
Female	0	0	0	0
Transgender male to female	0	0	0	0
Transgender female to male	0	0	0	0
Doesn't identify as male, female, or transgender	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
Subtotal	3	0	3	0

25d - Age - Veterans

	Total	Without Children	With Children and Adults	Unknown Household Type
18 - 24	0	0	0	0
25 - 34	1	0	1	0
35 - 44	0	0	0	0
45 - 54	1	0	1	0
55 - 61	0	0	0	0
62 +	1	0	1	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
Total	3	0	3	0

25e - Physical and Mental Health Conditions - Veterans

	Conditions at Entry	Conditions at Latest Assessment for Stayers	Conditions at Exit for Leavers
Mental Health Problem	0	0	0
Alcohol Abuse	0	0	0
Drug Abuse	0	0	0
Both Alcohol and Drug Abuse	0	0	0
Chronic Health Condition	0	0	0
HIV/AIDS	0	0	0
Development Disability	0	0	0
Physical Disability	0	0	0

25f - Cash Income Category - Income Category - by Entry and Annual/Exit Status - Veterans

	Number of Veterans at Entry	Number of Veterans at Annual Assessment (Stayers)	Number of Veterans at Exit (Leavers)
Number of Veterans by Income Category			
Veterans with Only Earned Income (i.e., Employment Income)	0	0	1
Veterans with Only Other Income	2	0	0
Veterans with Both Earned and Other Income	0	0	0
Veterans with No Income	1	0	0
Veterans with Client Doesn't Know/Client Refused Income Information	0	0	0
Veterans with Missing Income Information	0	0	0
Number of veterans not yet required to have an annual assessment		2	
Number of veterans without required annual assessment		0	
Total Veterans	3	2	1

25g - Type of Cash Income Sources - Veterans

	Income at Entry	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	0	0	1
Unemployment Insurance	1	0	0

SSI	1	0	0
SSDI	0	0	0
VA Service - Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
TANF or Equivalent	0	0	0
General Assistance	0	0	0
Retirement (Social Security)	0	0	0
Pension from Former Job	0	0	0
Child Support	0	0	0
Alimony (Spousal Support)	0	0	0
Other Source	0	0	0
Veterans with Income Information at Entry and Annual Assessment/Exit		0	1

25h - Type of Non-Cash Benefit Sources - Veterans

	Benefit at Entry	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutrition Assistance Program	0	0	0
WIC	0	0	0
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	0	0	0

25i - Exit Destination - Veterans

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing subsidy	0	0	0	0	0
Owned by client, with ongoing subsidy	0	0	0	0	0
Rental by client, no ongoing subsidy	1	0	1	0	0
Rental by client, with VASH subsidy	0	0	0	0	0
Rental by client with GPD TIP subsidy	0	0	0	0	0
Rental by client, other ongoing subsidy	0	0	0	0	0
PH for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Subtotal	1	0	1	0	0
Temporary Destinations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0
Place not meant for human habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel, paid by client	0	0	0	0	0
Subtotal	0	0	0	0	0
Institutional Settings					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Destinations					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
Subtotal	0	0	0	0	0
Total	1	0	1	0	0

Total persons exiting to positive housing destinations	1	0	1	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	100%	0%	100%	0%	0%

26a - Chronic Homeless Status - Number of Households w/at least one or more CH person

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	3	0	3	0	0
Not Chronically Homeless	102	0	102	0	0
Client Doesn't Know/Client Refused	1	0	1	0	0
Data not collected	2	0	2	0	0
Total	108	0	108	0	0

26b - Number of Chronically Homeless Persons by Household

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	13	0	13	0	0
Not Chronically Homeless	372	0	371	1	0
Client Doesn't Know/Client Refused	1	0	1	0	0
Data not collected	2	0	2	0	0
Total	388	0	387	1	0

26c - Gender of Chronically Homeless Persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	3	0	3	0	0
Female	10	0	10	0	0
Transgender male to female	0	0	0	0	0
Transgender female to male	0	0	0	0	0
Doesn't identify as male, female, or transgender	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	13	0	13	0	0

