



FY2018 HUD COC PROGRAM COMPETITION RENEWAL PROJECT APPLICATION

AGENCY PROFILE	
Legal Name of Agency	Inner City Christian Federation
Project Name	ICCF Permanent Supportive Housing Program
Project Start Date	12/1/2018
Contact Person	Deanna Rolffs
Title	Vice President of Housing and Family Services
Address	920 Cherry St. SE, Grand Rapids, MI 49506
Email	drolffs@iccf.org
Phone	616.336.9333 ext. 303

Check one:

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

Renewal Application Option (check one):

- ☒ Standard Renewal (no change from FY17)
- ☐ Consolidation (must complete Renewal applications for each project and New Project Application for consolidated project)
- ☐ Expansion (must complete New Project Application in addition)

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: Deanna Rolffs	Title: Vice President of Housing and Family Services
Date of Board/Local Planning Body Authorization:	
Date of Anticipated Board/Local Planning Body Authorization:	9/26/2018

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.) If the renewing project has not yet started, provide a narrative of anticipated performance in these same areas based on experience with other related projects. (1000 word limit)

ICCF offered 23 Permanent Supportive Housing (PSH) units to the community, targeting chronically homeless families. A system was designed whereby the Coordinated Assessment process would provide the most vulnerable in this population with an assessment and evaluation. Applicants were then forwarded to MSHDA for approval of a Project Based Voucher (PBV). As units became available, ICCF requested approved applicants for final approval and lease up. No additional requirements were set by ICCF beyond those determined by MSHDA. All 23 units have been leased. ICCF staff engages with all households periodically to assess current status and offer services that may be desired. In the previous grant year, ICCF served 89 persons in PSH.

Click or tap here to enter text.

1b. Use the last completed grant year APR for this and all other data/outcome measure questions. If the renewing project has not yet started, indicate the planned number of units per county.*

County	Number of Units	Number of Stayers	Number of Leavers
Kent County	23	70	19
Click or tap here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click or tap here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click or tap here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click or tap here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

**Attach additional forms as needed to list all counties.*

2. Has the project had any significant changes since the last funding approval?

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	23	Click here to enter text.	Click here to enter text.
Families	Click here to enter text.	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: (Table Continues on Following Page)	
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 but found in the project's geographic area.	Yes
Does the project quickly move participants into permanent housing?	Yes

6. All recipients of HUD CoC Program funding are required to participate in Coordinated Entry. Did the project take 100% of all referrals from Coordinated Entry (or community process if Category 4 homeless) in the past grant year *or* will it once the grant year begins? (Verified by HMIS reports) **Yes**

7. What is the prioritization process for households referred to this project? How is it determined who is most vulnerable and the best fit for any referrals to this project? Provide detail from policy established by the Local Planning Body. (500 word limit)

ICCF shares that there is an opening for PSH services. Salvation Army Coordinated Entry prioritizes potential participants using their internal metric and decides with referrals ICCF receives. Chronically homeless families are prioritized in this process. However, ICCF has a signed waiver with the Salvation Army that, when they are not able to locate a chronically homeless family, they refer the next most vulnerable homeless family that meets the MSHDA criteria for the Housing Choice Voucher program. ICCF proceeds with 100% of referrals from Coordinated Entry through the MSHDA Housing Choice Voucher process. ICCF's process is consistent with HUD's Coordinated Assessment Policies and Procedures as well as the Prioritization Policy for PSH projects.

Efficient Use of Funding (If the renewing project has not completed a full year, share information from the last completed year of another HUD funded project or similarly designed project through this agency)

8. What was the project's utilization rate? (Average of Quarterly Point-in-Time Counts in APR 9 divided by total contracted units.) 97%

9. Expenditure of Funds: Use last **completed** HUD FY year.

a. Total amount authorized within eLOCCS	\$36,251
b. Remaining balance in eLOCCS	\$0.00
c. Percentage recaptured Divide answer b. by answer a. and multiply by 100	0%

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

Yes

HMIS Participation (If the renewing project has not completed a full year, share information from the last completed year of another HUD funded project or similarly designed project through this agency)

11. Indicate how many APR Data Quality Elements (DQE) have 5% or less null or missing values (APR Q06; use data from alternative system if DV program):

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.
1	0	2	0
Total the numbers above, divide by 16, multiply by 100 for a percent: 18.75%			

HUD Monitoring

12. 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 entity that finding or concern has been satisfied, and any other relevant documentation.

Impact on Homelessness

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

<input type="checkbox"/>	The project would close and ____ individuals would immediately become homeless if it were to not be funded.
<input checked="" 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.

14. Is this project the only CoC funded project with dedicated beds to a particular target population?
Answered by Funding Review Committee based on all applications submitted for this NOFA.

15. Funds that are reallocated may be added to renewal projects to increase the number of households served. If funding is available:

Would this project accept additional funds? ☒ Yes ☐ No

How would additional households be served with these funds?

Given ICCF's increase in total units available, the organization would be very interested in increasing the number of PSH units under its management, if additional funding were awarded. ICCF currently has plans to more than double the number of PSH units that are managed. Six have been added last year to serve homeless youth who have aged out of foster care. An additional 20 will be opened within the next two years for the same population. Additional funding sources are needed to support these new units.

Serving High Need Populations *(If the renewing project has not completed a full year, share information from the last completed year of another HUD funded project or similarly designed project through this agency)*

16. What percentage of the households served met "hard to serve" criteria defined as having zero income at start/entry? (APR 18. Add values for No Income and divide by Total in last row):

38%

17. 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 two and three or more conditions, then divide by total):

12%

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

22%

Section II. Project Performance

Performance Data *(If the renewing project has not completed a full year, share information from the last completed year of another HUD funded project or similarly designed project through this agency)*

19. Length of Stay ***(Joint TH/RRH projects – complete either option B or C below)***

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

100%

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

Not Applicable

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

Not Applicable

20. Exits to Permanent Housing (**Joint TH/RRH projects – complete either option B or C below**)

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.]*)

79%

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.]*)

Not Applicable

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.]*)

Not Applicable

21. 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*

11%

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

0%

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

0%






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

29%

Financial Information

PROJECT BUDGET

Activity	Requested Funds	% of Requested Funds	Other Funding	Total Project Cost
Acquisition		%		
New Construction		%		

Rehabilitation		 %		
Leasing		 %		
Rental Assistance		 %		
Supportive Services	\$30,000	82 %	\$7,500	\$37,500
Operating Costs	\$6,425	18 %	\$1,607	\$8,032
HMIS		 %		
Project Administration (limited to 7%)		 %		
Total Project Cost	\$36,425		\$9,107	\$45,532

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. Documentation of match must be provided with the application.

