

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: 08/17/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MI0529

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: Central Territory of the Salvation Army

b. Employer/Taxpayer Identification Number (EIN/TIN): 38-2699001

	c. Organizational DUNS:	125624804	PLUS 4	
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d. Address

Street 1: 1215 E. Fulton

Street 2:

City: Grand Rapids

County: Kent

State: Michigan

Country: United States

Zip / Postal Code: 49503

e. Organizational Unit (optional)

Department Name: Social Services

Division Name:

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

Prefix: Mrs.

First Name: Christina

Middle Name:

Last Name: Souldard

Suffix:

Title: Housing Services Director

Organizational Affiliation: Central Territory of the Salvation Army

Telephone Number: (616) 454-5840

Applicant: Central Territory of the Salvation Army

125624804

Project: Coordinated Entry

151578

Extension: 3001

Fax Number: (616) 459-5372

Email: christina_soulard@usc.salvationarmy.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: Coordinated Entry

16. Congressional District(s):

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

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

17. Proposed Project

a. Start Date: 06/01/2018

b. End Date: 05/31/2019

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

- 19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

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

- 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: Ms.

First Name: Betty

Middle Name: Volkema

Last Name: Zylstra

Suffix:

Title: Executive Director

Telephone Number: (616) 459-9468
(Format: 123-456-7890)

Fax Number: (616) 459-5372
(Format: 123-456-7890)

Email: bzylstra@usc.salvationarmy.org

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

Date Signed: 08/17/2017

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: Central Territory of the Salvation Army

Prefix: Ms.

First Name: Betty

Middle Name: Volkema

Last Name: Zylstra

Suffix:

Title: Executive Director

Organizational Affiliation: Central Territory of the Salvation Army

Telephone Number: (616) 459-9468

Extension:

Email: bzylstra@usc.salvationarmy.org

City: Grand Rapids

County: Kent

State: Michigan

Country: United States

Zip/Postal Code: 49503

2. Employer ID Number (EIN): 38-2699001

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$65,950.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Coordinated Entry 1215 E. Fulton 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
Central Territory of The Salvation Army	City ESG	\$61,095.00	staffing for coordinated entry
Central Territory of The Salvation Army	DHHS County - Kent	52000.0	staffing for coordinated entry
Central Territory of The Salvation Army	MSHDA ESG	\$144,475.00	staffing for coordinated entry
Central Territory of The Salvation Army	DHHS State of MI	\$122,000.00	staffing for coordinated entry
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
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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%

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: Betty Zylstra, Executive Director

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

Date Signed: 07/27/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Central Territory of the Salvation Army

Program/Activity Receiving Federal Grant CoC Program

Funding:

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: Ms.

First Name: Betty

Middle Name Volkema

Last Name: Zylstra

Suffix:

Title: Executive Director

Telephone Number: (616) 459-9468
(Format: 123-456-7890)

Fax Number: (616) 459-5372
(Format: 123-456-7890)

Email: bzylstra@usc.salvationarmy.org

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

Date Signed: 08/17/2017

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: Central Territory of the Salvation Army

Name / Title of Authorized Official: Betty Zylstra, Executive Director

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

Date Signed: 08/17/2017

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: Central Territory of the Salvation Army

Street 1: 1215 E. Fulton

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: Ms.

First Name: Betty

Middle Name: Volkema

Last Name: Zylstra

Suffix:

Title: Executive Director

Telephone Number: (616) 459-9468
(Format: 123-456-7890)

Fax Number: (616) 459-5372
(Format: 123-456-7890)

Email: bzylstra@usc.salvationarmy.org

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

Date Signed: 08/17/2017

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 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: \$0

Organization	Type	Type	Sub-Award Amount
This list contains no items			

2B. Recipient Performance

- 1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

First time renewal and grant has not yet expired. The APR will be submitted 8/30/2018.

- 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?** No

Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.

This is a first time renewal for which less than one quarter has passed.

- 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

1. Expiring Grant Number: MI0529

(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: Coordinated Entry

4. Project Status: Standard

5. Component Type: SSO

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

3B. Project Description

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

As informed by the federal strategic plan to prevent & end homelessness (Opening Doors), the critical & primary function of the Coordinated Entry system is to ensure equal access to the crisis response system in a streamlined way, assessing persons' strengths & needs, prioritizing, & matching persons to appropriate housing & mainstream services as quickly as possible. A comprehensive, standardized assessment provides the ability for households to gain access to the best options to address their situation & incorporates participants' choice as much as possible rather than evaluating for a single program within the system. The most intensive interventions are prioritized for those with the highest needs & longest period of homelessness, which includes placement within the community's priority list as appropriate. These actions support the community's goal to make homelessness rare, brief, & one time by strategically connecting interventions to households based on need, eligibility, & choice, all provided through a Housing First and strengths-based approach.