26d - Age of Chronically Homeless Persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
0 - 17	8		8	0	0
18 - 24	1	0	1		0
25 - 34	1	0	1		0
35 - 44	2	0	2		0
45 - 54	1	0	1		0
55 - 61	0	0	0		0
62 +	0	0	0		0
Client Doesn't Know/Client Refused	0	0	0		0
Data not collected	0	0	0		0
Total	13	0	13	0	0

26e - Physical and Mental Health Conditions - Chronically Homeless Persons

	Conditions at Entry	Conditions at Latest Assessment for Stayers	Conditions at Exit for Leavers
Mental Health Problem	3	0	3
Alcohol Abuse	1	0	1
Drug Abuse	0	0	0
Both Alcohol and Drug Abuse	0	0	0
Chronic Health Condition	0	0	0
HIV/AIDS	0	0	0
Development Disability	4	0	4
Physical Disability	3	0	3

26f - Client Cash Income - Chronically Homeless Persons

Number of Chronically Homeless Persons by Income Category	Number of Chronically Homeless Persons at Entry	Number of Chronically Homeless Persons at Annual Assessment (Stayers)	Number of Chronically Homeless Persons at Exit (Leavers)
Chronically Homeless Persons with Only Earned Income (i.e., Employment Income)	0	0	2
Chronically Homeless Persons with Only Other Income	2	0	2
Chronically Homeless Persons with Both Earned and Other Income	1	0	0
Chronically Homeless Persons with No Income	10	0	9

Chronically Homeless Persons with Client Doesn't Know/Client Refused Income Information	0	0	0
Chronically Homeless Persons with Missing Income Information	0	0	0
Number of Chronically Homeless Persons not yet required to have an annual assessment		0	
Number of Chronically Homeless Persons without required annual assessment		0	
Total Chronically Homeless Persons	13	0	13

26g - Type of Cash Income Sources - Chronically Homeless Persons

	Income at Entry	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	1	0	2
Unemployment Insurance	0	0	0
SSI	1	0	1
SSDI	1	0	1
VA Service - Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
TANF or Equivalent	0	0	0
General Assistance	0	0	0
Retirement (Social Security)	0	0	0
Pension from Former Job	0	0	0
Child Support	1	0	0
Alimony (Spousal Support)	0	0	0
Other Source	0	0	0
Chronically Homeless Persons with Income Information at Entry and Annual Assessment/Exit		0	3

26h - Type of Non-Cash Income Sources - Chronically Homeless Persons

	Benefit at Entry	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutrition Assistance Program	5	0	6
WIC	1	0	1
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	0	0	0

27a - Age of Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
12 - 17	1	0	0	1	0
18 - 24	27	0	27	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	28	0	27	1	0

27b - Parenting Youth

	Total Parenting Youth	Total Children of Parenting Youth	Total Persons	Total Households
Parenting youth < 18	0	0	0	0
Parenting youth 18 to 24	27	43	70	27

27c - Gender - Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	0	0	0	0	0
Female	28	0	27	1	0
Transgender male to female	0	0	0	0	0
Transgender female to male	0	0	0	0	0
Doesn't Identify as male, female, or transgender	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	28	0	27	1	0

27d - Living Situation - Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Homeless Situations					
Emergency shelter	18	0	18	0	0
Transitional housing for homeless persons	0	0	0	0	0

Place not meant for human habitation	10	0	9	1	0
Safe Haven	0	0	0	0	0
Interim Housing	0	0	0	0	0
Subtotal	28	0	27	1	0
Institutional Settings					
Psychiatric hospital or facility	0	0	0	0	0
Substance abuse or detox center	0	0	0	0	0
Hospital (non-psychiatric)	0	0	0	0	0
Jail, prison, or juvenile detention	0	0	0	0	0
Foster care home or foster care group home	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Locations					
PH for formerly homeless persons	0	0	0	0	0
Owned by client, no subsidy	0	0	0	0	0
Owned by client, with subsidy	0	0	0	0	0
Rental by client, no subsidy	0	0	0	0	0
Rental by client, with VASH subsidy	0	0	0	0	0
Rental by client with GPD TIP subsidy	0	0	0	0	0
Rental by client with other subsidy	0	0	0	0	0
Hotel/Motel, paid by client	0	0	0	0	0
Staying or living with family	0	0	0	0	0
Staying or living with friend(s)	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Subtotal	0	0	0	0	0
Total	28	0	27	1	0