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)
Department of Health and Human Services Emergency Shelter Program	Cash	Committed	10/18	\$9,107	25%	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
	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					%	

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 disqualification of the application. *Please number all attachments in accordance with the list below.*

All projects must include:

☒ #1: Annual Progress Report (APR) for the project's most recent completed contract year, *or* the most recently completed contract year for another HUD-funded project or similar project if the renewing project has not yet completed a full year. Other structured outcome report for non-HMIS participating agencies are allowed (i.e. domestic violence agencies).

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

☒ #3: Project Application submitted in *e-snaps*

☒ #4: Documentation of all match

Each applicant must include one of the following two (#5):

☒ 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 (#6):

☐ A: Organization's response to any findings

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

☐ C: Any other relevant documentation

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

☐ E: 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 V.C.1.f. of the FY 2017 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 V.B.3. of the FY 2017 General Section.
- ☒ *Compliance with Fair Housing and Civil Rights*. See Section V.C.1.a. of the FY 2017 General Section.
- ☒ *Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency (LEP)*. See Section V.C.1.d. of the FY 2017 General Section.
- ☒ *Economic Opportunities for Low- and Very Low-income Persons (Section 3)*. See Section V.C.1.c. of the FY 2017 General Section.
- ☒ *Conducting Business in Accordance with Core Values and Ethical Standards/Code of Conduct*. See Section V.C.15. of the FY 2017 General Section.
- ☒ *Prohibition Against Lobbying Activities*. See Section V.C.15. of the FY 2017 General Section.
- ☒ *HUD Habitability Standards inspections* on all units, at a minimum.
- ☒ *Participation in HUD-Sponsored Program Evaluation*. See Section V.C.5. of the FY 2017 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 V.C.11 of the FY 2017 General Section.
- ☒ *Compliance with the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 209-282) (Transparency Act), as amended*. See Section V.C.13. of the FY 2017 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

☒ *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 2018 Continuum of Care Program Competition FR-6200-N-25.

This list is not exhaustive of all HUD requirements. Applicants are encouraged to review the 2018 General Section, found at:
https://www.hud.gov/program_offices/spm/gmomgmt/grantsinfo/fundingopps to ensure eligibility.

Agency: Inner City Christian Federation

Acknowledged By: Ryan VerWys

Title: President & CEO

Date: 8/10/2018

Report Options

Provider Type	<input checked="" type="radio"/> Provider <input type="radio"/> Reporting Group
Provider *	Inner City Christian Federation - Kent/Grand Rapids - ICCF PSH (10434) <input type="radio"/> This provider AND its subordinates <input type="radio"/> This provider ONLY
Program Date Range *	12/01/2016 to 11/30/2017
Entry/Exit Types *	<input type="checkbox"/> Basic <input type="checkbox"/> Basic Center Program Entry/Exit <input checked="" type="checkbox"/> HUD <input type="checkbox"/> PATH <input type="checkbox"/> Quick Call <input type="checkbox"/> RHY <input type="checkbox"/> Standard <input type="checkbox"/> Transitional Living Program Entry/Exit <input type="checkbox"/> VA <input type="checkbox"/> HPRP (Retired)

CoC-APR Report Results

4a - Project Identifiers in HMIS								
Organization Name	Inner City Christian Federation - Kent/Grand Rapids CoC							
Organization ID	2159							
Project Name	Inner City Christian Federation - Kent/Grand Rapids - ICCF PSH							
Project ID	10434							
HMIS Project Type	PH - Permanent Supportive Housing (disability required for entry) (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 Validations Table								
Report Validations Table								
1. Total Number of Persons Served	89							
2. Number of Adults (age 18 or over)	39							
3. Number of Children (under age 18)	49							
4. Number of Persons with Unknown Age	1							
5. Number of Leavers	19							
6. Number of Adult Leavers	7							
7. Number of Adult and Head of Household Leavers	7							
8. Number of Stayers	70							
9. Number of Adult Stayers	32							
10. Number of Veterans	1							
11. Number of Chronically Homeless Persons	21							
12. Number of Youth Under Age 25	1							
13. Number of Parenting Youth Under Age 25 with Children	1							
14. Number of Adult Heads of Household	27							
15. Number of Child and Unknown-Age Heads of Household	0							
16. Heads of Households and Adult Stayers in the Project 365 Days or More	28							
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)	0	1	4	6%				
Date of Birth (3.3)	0	1	0	1%				
Race (3.4)	0	1		1%				
Ethnicity (3.5)	0	1		1%				
Gender (3.6)	0	1		1%				
Overall Score				7%				
6b - Data Quality: Universal Data Elements								
Data Element			Error Count	% of Error Rate				
Veteran Status (3.7)			0	0%				

Project Start Date (3.10)						0	0%
Relationship to Head of Household (3.15)						0	0%
Client Location (3.16)						0	0%
Disabling Condition (3.8)						1	1%
6c - 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 Start						3	11%
Income and Sources (4.2) at Annual Assessment						6	21%
Income and Sources (4.2) at Exit						0	0%
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)	4	0	0	0	0	0	0%
Total	4						0%
6e - Data Quality: Timeliness							
Time For Record Entry						Number of Project Start Records	Number of Project Exit Records
0 days						5	0
1 - 3 days						0	0
4 - 6 days						2	0
7 - 10 days						0	5
11+ days						4	14
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	39	4	34		1		
Children	49		49	0	0		
Client Doesn't Know/Client Refused	0	0	0	0	0		
Data not collected	1	0	0	0	1		
Total	89	4	83	0	2		
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	78	4	74	0	0		
April	76	4	72	0	0		
July	71	4	67	0	0		
October	70	4	64	0	2		
8a - Number of Households Served							
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type		
Total Households	27	2	24	0	1		
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	23	2	21	0	0		
April	23	2	21	0	0		
July	21	2	19	0	0		
October	22	2	19	0	1		
9a - Number of Persons Contacted							
		All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First contact - WAS staying on Streets, ES, or SH	First contact - Worker unable to determine		
Once		0	0	0	0		
2-5 Times		0	0	0	0		
6-9 Times		0	0	0	0		