The Salvation Army's Housing Assessment Program (HAP) functions as the CoC's Coordinated Entry. HAP takes referrals primarily from United Way 211, according to our local protocol, but also receives referrals from other agencies and providers as well as self-referrals. In order to provide safe & expert service to unaccompanied minors & those experiencing active domestic violence, HAP ensures these participants are quickly referred to community youth & domestic violence providers for specific supports. Minors continue services through these providers while domestic violence survivors are reconnected with HAP once domestic violence service providers can effectively assess for immediate safety from violence from an intimate partner. Additionally, HAP coordinates with multiple systems and agencies to ensure households in a housing crisis are assessed and matched with appropriate housing resources and/or safety planning. HAP leverages existing connections and collaborations with mainstream services (i.e. Department of Health and Human Services, Community Mental Health) to assist participants in accessing additional resources that could contribute to improved housing stability. HAP is a member of the CoC, which has over 60 member agencies, of which there are over 20 programs that are utilized by Coordinated Entry for referrals. Through a process of continuous quality improvement, HAP receives support, guidance, & policy oversight for Coordinated Entry processes through the Coordinated Assessment subcommittee of the CoC. Referrals from HAP are made to service providers who can offer prevention assistance; Rapid Rehousing assistance; Permanent Supportive Housing; Transitional Housing and/or referral to temporary placements for those who have no immediate options for accommodations. These referrals include ESG, HUD CoC, & non-HUD funded programs to ensure coordination among all available resources.

2. Does your project have a specific population focus? Yes

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

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

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	<input type="checkbox"/>

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

4. Please select the type of SSO Project: Coordinated Entry

4a. Will the coordinated entry process funded in part by this grant cover the CoC's entire geographic area? Yes

4b. Will the coordinated entry process funded in part by this grant be easily accessible? Yes

4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

In fulfilling the primary functions of Coordinated Entry, the Housing Assessment Program (HAP) prioritizes all strategies that create equitable access to housing resources for anyone experiencing homelessness in Kent County. HAP has a close working relationship with 211 and utilizes its community connection to direct households in need of housing support to the HAP for screening and assessment. Information regarding HAP services is available via the state Housing Development Authority website and The Salvation Army's website, as well as through presentations made in the community and staff representation at multiple meetings within the system of care for Kent County. Information on HAP's role as Coordinated Entry is also detailed at community partner meetings on a regular basis. HAP is housed in a building owned by the City of Grand Rapids, located on the public transportation route, and is accessible for people with disabilities. HAP has developed and implemented policies based on national best practices for assisting participants with Limited English Proficiency, including use of interpretation services and other communication aids. HAP maintains weekly walk-in hours, a staffed phone system for housing need requests, and after-hours procedures to ensure emergency coverage. HAP coordinates with emergency shelters and drop-in centers to provide mobile assessment. HAP completes stakeholder consultation through the use of surveys and focus groups that target participant feedback on experiences with the functions of Coordinated Entry.

Additionally, HAP engages with multiple community partners and experts for populations within the broader homeless experience that have more specific and unique needs, including survivors of domestic violence. Through this project, HAP staff receives regular training support from domestic violence service providers to ensure that the process of Coordinated Entry effectively implements survivor-centered practices in the provision of housing and services, maximizing client choice and maintaining the safety and confidentiality of program participants. This is completed in an environment and with a process methodology that upholds the necessity of safety and accommodates the unique circumstances and needs of this population.

4d. Does the coordinated entry process use a comprehensive, standardized assessment process? Yes

4e. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or

services.

The CoC's Coordinated Assessment Subcommittee has developed and implemented policies and procedures which detail the Coordinated Entry process for Kent County, including the roles of HAP, 211, outreach agencies, and service providers. HAP is a member of the Coordinated Assessment Subcommittee and ensures alignment with these policies through its role, working with ESG, HUD CoC, and non-HUD funded agencies to ensure that all housing resources are coordinated for referral. HAP utilizes the VI-SPDAT to determine household need and makes referrals to housing service providers based on a standardized prioritization process that considers program eligibility, availability, and participant choice. In the Coordinated Entry role, HAP maintains a priority list for literally homeless individuals and families that assists in connecting the most vulnerable to housing resources. This firmly moves service delivery away from a first-come/first-served approach. HAP enters all participant data into HMIS, including HMIS-based referrals to partnering service providers.

For domestic violence service providers, certain programs utilize HMIS but several programs do not. In order to ensure effective matching to housing resources and equitable access for participants of these services, HAP management staff maintains quarterly meetings with domestic violence service partners to review any referral process challenges and to update one another on agency changes or other identified needs.