27e - Length of Participation - Youth

	Total	Leavers	Stayers
30 days or less	0	0	0
31 to 60 days	1	0	1
61 to 90 days	2	2	0
91 to 180 days	11	9	2
181 to 365 days	14	11	3
366 to 730 Days (1-2 Yrs)	0	0	0
731 to 1,095 Days (2-3 Yrs)	0	0	0
1,096 to 1,460 Days (3-4 Yrs)	0	0	0
1,461 to 1,825 Days (4-5 Yrs)	0	0	0
More than 1,825 Days (>5 Yrs)	0	0	0
Data not collected	0	0	0
Total	28	22	6

27f - Exit Destination - Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing subsidy	0	0	0	0	0
Owned by client, with ongoing subsidy	0	0	0	0	0
Rental by client, no ongoing subsidy	19	0	18	1	0
Rental by client, with VASH subsidy	0	0	0	0	0
Rental by client with GPD TIP subsidy	0	0	0	0	0
Rental by client, other ongoing subsidy	3	0	3	0	0
PH for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Subtotal	22	0	21	1	0
Temporary Destinations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0
Place not meant for human habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0

Hotel or motel, paid by client	0	0	0	0	0
Subtotal	0	0	0	0	0
Institutional Settings					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Destinations					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
Subtotal	0	0	0	0	0
Total	22	0	21	1	0
Total persons exiting to positive housing destinations	22	0	21	1	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	100%	0%	100%	100%	0%

**COMMUNITY REBUILDERS, INC.**
Grant Information[Menu](#) [Auth](#)
[Log Off](#) [Bottom](#)[Menu](#) [Portfolio](#) [Grant Information](#)**Grant: MI0415L5F061401** (SNAP) Special Needs Assistance[General](#) [Budget](#) [Vouchers](#)

Keys

Contractual Organization		DUNS Organization	Contract Dates		Funding
Tax ID: 38-3094108		DUNS: 948960398	Renewal Date: 07-13-2018	LOCCS Created: 08-14-2015	Authorized: 820,794.00
COMMUNITY REBUILDERS, INC. 1136 Wealthy St SE Grand Rapids, MI 49506-1543		Tax ID: 38-3094108 ✓ Matches contractual org.	Effective Date: 08-03-2015	Disbursed: 820,794.00	
			Expiration Date: 10-31-2016	In process:	0.00
			Term (months): 12	Balance:	0.00
			Operating Start: 11-01-2015		
Payee Organization:					
- same as contractual-		Region: 05 - MID WEST			
		Office: 28 - MICHIGAN STATE OFC.			

Contract Status:

GAR covering 11-01-2015 to 10-31-2016, due 01-29-2017

Grant is late in reporting above document ...drawdowns suspended

[Privacy Statement](#)

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 via 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 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2017 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 08/18/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MI0415

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

X

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

Applicant: Community Rebuilders

948960398

Project: Keys First

154860

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: Keys First

16. Congressional District(s):

a. Applicant: MI-003, MI-002
(for multiple selections hold CTRL key)

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

17. Proposed Project

a. Start Date: 11/01/2017

b. End Date: 10/31/2018

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

If "YES", enter the date this application was made available to the State for review: 11/07/2016

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: 08/18/2017

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: 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: \$840,930.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Keys First 1120 Monroe NW, Suite 220 Grand Rapids Michigan

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

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	Social Security No.	Type of	Financial Interest	Financial Interest
Renewal Project Application FY2017		Page 10		08/18/2017

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity (\$)	in Project/Activity (%)
NA	NA	NA	\$0.00	0%
NA				
NA				
NA				
NA				

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 Federal agency 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;	

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 the accompaniment herewith, is true and

X

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: 08/18/2017

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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

Applicant's Organization: Community Rebuilders

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

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

Date Signed: 08/18/2017

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

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

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

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

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

Legal Name: 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 Official: Considered signed upon submission in e-snaps.