10+ Times	0	0	0	0	
Total Persons Contacted	0	0	0	0	
9b - Number of Persons Engaged					
	All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First contact - WAS staying on Streets, ES, or SH	First contact - Worker unable to determine	
Once	0	0	0	0	
2-5 Times	0	0	0	0	
6-9 Times	0	0	0	0	
10+ Times	0	0	0	0	
Total Persons Engaged	0	0	0	0	
Rate of Engagement	0%	0%	0%	0%	
10a - Gender of Adults					
	Total	Without Children	With Children and Adults	Unknown Household Type	
Male	4	0	4	0	
Female	35	4	30	1	
Trans Female (MTF or Male to Female)	0	0	0	0	
Trans Male (FTM or Female to Male)	0	0	0	0	
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0	
Client Doesn't Know/Client Refused	0	0	0	0	
Data not collected	0	0	0	0	
Subtotal	39	4	34	1	
10b - Gender of Children					
	Total	With Children and Adults	With Only Children	Unknown Household Type	
Male	25	25	0	0	
Female	24	24	0	0	
Trans Female (MTF or Male to Female)	0	0	0	0	
Trans Male (FTM or Female to Male)	0	0	0	0	
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0	
Client Doesn't Know/Client Refused	0	0	0	0	
Data not collected	0	0	0	0	
Subtotal	49	49	0	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
Trans Female (MTF or Male to Female)	0	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	1	0	0	0	1
Subtotal	1	0	0	0	1
11 - Age					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Under 5	16		16	0	0
5 - 12	21		21	0	0
13 - 17	12		12	0	0
18 - 24	12	2	10		0
25 - 34	12	0	11		1
35 - 44	13	2	11		0
45 - 54	2	0	2		0
55 - 61	0	0	0		0
62 +	0	0	0		0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	1	0	0	0	1
Total	89	4	83	0	2
12a - Race					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
White	29	2	26	0	1
Black or African American	48	2	46	0	0
Asian	0	0	0	0	0

American Indian or Alaska Native	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0
Multiple races	11	0	11	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	1	0	0	0	1
Total	89	4	83	0	2
12b - Ethnicity					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Non-Hispanic/Non-Latino	77	2	74	0	1
Hispanic/Latino	11	2	9	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	1	0	0	0	1
Total	89	4	83	0	2
13a1 - Physical and Mental Health Conditions at Start					
	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Mental Health Problem	18	3	15	0	0
Alcohol Abuse	1	0	1	0	0
Drug Abuse	0	0	0	0	0
Both Alcohol and Drug Abuse	2	1	1	0	0
Chronic Health Condition	7	2	5	0	0
HIV/AIDS	0	0	0	0	0
Development Disability	4	0	4	0	0
Physical Disability	10	1	9	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	5	0	5	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	1	0	1	0	0
HIV/AIDS	0	0	0	0	0
Development Disability	2	0	2	0	0
Physical Disability	3	0	3	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	13	3	10	0	0
Alcohol Abuse	0	0	0	0	0
Drug Abuse	0	0	0	0	0
Both Alcohol and Drug Abuse	2	1	1	0	0
Chronic Health Condition	6	2	4	0	0
HIV/AIDS	0	0	0	0	0
Development Disability	4	0	4	0	0
Physical Disability	7	1	6	0	0
13a2 - Number of Conditions at Start					
	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
None	63	1	61	0	1
1 Condition	14	1	13	0	0
2 Conditions	5	1	4	0	0
3+ Conditions	6	1	5	0	0
Condition Unknown	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	1	0	0	0	1
Total	89	4	83	0	2
13b2 - Number of Conditions at Exit					
	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
None	12	0	12	0	0
1 Condition	4	0	4	0	0
2 Conditions	1	0	1	0	0
3+ Conditions	2	0	2	0	0
Condition Unknown	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	19	0	19	0	0
13c2 - Number of Conditions for Stayers					
	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
None	49	1	47	0	1
1 Condition	12	1	11	0	0
2 Conditions	4	1	3	0	0
3+ Conditions	4	1	3	0	0
Condition Unknown	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	1	0	0	0	1
Total	70	4	64	0	2
14a - Domestic Violence History					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	15	2	12	0	1
No	24	2	22	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	39	4	34	0	1
14b - Persons Fleeing Domestic Violence					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	0	0	0	0	0
No	4	1	2	0	1
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	11	1	10	0	0
Total	15	2	12	0	1
15 - Living Situation					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Homeless Situations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	20	4	15	0	1
Transitional housing for homeless persons (including homeless youth)	3	0	3	0	0
Place not meant for habitation	7	0	7	0	0
Safe Haven	0	0	0	0	0
Interim Housing	0	0	0	0	0
Subtotal	30	4	25	0	1
Institutional Settings					
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 facility	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					
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other housing subsidy (including RRH)	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	6	0	6	0	0
Staying or living in a friend's room, apartment or house	2	0	2	0	0
Staying or living in a family member's room, apartment or house	1	0	1	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Subtotal	9	0	9	0	0
Total	39	4	34	0	1
16 - Cash Income - Ranges					
			Income at Start	Income at	Income at Exit

		Latest Annual Assessment for Stayers	for Leavers
No Income	15	13	2
\$1 - 150	3	1	1
\$151 - \$250	2	1	1
\$251 - \$500	2	1	0
\$501 - \$1000	11	9	0
\$1001 - \$1500	3	2	1
\$1501 - \$2000	2	0	0
\$2001 +	1	1	2
Client Doesn't Know/Client Refused	0	0	0
Data not collected	0	0	0
Number of adult stayers not yet required to have an annual assessment		4	
Number of adult stayers without required annual assessment		0	
Total Adults	39	32	7

17 - Cash Income - Sources

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	13	9	1
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	12	6	3
Social Security Disability Insurance (SSDI)	4	3	2
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
Temporary Assistance for Needy Families (TANF)	1	0	1
General Assistance (GA)	1	1	1
Retirement Income from Social Security	0	0	0
Pension or retirement income from a former job	0	0	0
Child Support	6	2	4
Alimony and other spousal support	0	0	0
Other Source	0	0	1
Adults with Income Information at Start and Annual Assessment/Exit		15	5

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

Number of Adults by Income Category	Number of Adults at Start	Number of Adults at Annual Assessment (Stayers)	Number of Adults at Exit (Leavers)
Adults with Only Earned Income (i.e., Employment Income)	8	7	0
Adults with Only Other Income	11	6	4
Adults with Both Earned and Other Income	5	2	1
Adults with No Income	15	13	2
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		4	
Number of adult stayers without required annual assessment		0	
Total Adults	39	32	7
1 or More Source of Income	27	21	5
Adults with Income Information at Start and Annual Assessment/Exit		15	5

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

Income Change by Income Category (Universe: Adult Stayers with Income Information at Start and Annual Assessment)	Had Income Category at Start and Did Not Have It at Annual Assessment	Retained Income Category But Had Less \$ at Annual Assessment Than at Start	Retained Income Category and Same \$ at Annual Assessment as at Start	Retained Income Category and Increased \$ at Annual Assessment	Did Not Have the Income Category at Start and Gained the Income Category at Annual Assessment	Did Not Have the Income Category at Start or at Annual Assessment	Total Adults (including those with No Income)	Performance Measure: Adults who Gained or Increased Income from Start 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	6	2	1	14	28	3	11%
Average Change in Earned Income	0	0		1,182	1,200			1,188	
Number of Adults with Other Income	1	0	8	0	0	17	28	0	0%