4f. If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth? Yes

6A. Funding Request

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:

Leased Structures	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

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:	\$0
Total Value of In-Kind Commitments:	\$16,488
Total Value of All Commitments:	\$16,488

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	In-Kind	Private	Training and cons...	08/08/2017	\$910
Yes	In-Kind	Private	support services	08/10/2017	\$14,478
Yes	In-Kind	Private	Consultation and ...	08/16/2017	\$1,100

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: Training and consultation
(Be as specific as possible and include the office or grant program as applicable)

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

6. Value of Written Commitment: \$910

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: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: support services
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/10/2017

6. Value of Written Commitment: \$14,478

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: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Consultation and staff training
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/16/2017

6. Value of Written Commitment: \$1,100

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.

6E. Summary Budget

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	\$0
3. Supportive Services	\$61,334
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$61,334
7. Admin (Up to 10%)	\$4,616
8. Total Assistance plus Admin Requested	\$65,950
9. Cash Match	\$0
10. In-Kind Match	\$16,488
11. Total Match	\$16,488
12. Total Budget	\$82,438

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	SH Match	08/17/2017
3) Other Attachment	No	TSA Match	08/17/2017

Attachment Details

Document Description:

Attachment Details

Document Description: SH Match

Attachment Details

Document Description: TSA Match

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	YWCA Match	08/17/2017

Attachment Details

Document Description: YWCA Match

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 Betty Zylstra

Date: 08/17/2017

Title: Executive Director

Applicant Organization: Central Territory of the Salvation Army

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. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2- Recipient and Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
2B. Recipient Performance	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
Part 5 - Participants and Outreach Information	
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project

information screens (bullets are appropriate):

Description

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page		Last Updated	
1A. SF-424 Application Type		08/16/2017	
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	
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	
Renewal Project Application FY2017		Page 40	08/17/2017

1J. SF-LLL	08/16/2017
2A. Subrecipients	No Input Required
2B. Recipient Performance	08/16/2017
3A. Project Detail	08/16/2017
3B. Description	08/17/2017
6A. Funding Request	08/16/2017
6D. Match	08/17/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/17/2017
7A. In-Kind Match MOU Attachment	08/17/2017
7B. Certification	08/17/2017
Submission Without Changes	08/17/2017



Motivated by Christ's love, our mission is to end domestic abuse.

August 8th, 2017

Betty Zylstra
Executive Director
The Salvation Army Social Services

Dear Betty,

This letter is to serve as confirmation that Safe Haven Ministries plans to support the Coordinated Entry project by allocating in-kind support in the form of consultation and staff training during the HUD contract year beginning June 2018. The amount of funding represented by this in-kind support is \$910.

We are excited about this opportunity for continued partnership and support.

Sincerely,

Megan Hopkins, Interim Executive Director
Safe Haven Ministries



Social Services

Serving all of Kent County

August 10, 2017

Ms. Betty Zylstra

Social Services of Kent County

Dear Betty Zylstra,

This letter is to serve as confirmation that The Salvation Army plans to support the Coordinated Entry project by allocating an in-kind match of \$14,478 for AmeriCorps Volunteer work performed. This match will be provided at the rate of 28 hours per week valued at \$10/hour. This match will be available for the HUD FY17 contract year beginning June 1, 2018.

If further consideration is needed, please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads "Raechel Macqueen".

Raechel Macqueen

Congregational Partnership Program Coordinator

THE SALVATION ARMY SOCIAL SERVICES

1215 Fulton Street East • Grand Rapids, MI 49503-3849

p: 616.459.9468 f: 616.459.5372

General André Cox, International Leader

Commissioner Paul Seiler, Territorial Commander

Major Thomas Bowers, Divisional Commander

Betty Zylstra, Social Services Director

SASocialServices.org



August 15, 2017

Christina Soulard
Housing Services Director
The Salvation Army Social Services
1120 Monroe NW
Grand Rapids MI 49503

Dear Ms. Soulard,

The YWCA West Central Michigan would like to offer our strong endorsement of the Salvation Army's 2017 HUD proposal, with a start date of June 2018, which plans to incorporate an informed response to domestic violence into the assessment process of households seeking housing supports through the Coordinated Entry project. As a community provider of crisis hotline services, emergency shelter, transitional housing, permanent housing and non-residential advocacy and counseling for survivors of domestic violence, the YWCA believes that effective interventions for domestic violence must be conducted on a *community* level, not just by a few select agencies. Your proposal takes steps toward improving our entire community's response to addressing the needs of survivors.

The YWCA West Central Michigan welcomes the opportunity to partner with the Salvation Army in these efforts. We are eager to commit a minimum of 10 hours of training and consultation time (valued at \$110/hr.) to provide your staff with information regarding the complex dynamics of domestic violence and some of the unique privacy and safety concerns that may be present for survivors as they are seeking housing. This formal training and consultation will complement the many discussions we have been having about coordination of services between the Salvation Army and the YWCA, and, ultimately, will serve survivor households more effectively and efficiently.

Sincerely,


Tom Cottrell, LMSW
Chief Programming Officer