Date Signed: 08/18/2017

Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.



Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: \$214,563

Organization	Type	Type	Sub-Award Amount
The Central Territory of Salvation Army	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$214,563

2A. Project Subrecipients Detail

a. Organization Name: The Central Territory of Salvation Army

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 38-2699001

	* d. Organizational DUNS:	125624804	PLUS 4	
--	----------------------------------	-----------	---------------	--

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: \$214,563

j. Contact Person

Prefix: Mrs.

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: 616-459-9468

Extension: 3,001

Fax Number: 616-459-5372

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

2B. Recipient Performance

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No

3A. Project Detail

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Expiring Grant Number: MI0415

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MI-506 - Grand Rapids, Wyoming/Kent County CoC

2b. CoC Collaborative Applicant Name: Heart of West Michigan United Way

3. Project Name: Keys First

4. Project Status: Standard

5. Component Type: PH

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

3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

Keys First will serve households with children who have been living on the streets or in emergency shelters. Screening and Assessment for entry into this project will be coordinated through The Salvation Army Social Services who oversees the Housing Assessment Program which is the centralized point of intake for all persons with a housing crisis in Kent County. Resources will be targeted and prioritized based upon community priorities. Families who are living on the streets or in shelters and lack the financial resources and support networks to obtain housing on their own and have incomes at or below 30% of AMI shall be prioritized for this rapid rehousing project. Participants will pay 30% of their adjusted income toward rent and may receive short or medium term assistance based on need. Priority is placed on providing only the least amount of assistance needed by a household to obtain and maintain permanent housing. All 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 near amenities that they most desire or need. All units will meet HUD Housing Quality Standards and rent reasonableness will be the applicable rent standard. All participating households will receive services from a trained Housing Resource Specialist (HRS). HRS's support the continuity of assessment and planning from early intervention through permanent housing stability. Services are based on the Housing First, Strengths based model that values the consumer as a partner and expert about what is needed to obtain housing stability. Services are voluntary but a minimum requirement of monthly contact 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. The Housing Resource Specialist provides services throughout program participation and for six months post exit from rental assistance. Services are designed to enhance participant's housing stability and self-sufficiency. HRS's assist with linkages and utilization of community resources and assist the household with the development of a homeless risk prevention plan. The non-housing related service needs of households are brokered via referral and linkages to mainstream community resources. These mainstream services include, but are not limited to employment services, mental health services, legal advocacy, disability services, primary health care, substance use disorder services, counseling, etc.

2. Does your project have a specific Yes

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population focus?**2a. Please identify the specific population focus. (Select ALL that apply)**

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

Other:**3. Housing First****3a. Does the project quickly move participants into permanent housing** Yes**3b. 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"/>

3c. 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

☐

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? RRH

Is this an SHP Project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? No

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. 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	Monthly
Assistance with Moving Costs	Non-Partner	As needed
Case Management	Applicant	Monthly
Child Care	Non-Partner	As needed
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	Partner	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Applicant	As needed
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Applicant	As needed
Utility Deposits	Non-Partner	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? Yes

2c. At least annual follow-ups with participants to ensure mainstream benefits Yes



are received and renewed?

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

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 26

Total Beds: 90

Housing Type	Units	Beds
Scattered-site apartments (...)	26	90

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: 26

b. Beds: 90

3. Address

Street 1: 1120 Monroe NW Suite 220

Street 2:

City: Grand Rapids

State: Michigan

ZIP Code: 49503

**4. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

266624 Wyoming, 262544 Grand Rapids,
269081 Kent County

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	41	0	0	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
Adults over age 24	25	0		25
Adults ages 18-24	30	0		30
Accompanied Children under age 18	41		0	41
Unaccompanied Children under age 18			0	0
Total Persons	96	0	0	96

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24	1	0	3	0	0	0	4	0	0	17
Adults ages 18-24	0	0	4	0	0	1	4	0	0	21
Children under age 18	0			0	0	0	0	0	0	41
Total Persons	1	0	7	0	0	1	8	0	0	79

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24										
Adults ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

Describe the unlisted subpopulations referred to above:

Category 1 Literally homeless with children.