Average Change in Other Income	-726	0		0	0			0	
Number of Adults with Any Income (i.e., Total Income)	0	0	12	3	0	7	28	3	11%
Average Change in Overall Income	0	0		946	0			946	

19a2 - Client Cash Income Change - Income Source - by Start and Exit

Income Change by Income Category (Universe: Adult Leavers with Income Information at Start and Exit)	Had Income Category at Start and Did Not Have It at Exit	Retained Income Category But Had Less \$ at Exit Than at Start	Retained Income Category and Same \$ at Exit as at Start	Retained Income Category and Increased \$ at Exit	Did Not Have the Income Category at Start and Gained the Income Category at Exit	Did Not Have the Income Category at Start or at Exit	Total Adults (including those with No Income)	Performance Measure: Adults who Gained or Increased Income from Start to Exit, Average Gain	Performance Measure: Percent of Persons who Accomplished this Measure
Number of Adults with Earned Income (i.e., Employment Income)	0	0	1	0	0	6	7	0	0%
Average Change in Earned Income	0	0		0	0			0	
Number of Adults with Other Income	0	0	3	2	0	2	7	2	29%
Average Change in Other Income	0	0		1,100	0			1,100	
Number of Adults with Any Income (i.e., Total Income)	0	0	3	2	0	2	7	2	29%
Average Change in Overall Income	0	0		1,100	0			1,100	

19a3 - Client Cash Income Change - Income Source - by Start and Latest Status/Exit

Income Change by Income Category (Universe: Adult Stayers/Leavers with Income Information at Start and Annual Assessment/Exit)	Had Income Category at Start and Did Not Have It at Annual Assessment/Exit	Retained Income Category But Had Less \$ at Annual Assessment/Exit Than at Start	Retained Income Category and Same \$ at Annual Assessment/Exit as at Start	Retained Income Category and Increased \$ at Annual Assessment/Exit	Did Not Have the Income Category at Start and Gained the Income Category at Annual Assessment/Exit	Did Not Have the Income Category at Start or at Annual Assessment/Exit	Total Adults (including those with No Income)	Performance Measure: Adults who Gained or Increased Income from Start to Annual Assessment/Exit, Average Gain	Performance Measure: Percent of Persons who Accomplished this Measure
Number of Adults with Earned Income (i.e., Employment Income)	0	0	7	2	1	20	35	3	9%
Average Change in Earned Income	0	0		1,182	1,200			1,188	
Number of Adults with Other Income	1	0	11	2	0	19	35	2	6%
Average Change in Other Income	-726	0		1,100	0			1,100	
Number of Adults with Any Income (i.e., Total Income)	0	0	15	5	0	9	35	5	14%
Average Change in Overall Income	0	0		1,007.6	0			1,007.6	

20a - Type of Non-Cash Benefit Source

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	20	15	5
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	5	4	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

20b - Number of Non-Cash Benefit Sources

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
No Sources	17	13	2
1 + Source(s)	20	15	5
Client Doesn't Know/Client Refused	0	0	0
Data not collected	2	4	0
Total	39	32	7

21 - Health Insurance

	At Start	At Annual	At Exit for
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		Assessment for Stayers	Leavers		
MEDICAID	82	58	15		
MEDICARE	6	5	1		
State Children's Health Insurance Program	1	1	1		
Veteran's Administration (VA) Medical Services	1	1	0		
Employer-Provided Health Insurance	1	1	0		
Health Insurance obtained through COBRA	1	1	0		
Private Pay Health Insurance	3	2	1		
State Health Insurance for Adults	1	1	0		
Indian Health Services Program	0	0	0		
Other	0	0	0		
No Health Insurance	4	0	2		
Client Doesn't Know/Client Refused	0	0	0		
Data not collected	0	0	0		
Number of stayers not yet required to have an annual assessment		11			
1 Source of Health Insurance	80	54	16		
More than 1 Source of Health Insurance	5	5	1		
22a1 - Length of Participation - CoC Projects					
	Total	Leavers	Stayers		
30 days or less	0	0	0		
31 to 60 days	5	0	5		
61 to 90 days	4	0	4		
91 to 180 days	0	0	0		
181 to 365 days	2	0	2		
366 to 730 Days (1-2 Yrs)	14	11	3		
731 to 1,095 Days (2-3 Yrs)	64	8	56		
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	89	19	70		
22b - Average and Median Length of Participation in Days					
		Leavers	Stayers		
Average Length		730	733		
Median Length		707	864		
22c - RRH Length of Time between Project Start Date and Housing Move-in Date					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	0	0	0	0	0
8 to 14 days	0	0	0	0	0
15 to 21 days	0	0	0	0	0
22 to 30 days	0	0	0	0	0
31 to 60 days	0	0	0	0	0
61 to 180 days	0	0	0	0	0
181 to 365 days	0	0	0	0	0
366 to 730 Days (1-2 Yrs)	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	0	0	0	0	0
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 housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	0	0	0	0	0
Permanent Housing (other than RRH) 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
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Subtotal	0	0	0	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)	9	0	9	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	5	0	5	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	5	0	5	0	0
Subtotal	19	0	19	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 facility	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	19	0	19	0	0
Total persons exiting to positive housing destinations	0	0	0	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	0%	0%	0%	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 housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	0	0	0	0	0
Permanent Housing (other than RRH) 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
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Subtotal	0	0	0	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 habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	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 facility	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	0	0	0	0	0
Total persons exiting to positive housing destinations	0	0	0	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	0%	0%	0%	0%	0%
25a - Number of Veterans					
	Total	Without Children	With Children and Adults	Unknown Household Type	
Chronically Homeless Veteran	1	0	1	0	
Non-Chronically Homeless Veteran	0	0	0	0	
Not a veteran	38	4	33	1	
Client Doesn't Know/Client Refused	0	0	0	0	
Data not collected	0	0	0	0	
Total	39	4	34	1	
25b - Number of Veteran Households					
	Total	Without Children	With Children and Adults	Unknown Household Type	
Chronically Homeless Veteran	1	0	1	0	
Non-Chronically Homeless Veteran	0	0	0	0	
Not a veteran	26	2	23	1	
Client Doesn't Know/Client Refused	0	0	0	0	
Data not collected	0	0	0	0	
Total	27	2	24	1	
25c - Gender - Veterans					
	Total	Without Children	With Children and Adults	Unknown Household Type	
Male	0	0	0	0	
Female	1	0	1	0	
Trans Female (MTF or Male to Female)	0	0	0	0	
Trans Male (FTM or Female to Male)	0	0	0	0	
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0	
Client Doesn't Know/Client Refused	0	0	0	0	
Data not collected	0	0	0	0	
Total	1	0	1	0	
25d - Age - Veterans					
	Total	Without Children	With Children and Adults	Unknown Household Type	
18 - 24	0	0	0	0	
25 - 34	0	0	0	0	
35 - 44	0	0	0	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	1	0	1	0	
25e - Physical and Mental Health Conditions - Veterans					
	Conditions at Start	Conditions at Latest Assessment for Stayers	Conditions at Exit for Leavers		
Mental Health Problem	1	1	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 Start and Annual/Exit Status - Veterans					
Number of Veterans by Income Category	Number of	Number of	Number of		