5C. Outreach for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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.
0%	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in the FY 2017 CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

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

4. Renewal Grant Term: 1 Year

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

Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input checked="" type="checkbox"/>

6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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:		\$353,832	
Total Units:		26	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MI - Grand Rapids-Wyoming, MI HUD Met...	26	\$353,832

Rental Assistance Budget Detail

Type of Rental Assistance: TRA


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

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$391	\$391	x		=	\$0
0 Bedroom		x	\$521	\$521	x		=	\$0
1 Bedroom		x	\$627	\$627	x		=	\$0
2 Bedrooms	4	x	\$776	\$776	x		=	\$37,248
3 Bedrooms	10	x	\$1,091	\$1,091	x		=	\$130,920
4 Bedrooms	8	x	\$1,228	\$1,228	x		=	\$117,888
5 Bedrooms	4	x	\$1,412	\$1,412	x		=	\$67,776
6 Bedrooms		x	\$1,596	\$1,596	x		=	\$0
7 Bedrooms		x	\$1,781	\$1,781	x		=	\$0
8 Bedrooms		x	\$1,965	\$1,965	x		=	\$0
9 Bedrooms		x	\$2,149	\$2,149	x		=	\$0
Total Units and Annual Assistance Requested	26							\$353,832
Grant Term								1 Year
Total Request for Grant Term								\$353,832

Click the 'Save' button to automatically calculate totals.

6D. 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:	\$160,000
Total Value of In-Kind Commitments:	\$65,000
Total Value of All Commitments:	\$225,000

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	Private	United Way - Comm...	10/30/2017	\$75,000
Yes	Cash	Government	HOME Funds	09/30/2018	\$75,000
Yes	In-Kind	Private	The Salvation Army	12/30/2016	\$65,000
Yes	Cash	Government	Michigan PSH funds	09/30/2017	\$10,000

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: United Way - Community Rebuilders
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 10/30/2017
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 Funds
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 09/30/2018
6. Value of Written Commitment: \$75,000

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: 12/30/2016

6. Value of Written Commitment: \$65,000

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.

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: Michigan PSH funds
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 09/30/2017

6. Value of Written Commitment: \$10,000

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$353,832
3. Supportive Services	\$391,463
4. Operating	\$0
5. HMIS	\$41,200
6. Sub-total Costs Requested	\$786,495
7. Admin (Up to 10%)	\$54,435
8. Total Assistance plus Admin Requested	\$840,930
9. Cash Match	\$160,000
10. In-Kind Match	\$65,000
11. Total Match	\$225,000
12. Total Budget	\$1,065,930

7A. Attachment(s)

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

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

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

Attachment Details

Document Description:

7B. 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.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 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.

C. Explanation.

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: 08/18/2017

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

X

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).

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Submit without changes

The applicant has selected “Submit without changes” to Question 2 above. If the applicant has identified project information on the preceding screens that does not match the current contract, select “Make changes” above and update the relevant project information.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/18/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/16/2017

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1E. SF-424 Compliance	08/16/2017
1F. SF-424 Declaration	08/16/2017
1G. HUD-2880	08/16/2017
1H. HUD-50070	08/16/2017
1I. Cert. Lobbying	08/16/2017
1J. SF-LLL	08/16/2017
2A. Subrecipients	08/16/2017
2B. Recipient Performance	08/16/2017
3A. Project Detail	08/16/2017
3B. Description	08/16/2017
4A. Services	08/16/2017
4B. Housing Type	08/16/2017
5A. Households	08/16/2017
5B. Subpopulations	08/16/2017
5C. Outreach	08/16/2017
6A. Funding Request	08/16/2017
6C. Rental Assistance	08/16/2017
6D. Match	08/18/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	08/16/2017
Submission Without Changes	08/18/2017



U.S. Department of Housing and Urban Development

Detroit Field Office
Office of Community Planning and Development
Patrick V. McNamara Federal Building
477 Michigan Avenue, Room 1710
Detroit, MI 48226-2592
Tel. (313) 226-7900 FAX (313) 226-6689

June 24, 2014

Vera Beech
Executive Director
Community Rebuilders
1120 Monroe, Suite 220
Grand Rapids, MI 49503

SUBJECT: Monitoring Report – Community Rebuilders
Continuum of Care Program
Grant Number: MI0315L5F061202

Dear Mrs. Beech:

Our office has conducted a review of the captioned grant pursuant to the regulations for the Continuum of Care Program (CoC). The purpose of the review was to determine compliance with the applicable laws and regulations found at 24 CFR 578 and to measure Community Rebuilders continuing capacity to carry out the program in a timely manner.

Mr. Darrick Mallad, Community Planning and Development Representative, conducted a monitoring review May 13 through May 15, 2014. Mr. Mallad met with Mrs. Vera Beech and members of her staff from Community Rebuilders on location at 1120 Monroe, Grand Rapids Michigan. Activities covered by the monitoring visit included supportive services, housing, program participants, match documentation, overall management systems and financial management.

The entrance conference was held on May 13, 2014 with CPD Rep Mr. Darrick Mallad and Community Rebuilders staff Ms. Vera Beech in attendance. The exit conference was held on May 15, 2014 with CPD Rep Mr. Darrick Mallad and Community Rebuilders staff Ms. Vera Beech, Ms. Alisa Schoenborn, and Ms. Anna Diaz in attendance.

Full details of the monitoring are provided in the enclosed report. Please review our conclusions and if you have questions regarding the content of this report, please feel free to contact Mr. Darrick Mallad at 313-234-7328. The cooperation extended by your staff during our monitoring visit was greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "Keith E. Hernández", written over a large, stylized circular flourish.

Keith E. Hernández, AICP
Director, Community Planning and Development

MONITORING REPORT

Community Rebuilders
Continuum of Care Program
Grant Number: MI0315L5F061101
May 13 – May 15, 21014

~~We reviewed several activities to determine compliance with applicable program regulations.~~

Monitoring was conducted on May 13 – May 15, 21014 by Mr. Darrick Mallad, Community Planning and Development Representative. The CoC activities monitored included:

1. Supportive Services
2. Housing
3. Program Participants
4. Match Documentation
5. Financial Management
6. Overall Grant Management

The persons from Community Rebuilders with whom Mr. Mallad met include:

1. Vera Beech, Executive Director
2. Alisa Schoenborn, Director of Operations
3. Anna Diaz, Director of Programs
4. Bob Bishop, Finance Director
5. Vicki Squires, Supervisor
6. Jeff King, Housing Resource Specialist

I. Background

Community Rebuilders was awarded \$118,824 in CoC funds enacted under the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH). The stated purpose of the Homeless Assistance Program is the development and use of public resources and programs in a more coordinated manner to meet the critically urgent needs of the homeless of the Nation.

The grant reviewed during this monitoring totaled \$118,824 and is administered directly by the recipient.

All regulation citations refer to Title 24 of the Code of Federal Regulations unless otherwise noted.

II. Review of Supportive Services

This program area was reviewed to determine if the grantee's performance in conducting on-going client needs assessments and in providing the supportive services identified in the approved application covering the grant term FY 13 are in accordance with 24 CFR 578.

The grantee provides a large array of client services including case management, referrals for mental health services, legal aid, transportation, moving assistance, and rental assistance

These services were verified by interviews with on-site staff and through review of client records that contained information indicating which services were received and how they were given. Each documented entry contains the signature of a qualified medical authority to attest to its authenticity.

A review of the targeted client files revealed a thorough evaluation system used to determine client needs and required supportive services to match those needs. The files are well maintained and up to date. Intake documentation was present in every file reviewed.

III. Review of Program Housing

This review evaluates a grantee's housing operations and includes: residential rent calculations, residential supervision, client due process for terminations, habitability standards, Section 3 requirements and affirmative outreach.

Mr. Mallad conducted the review using program client records, program spreadsheets generated by the grantee and questions directed to Mrs. Vera Beech and her team.