	Veterans at Start	Veterans at Annual Assessment (Stayers)	Veterans at Exit (Leavers)		
Veterans with Only Earned Income (i.e., Employment Income)	0	1	0		
Veterans with Only Other Income	1	0	0		
Veterans with Both Earned and Other Income	0	0	0		
Veterans with No Income	0	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		0			
Number of veterans without required annual assessment		0			
Total Veterans	1	1	0		
25g - Type of Cash Income Sources - Veterans					
	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers		
Earned Income	0	1	0		
Unemployment Insurance	0	0	0		
Supplemental Security Income (SSI)	1	0	0		
Social Security Disability Insurance (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		
Temporary Assistance for Needy Families (TANF)	0	0	0		
General Assistance (GA)	0	0	0		
Retirement Income from Social Security	0	0	0		
Pension or retirement income from a former job	0	0	0		
Child Support	0	0	0		
Alimony and other spousal support	0	0	0		
Other Source	0	0	0		
Veterans with Income Information at Start and Annual Assessment/Exit		1	0		
25h - Type of Non-Cash Benefit Sources - Veterans					
	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers		
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	1	1	0		
Special Supplemental Nutrition Program for Women, Infants, and Children (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 housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	0	0	0	0	0
Permanent Housing (other than RRH) 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
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Subtotal	0	0	0	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 habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0

Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	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 facility	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	0	0	0	0	0
Total persons exiting to positive housing destinations	0	0	0	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	0%	0%	0%	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	6	1	5	0	0
Not Chronically Homeless	19	0	18	0	1
Client Doesn't Know/Client Refused	2	1	1	0	0
Data not collected	0	0	0	0	0
Total	27	2	24	0	1
26b - Number of Chronically Homeless Persons by Household					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	21	2	19	0	0
Not Chronically Homeless	66	1	63	0	2
Client Doesn't Know/Client Refused	2	1	1	0	0
Data not collected	0	0	0	0	0
Total	89	4	83	0	2
26c - Gender of Chronically Homeless Persons					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	8	0	8	0	0
Female	13	2	11	0	0
Trans Female (MTF or Male to Female)	0	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	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	21	2	19	0	0
26d - Age of Chronically Homeless Persons					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
0 - 17	12		12	0	0
18 - 24	3	1	2		0
25 - 34	2	0	2		0
35 - 44	3	1	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	21	2	19	0	0
26e - Physical and Mental Health Conditions - Chronically Homeless Persons					
			Conditions at Start	Conditions at Latest	Conditions at Exit for Leavers

			Assessment for Stayers		
Mental Health Problem		7	5	2	
Alcohol Abuse		1	0	1	
Drug Abuse		0	0	0	
Both Alcohol and Drug Abuse		1	1	0	
Chronic Health Condition		1	1	0	
HIV/AIDS		0	0	0	
Development Disability		3	2	1	
Physical Disability		2	1	1	
26f - Client Cash Income - Chronically Homeless Persons					
		Number of Chronically Homeless Persons at Start	Number of Chronically Homeless Persons at Annual Assessment (Stayers)	Number of Chronically Homeless Persons at Exit (Leavers)	
Number of Chronically Homeless Persons by Income Category					
Chronically Homeless Persons with Only Earned Income (i.e., Employment Income)		0	1	0	
Chronically Homeless Persons with Only Other Income		4	3	0	
Chronically Homeless Persons with Both Earned and Other Income		1	0	1	
Chronically Homeless Persons with No Income		4	3	0	
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			1		
Number of Chronically Homeless Persons without required annual assessment			0		
Total Chronically Homeless Persons		9	8	1	
26g - Type of Cash Income Sources - Chronically Homeless Persons					
		Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers	
Earned Income		1	1	1	
Unemployment Insurance		0	0	0	
Supplemental Security Income (SSI)		5	3	1	
Social Security Disability Insurance (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	
Temporary Assistance for Needy Families (TANF)		0	0	0	
General Assistance (GA)		0	0	0	
Retirement Income from Social Security		0	0	0	
Pension or retirement income from a former job		0	0	0	
Child Support		1	0	1	
Alimony and other spousal support		0	0	0	
Other Source		0	0	1	
Chronically Homeless Persons with Income Information at Start and Annual Assessment/Exit			4	1	
26h - Type of Non-Cash Income Sources - Chronically Homeless Persons					
		Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers	
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)		4	3	1	
Special Supplemental Nutrition Program for Women, Infants, and Children (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	
27a - Age of Youth					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
12 - 17	0	0	0	0	0
18 - 24	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	1	0	1	0	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	1	2	3	1	
27c - Gender - Youth					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	0	0	0	0	0
Female	1	0	1	0	0
Trans Female (MTF or Male to Female)	0	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	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	1	0	1	0	0
27d - Living Situation - Youth					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Homeless Situations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	1	0	1	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Place not meant for habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Interim Housing	0	0	0	0	0
Subtotal	1	0	1	0	0
Institutional Settings					
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 facility	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					
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other housing subsidy (including RRH)	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Staying or living in a friend's room, apartment or house	0	0	0	0	0
Staying or living in a family member's room, apartment or house	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	1	0	1	0	0
27e - Length of Participation - Youth					
	Total	Leavers	Stayers		
30 days or less	0	0	0		
31 to 60 days	0	0	0		
61 to 90 days	0	0	0		
91 to 180 days	0	0	0		
181 to 365 days	0	0	0		
366 to 730 Days (1-2 Yrs)	0	0	0		
731 to 1,095 Days (2-3 Yrs)	1	0	1		
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	1	0	1		
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 housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	0	0	0	0	0
Permanent Housing (other than RRH) 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
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Subtotal	0	0	0	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 habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	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 facility	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	0	0	0	0	0
Total persons exiting to positive housing destinations	0	0	0	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	0%	0%	0%	0%	0%



INNER CITY CHRISTIAN Grant Information

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Menu Portfolio Grant Information