The program is designed around a Housing Resource Specialist Model developed by the grantee in 2007. In 2008 the Coalition to End Homelessness, the local CoC entity formed to address homelessness, asked the grantee to help implement this model across the CoC.

The model as explained in Community Rebuilders Housing Specialist Standards Toolkit:

"The model focuses on a client's strengths rather than just deficits to guide services, hope and motivation increase, resulting in greater achievement of goals. The foundation of a strength-based approach is the belief that everyone has unique talents, skills, and life events, in addition to specific unmet needs."

A single client was available for interview and on site housing review. The client interviewed was very upbeat and his home was well maintained. He explained he was very excited as he had just recently acquired a new bed. The client held the program in high regard and any issues they have had have been addressed in an acceptable and prompt manner.

All facilities examined appear to be in compliance with Federal accessibility requirements for those with disabilities.

IV. Review of Program Participants

This review was conducted to determine if a client's homelessness prior to entry into the program has been documented to a sufficient level as required by 24 CFR 578.

This program is designed to serve chronically homeless individuals and move them into permanent housing.

A total of 11 files were inspected to ascertain the status of clients prior to entry into the program and to verify the validity of the documentation provided. Mr. Mallad found all files contained the required documentation.

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

Visual inspection of client folders found that the clients are evaluated on a regular basis to determine the level of supportive services needed for each client.

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

V. Review of Supportive Housing Program Overall Management Systems

The goal of this review is to ascertain the ability of the grantee to carry out the administrative responsibilities for CoC funds.

The grantee maintains guidelines for day to day operations for CoC funded activities that draw from rules and regulations as given by HUD, other agencies and internal guidelines as presented by the grantee.

The grantee maintains thorough written documentation to guide staff in implementation of the various programs that are provided by the grantee. These materials include a 39 page *Housing Resource Specialist Tool Kit* and 35 page manual for financial policies.

A review of the grantee's APR and application has confirmed that all appropriate information such as number of clients, racial and ethnic data, and housing characteristics is contained within. Program staff indicates this data is collected from HMIS and entered when appropriate.

A review of the grantee's financial records did not reveal any issues. The grantee maintains a level of accounting consistent with a program of this size.

Conflicts of interest are addressed by organizational policy internally.

The program also maintains at least one person on staff who was formally homeless and holds a position that allows for participation in the policy decision-making process.

VI. Review of Program Match

This review is designed to determine if the statutory requirements are met based on 24 CFR 578.73.

The grantee expended \$44,100 of the total award of \$118,824. Documentation to support the match amount needed was available at the time of the monitoring and verified against the source of match provided.

Mr. Mallad had a robust conversation with the grantee on changes in match requirements with the implementation of the HEARTH Act.

VII. Review of Financial Management

The purpose of this review is to ascertain the grant recipient's ability to monitor the day-to-day financial operations in compliance with applicable Federal requirements as identified in the approved grant agreement and 24 CFR 578.99 (e).

A review of three months of financial records was conducted and no irregularities were discovered. The grantee maintains the required documentation to support requirements of 24 CFR 84.21 and 25 CFR 85.20 (b) (2).

The grantee has maintained all applicable audits as required by 24 CFR 85.40 and these were available to Mr. Mallad upon request. The audit applicable for this grant year was received by HUD and reviewed by the Senior Financial Analyst.

The grantee maintains financial records in a secured area as per 24 CFR 85.20 (b) (3).

Review of the grantee's LOCCS draws shows the grantee has yet to make a draw. This however is attributed to HUD's delay in grant agreement processing. The grantee has up till this point paid operating costs directly. We discussed the possibility of shifting the grants start date to later in the year to alleviate this from happening in the future. It is important to note this is not the fault of the grantee.

VIII. Review of Program Overall Management Systems

The goal of this review is to ascertain the ability of the grantee to carry out the administrative responsibilities for CoC funds.

The grantee maintains guidelines for day to day operations for CoC funded activities that draw from rules and regulations as given by HUD and internal guidelines as required by Community Rebuilders. A visual inspection of guidelines verified their existence.

A system is in place to provide multiple levels of file review in order to maintain data integrity.

No further findings or issues were noted during this review.