Grant: MI0413L5F061502 (SNAP) Special Needs Assistance

General Budget Vouchers

Contractual Organization		Contract Dates		HUD Funding	
DUNS Organization		Renewal Date: 07-31-2019		LOCCS Created: 07-29-2016	
Tax ID: 38-1903026		Matches contractual org.		Effective Date: 07-07-2016	
INNER CITY CHRISTIAN		INNER CITY CHRISTIAN FEDERATION		Expiration Date: 11-30-2017	
920 CHERRY ST SE		920 CHERRY ST SE		Term (months): 12	
GRAND RAPIDS, MI 49506-1472		GRAND RAPIDS, MI 49506-1472		Operating Start: 12-01-2016	
Payee Organization:		Region: 05 - MID WEST		Authorized: 36,251.00	
- same as contractual-		Office: 28 - MICHIGAN STATE OFC.		Disbursed: 36,251.00	
				In process: 0.00	
				Balance: 0.00	



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INNER CITY CHRISTIAN
Grant Information

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Grant: MI0413L5F061502 (SNAP) Special Needs Assistance

[General](#) [Budget](#) [Vouchers](#)

<input checked="" type="checkbox"/> Paid	Voucher No	Entered	Source	Amount	Schedule No	Est Deposit Date
1) <input checked="" type="checkbox"/>	<u>501-00335078</u>	09-06-2017	BOBBI KAYSER	18,125.00	LH5995	09-08-2017
2) <input checked="" type="checkbox"/>	<u>501-00270538</u>	11-29-2016	BEN KROMBEEN	18,126.00	LH5250	12-01-2016



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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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- 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 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the 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 2018 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: 08/10/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MI0413

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: Inner City Christian Federation

b. Employer/Taxpayer Identification Number (EIN/TIN): 38-1903026

	c. Organizational DUNS:	092947068	PLUS 4	
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d. Address

Street 1: 920 Cherry SE

Street 2:

City: Grand Rapids

County: Kent

State: Michigan

Country: United States

Zip / Postal Code: 49506

e. Organizational Unit (optional)

Department Name: Housing and Family Services

Division Name: Homeless Services

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

Prefix: Ms.

First Name: Christine

Middle Name:

Last Name: Olmeda

Suffix:

Title: Contract and Compliance Officer

Organizational Affiliation: Inner City Christian Federation

Telephone Number: (616) 336-9333

Extension: 310
Fax Number: (616) 336-9323
Email: colmeda@iccf.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-6200-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: ICCF PSH 2018

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: 01/01/2019

b. End Date: 12/31/2019

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: 08/09/2018

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: Deanna

Middle Name:

Last Name: Rolffs

Suffix:

Title: Vice President of Housing and Family Services

Telephone Number: (616) 336-9333
(Format: 123-456-7890)

Fax Number: (616) 336-9323
(Format: 123-456-7890)

Email: drolffs@iccf.org

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

Date Signed: 08/10/2018

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: Inner City Christian Federation

Prefix: Ms.

First Name: Deanna

Middle Name:

Last Name: Rolffs

Suffix:

Title: Vice President of Housing and Family Services

Organizational Affiliation: Inner City Christian Federation

Telephone Number: (616) 336-9333

Extension: 303

Email: drolffs@iccf.org

City: Grand Rapids

County: Kent

State: Michigan

Country: United States

Zip/Postal Code: 49506

2. Employer ID Number (EIN): 38-1903026

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$30,000.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: ICCF PSH 2018 920 Cherry SE 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. No

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: Deanna Rolffs, Vice President of Housing and Family Services

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

Date Signed: 08/09/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Inner City Christian Federation

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: Ms.

First Name: Deanna

Middle Name

Last Name: Rolffs

Suffix:

Title: Vice President of Housing and Family Services

Telephone Number: (616) 336-9333
(Format: 123-456-7890)

Fax Number: (616) 336-9323
(Format: 123-456-7890)

Email: drolffs@iccf.org

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

Date Signed: 08/10/2018

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: Inner City Christian Federation

Name / Title of Authorized Official: Deanna Rolffs, Vice President of Housing and Family Services

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

Date Signed: 08/10/2018

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: Inner City Christian Federation

Street 1: 920 Cherry SE

Street 2:

City: Grand Rapids

County: Kent

State: Michigan

Country: United States

Zip / Postal Code: 49506

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: Deanna

Middle Name:

Last Name: Rolffs

Suffix:

Title: Vice President of Housing and Family Services

Telephone Number: (616) 336-9333
(Format: 123-456-7890)

Fax Number: (616) 336-9323
(Format: 123-456-7890)

Email: drolffs@iccf.org

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

Date Signed: 08/10/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

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? 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

Renewal Grant Consolidation Screen



HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? **Yes**
If "No" click on "Next" or "Save & Next" below to move to the next screen.

2. Is this an individual project application or a fully consolidated project application? **Individual**

Click on "Save & Next" to continue completing the remainder of this project application as if the consolidation will be denied by HUD and this individual project application will be assessed for FY 2018 funding.

2A. Project Subrecipients

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

Total Expected Sub-Awards:

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

3A. Project Detail

**1. Project Identification Number (PIN) of
expiring grant:** MI0413

(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: ICCF PSH 2018

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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

**7. Will this renewal project be part of a new
application for a Renewal Expansion Grant?** Yes

a. Input the name of the New renewal Expansion Project

3B. Project Description

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

Twenty three units of PSH made affordable to families thru the issuance of Project Based Vouchers from MSHDA . ICCF receives referrals for housing from Coordinated Assessment & MSHDA, adheres to Housing First principles and has established a preference for chronically homeless families w/children when occupying these 2 and 3 bedroom units. The referral and screening process for PSH residents follows the procedures set by Coordinated Assessment for households who are in a housing crisis. These units will be targeted to the most vulnerable homeless members of the Kent County community. Core services include those that are needed to move people from the streets into stabilized housing. Additional services will be available in an individualized, coordinated and flexible manner including home based services during non standard hours, life skills training, child care, education, training, health services, employment, and legal referrals. ICCF staff will meet as needed to coordinate resident services and develop eviction prevention plans when necessary to promote housing stability.

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 type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input 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	<input type="checkbox"/>

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

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

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

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

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. 100% Dedicated

4A. Supportive Services for Participants

**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	Partner	As needed
Assistance with Moving Costs	Non-Partner	As needed
Case Management	Applicant	As needed
Child Care	Non-Partner	As needed
Education Services	Applicant	As needed
Employment Assistance and Job Training	Partner	As needed
Food	Partner	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Partner	As needed
Life Skills Training	Applicant	As needed
Mental Health Services	Partner	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Non-Partner	As needed
Substance Abuse Treatment Services	Partner	As needed
Transportation	Non-Partner	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. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

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

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: 23

Total Beds: 70

Total Dedicated CH Beds: 70

Housing Type	Housing Type (JOINT)	Units	Beds
Single family homes/townhou...	---	23	70

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

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

a. Units: 23

b. Beds: 70

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 70

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 920 Cherry SE

Street 2:

City: Grand Rapids

State: Michigan

ZIP Code: 49506

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

262544 Grand Rapids

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	19	4		23
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	2		27
Adults ages 18-24	10	2		12
Accompanied Children under age 18	49			49
Unaccompanied Children under age 18				0
Total Persons	84	4	0	88

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24	7	1	0	3	0	11	0	9	4	10
Adults ages 18-24	3	0	0	0	0	1	0	2	0	7
Children under age 18	9			0	0	3	0	3	4	33
Total Persons	19	1	0	3	0	15	0	14	8	50

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/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24	1	0	1	1	0	2	0	2	0	0
Adults ages 18-24	1	0	0	0	0	1	0	0	0	1
Total Persons	2	0	1	1	0	3	0	2	0	1

Click Save to automatically calculate totals

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/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed 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:

The populations who are unlisted are similar to those who are. Their status hasn't been captured in HMIS. ICCF has been working with the HMIS specialist from the local CoC to try and correct this error regarding Annual Assessment.

Several attempts have been made to correct these errors, but it may not be able to be corrected by the time of this application. ICCF has maintained relationships with all PSH clients in this time period from 12/1/2016 – 11/30/2017 and is working to make sure moving forward information is entered in HMIS in timely manner and correctly so that it accurately reflects the work we are doing with PSH clients.

5C. Outreach for Participants

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

23%	Directly from the street or other locations not meant for human habitation.
77%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
100%	Total of above percentages

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 Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input 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:	\$8,845
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$8,845

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Department of Hea...	08/02/2018	\$8,845

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:** Department of Health and Human Services
(Be as specific as possible and include the office or grant program as applicable) Emergency Shelter Program
- 5. Date of Written Commitment:** 08/02/2018
- 6. Value of Written Commitment:** \$8,845

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	\$30,000
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$30,000
7. Admin (Up to 10%)	
8. Total Assistance plus Admin Requested	\$30,000
9. Cash Match	\$8,845
10. In-Kind Match	\$0
11. Total Match	\$8,845
12. Total Budget	\$38,845

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	501c3	08/09/2018
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: 501c3

Attachment Details

Document Description:

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 578.33(d) or 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.

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.

15-Year Operation Rule – 24 CFR part 578 only.

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

1-Year Operation Rule.

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

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 Deanna Rolffs

Date: 08/10/2018

Title: Vice President of Housing and Family Services

Applicant Organization: Inner City Christian Federation

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X

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 - Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
3C. Dedicated Plus	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input checked="" type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
5C. Outreach	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>

6E. Summary Budget	<input checked="checked" type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="checked" type="checkbox"/>
7B. Certification	<input checked="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):

ICCF is requesting an increase in the amount of funds allocated to Supportive Services and a decrease in the amount of funds allocated to Operating Costs. The original approval was for \$20,000 for Supportive Services and \$15,379 for Operating Costs (Total \$35,379). The requested change is to allocate \$30,000 for Supportive Services and \$5,379 for Operating Costs (Total \$35,379).

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	08/09/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/09/2018
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1E. SF-424 Compliance	08/10/2018
1F. SF-424 Declaration	08/09/2018
1G. HUD-2880	08/09/2018
1H. HUD-50070	08/09/2018
1I. Cert. Lobbying	08/09/2018
1J. SF-LLL	08/09/2018
Recipient Performance	08/09/2018
Renewal Grant Consolidation	08/09/2018
2A. Subrecipients	No Input Required
3A. Project Detail	08/09/2018
3B. Description	08/09/2018
3C. Dedicated Plus	08/09/2018
4A. Services	08/09/2018
4B. Housing Type	08/09/2018
5A. Households	08/10/2018
5B. Subpopulations	08/10/2018
5C. Outreach	08/09/2018
6A. Funding Request	08/09/2018
6D. Match	08/09/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/09/2018
7B. Certification	08/09/2018
Submission Without Changes	08/09/2018

Internal Revenue Service

Department of the Treasury

**P. O. Box 2508
Cincinnati, OH 45201**

Date: September 6, 2002

Person to Contact: _____

Inner City Christian Federation
816 Madison SE
Grand Rapids, MI 49507

Ms. Edwards 31-07427
Customer Service Representative
Toll Free Telephone Number:

8:00 a.m. to 6:30 p.m. EST

877-829-5500

Fax Number:

513-263-3756

Federal

Identification Number:

38-1903026

Dear Sir or Madam:

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

Our records indicate that a determination letter issued in December 1970 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.


Inner City Christian Federation
38-1903026

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

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

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

If you have any questions, please call us at the telephone number shown in the heading of this letter. This letter affirms your organization's exempt status.

 Sincerely,

John E. Ricketts, Director, TE/GE
Customer Account Services



DOING
THE MOST
GOOD®

August 2, 2018

Deanna Rolffs
Inner City Christian Federation
920 Cherry St SE
Grand Rapids, MI 49506

Deanna:

The Emergency Shelter Program funding for Inner City Christian Federation for fiscal year 2019 (October 1, 2018 – September 30, 2019) will be \$103,536, the same as fiscal year 2018.

Thank you.

Tim Beimers
The Salvation Army
MDHHS Emergency Shelter Program Supervisor
16130 Northland Dr
Southfield, MI 48075

EASTERN MICHIGAN DIVISION

16130 Northland Drive
Southfield, MI 48075
(248) 443-5500
www.salmich.org

André Cox, *General*
F. Bradford Bailey, *Territorial Commander*
John E. Turner, *Divisional Commander*



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Office of Housing Counseling
451 7th St., SW, Room 9224
Washington, D. C. 20410

January 29, 2018

John Taylor
Executive Director
National Community Reinvestment Coalition, Inc.
740 15th Street, NW, Suite 400
Washington, DC 20005

Dear Mr. Taylor:

I recently completed a desk review of Inner City Christian Federation, Inc. for the Office of Housing Counseling. I would like to thank Mr. VerWys and his staff for the courtesy and cooperation given to me during this desk review. The review was conducted to ensure that your affiliate continues to comply with all HUD Housing Counseling Program requirements, including 24 CFR, Part 214; HUD Housing Counseling Handbook 7610.1; relevant housing notices; and grant agreement, if applicable.

Based on my review, your affiliate's performance meets the requirements of our housing counseling program. Enclosed is a copy of our performance review report and certificate.

It is your agency's responsibility to check the Housing Counseling System (HCS) frequently to ensure your information is current and accurate. This data must be verified at least once every 90 days. If no change is required, simply mark the "Validate" box at the top right of your agency profile page to indicate you have verified the information, and then click the OK button at the bottom of the page. Agency data from HCS is used to produce the state-by-state lists of participating housing counseling agencies posted on HUD's website and provided on the telephone interactive referral system.

Refer to HCS's webpage at: <http://www.hud.gov/offices/hsg/sfh/hcc/hccprof17.cfm>

Thank you for your participation in our program. If we can be of further assistance, please contact me, at (202) 402-2112 or ruth.roman@hud.gov

Sincerely,

Ruth Román

Senior Program Advisor

Office of the Deputy Assistant Secretary

Enclosures

cc:

Ibijoke Akinbowale
Ryan VerWys
Deanna Rolffs
Christine Olmeda



HUD APPROVAL AS A HOUSING COUNSELING AGENCY

The U. S. Department of Housing and Urban Development approves the following named entity as a Local Housing Counseling Agency.

The entity has:

- (1) met the Department's re-approval criteria and
- (2) submitted an acceptable housing counseling work plan to serve its target community.

Inner City Christian Federation, Inc.

The Department approved this housing counseling agency to provide the following types of housing counseling in accordance with their counseling work plan.

SERVICES

- Pre-Purchase Counseling
- Resolving or Preventing Mortgage Delinquency or Default
- Rental Housing Counseling
- Homeless Assistance Counseling
- Non-Delinquency Post Purchase Counseling
- Pre-Purchase Homebuyer Education Workshops

January 1, 2018
Date of Approval

December 31, 2021
Date Approval Expires

Cheryl W. Appline

Cheryl W. Appline
Director, Oversight and Accountability
Office of Housing Counseling

HUD Performance Review Report
Inner City Christian Federation, Inc.
920 Cherry Street SE
Grand Rapids, MI 49506

I. PURPOSE:

The purpose of this review is to evaluate the housing counseling agency's ability to ensure compliance with HUD Housing Counseling Program requirements, including 24 CFR, Part 214, HUD Housing Counseling Handbook 7610.1, applicable mortgagee letters, other guidance and grant agreements, if applicable. Additionally, this review is conducted to ensure that the housing counseling agency is implementing its programs and services in accordance with the counseling work plan submitted to HUD.

II. METHOD AND SCOPE OF REVIEW:

This review entailed Ruth Román conducting a remote desk review. Fourteen files shown below were reviewed for compliance with the Notice of Funding Availability (NOFA) Applications, Grant Agreement, Federal Register and OMB requirements and Handbook and Regulation requirements. The file types reviewed included: 3 Mortgage Defaults, 5 Pre-purchase; 1 Homeless Counseling; 1 Post-Purchase Counseling; 1 Renter Counseling; 3 Group Education.

The following files were reviewed:

Mortgage Default Counseling

1. 376079-Figueroa
2. 416124-Yancy Horton
3. 376079-Lisa Collins

Pre-purchase Counseling

1. 444575-Payton
2. 401088-Latram
3. 370302-Villa
4. 361392-Villa
5. 376485-Lampani

Homeless Counseling

1. 412561-Clara McBride

Renter Counseling

1. 310423-Robles

Post-purchase Counseling

1. 359524-Hickey

Group Education

1. 051016-Financial Literacy
2. 092016-Financial Literacy
3. 042016-Introduction to homeownership

Period – October 1, 2015 through September 30, 2016

National Community Reinvestment Coalition awarded Inner City Christian Federation, Inc. (ICCF) a sub-grant in the amount of \$ 75,492.84 from funds received under their 2015 HUD Housing Counseling Grant and 58,337.78 from funds received under their 2016 HUD Housing Counseling Grant.

III. **GENERAL COMMENTS:**

ICCF was founded in 1974 and assists more than 2,200 low-to-moderate income families each year. ICCF provides a variety of housing opportunities and services. ICCF owns and manages over 160 affordable rental units scattered throughout southeast Grand Rapids. ICCF rental units serve a variety of income levels and family sizes with 1-bedroom, 2-bedroom, and 3-bedroom apartments. ICCF provides home ownership opportunities for income-eligible households by building or renovating single family homes and townhomes. ICCF prepares individuals and families for homeownership and assist them in sustaining homeownership by providing pre-purchase and foreclosure prevention counseling. ICCF housing counseling services also include non-delinquency post-purchase counseling, homebuyer education and rental counseling and homeless assistance counseling.

The majority of counseling and education services provided by ICCF are delivered in Kent County and more specifically the City of Grand Rapids. ICCF also serves residents from surrounding counties (Allegan, Barry, Montcalm, Ionia, Muskegon and Ottawa) where there is either no or limited housing counseling services. In FY 20016, 85 percent of households served had incomes below 80 percent of the Area Median Income. Of the individuals served 57 percent were African-American, 29 percent were Caucasian, and 14 percent were of Hispanic ethnicity.

In FY 2015 ICCF served 1,537 housing counseling clients and in FY 2016 ICCF served 1,201 counseling clients. In FY 2015 and FY 2016 there were discrepancies between the number of clients reported to the HUD 9902 and the agency's new client management system RxOffice. In FY 2015 ICCF migrated to RxOffice and experience a large staff turnover. In FY 2017 staff became aware also of improper classification of clients from other program areas as housing counseling clients and immediately corrected those

errors. The agency is confident in the current housing counseling data being reported to HUD.

Ryan VerWys has been President and CEO of Inner City Christian Federation since 2015. CCF has 11 staff that support the Housing Counseling Program. These services fall under the management of Deanna Rolffs, Vice President of Housing and Family Services who has more than 17 years of experience in nonprofit program development and housing. The Housing Program Manager is Elzie Honicutt and the Education Manager is Berniz Constanza-Terpstra. Staff have received recent training in housing counseling and education, financial capabilities and financial literacy within the last 2 years.

Based on my review of relevant documentation, ICCF is currently in compliance with all HUD Housing Counseling Program and Federal Grant regulations, in accordance with 24 CFR Part 214, HUD Handbook 7610.1, and applicable housing counseling grant agreement. The counseling files are well documented with required program documentation and evidence that quality counseling is taking place and assisting consumers with housing and financial needs.

IV. OBSERVATIONS:

There were two homeless counseling files where no physical file was retained because the clients completed intake but did not continue with the program. ICCF gets all homeless counseling referrals through the local coordinated entry process and shares information in another database (HMIS) used by all homeless services providers in addition to the information entered in RxOffice, which was provided. ICCF receives a large number of referrals and a majority are returned to coordinated entry for various reasons. For the cases I requested, when the referral was returned, the physical file was not retained. ICCF is in the process of adjusting their practices to retain any completed documentation in physical files even if the referral is returned.

These clients according to HUD policy would not be considered HUD Housing Counseling clients because no counseling took place. Chapter 3 of HUD Housing Counseling Handbook 7610.1 rev 5 outlines HUD's requirements related to delivery of housing counseling requirements.

V. FINDINGS:

None

VI. RECOMMENDATIONS AND ACTIONS REQUIRED:

None.

VII. CONCLUSION:

ICCF is doing an excellent job providing quality housing counseling services to their clients. The files reviewed were maintained in accordance with 24 CFR Part 214, HUD Handbook 7610.1, and the applicable housing counseling grant agreement.