

## **Before Starting the Project Application**

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 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 2018 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2018 CoC Program Competition NOFA.

## 1A. SF-424 Application Type

**1. Type of Submission:**

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

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

**If "Other", specify:**

**3. Date Received:** 08/09/2018

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** YWCA West Central Michigan

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 38-1359578

	<b>c. Organizational DUNS:</b>	126942739	<b>PLUS 4:</b>	
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### d. Address

**Street 1:** 25 Sheldon Blvd. SE

**Street 2:**

**City:** Grand Rapids

**County:**

**State:** Michigan

**Country:** United States

**Zip / Postal Code:** 49503

### e. Organizational Unit (optional)

**Department Name:** Residential Services

**Division Name:** Project HEAL

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

**Prefix:** Mr.

**First Name:** Tom

**Middle Name:**

**Last Name:** Cottrell

**Suffix:**

**Title:** Chief Programming Officer

**Organizational Affiliation:** YWCA West Central Michigan

**Telephone Number:** (616) 426-3750

**Extension:**  
**Fax Number:** (616) 459-0392  
**Email:** [tcottrell@ywcawcmi.org](mailto:tcottrell@ywcawcmi.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:** Project HEAL TH-RRH 2018

**16. Congressional District(s):**

**a. Applicant:** MI-003, MI-002

**b. Project:** MI-003, MI-002

(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 06/01/2019

**b. End Date:** 05/31/2020

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

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. SF-424 Compliance

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

**If "YES", enter the date this application was made available to the State for review:** 08/14/2018

**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: Charisse

Middle Name:

Last Name: Mitchell

Suffix:

Title: CEO

Telephone Number: (616) 459-4681  
(Format: 123-456-7890)

Fax Number: (616) 459-5423  
(Format: 123-456-7890)

Email: cmitchell@ywcawcmi.org

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

Date Signed: 08/09/2018



# 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:** YWCA West Central Michigan

**Prefix:** Ms.

**First Name:** Charisse

**Middle Name:**

**Last Name:** Mitchell

**Suffix:**

**Title:** CEO

**Organizational Affiliation:** YWCA West Central Michigan

**Telephone Number:** (616) 459-4681

**Extension:**

**Email:** cmitchell@ywcawcmi.org

**City:** Grand Rapids

**County:**

**State:** Michigan

**Country:** United States

**Zip/Postal Code:** 49503

**2. Employer ID Number (EIN):** 38-1359578

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

**4. Amount of HUD Assistance Requested/Received:** \$412,118.00

(Requested amounts will be automatically entered within applications)

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

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

**Part I Threshold Determinations**

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HUD / through CoC Kent County, 118 Commerce, SW Grand Rapids, MI 49503	grant	\$399,368.00	transitional housing
United Way, 118 Commerce, SW Grand Rapids, MI 49503	grant	\$6,000.00	transitional housing
NA	NA	\$0.00	NA
NA	NA	\$0.00	NA
NA	NA	\$0.00	NA

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

**Part III Interested Parties**

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You must disclose:

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

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

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

**Certification**

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

I certify that this information is true and complete.

**I AGREE:**

**Name / Title of Authorized Official:** Charisse Mitchell, CEO

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

**Date Signed:** 08/15/2017

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** YWCA West Central Michigan

**Program/Activity Receiving Federal Grant Funding:** CoC Program

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

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

### 2. Sites for Work Performance.

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

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

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

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

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Charisse

**Middle Name**

**Last Name:** Mitchell

**Suffix:**

**Title:** CEO

**Telephone Number:** (616) 459-4681  
**(Format: 123-456-7890)**

**Fax Number:** (616) 459-5423  
**(Format: 123-456-7890)**

**Email:** cmitchell@ywcawcmi.org

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

**Date Signed:** 08/09/2018

## **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
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**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:** YWCA West Central Michigan

**Name / Title of Authorized Official:** Charisse Mitchell, CEO

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

**Date Signed:** 08/09/2018

# 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:** YWCA West Central Michigan

**Street 1:** 25 Sheldon Blvd. SE

**Street 2:**

**City:** Grand Rapids

**County:**

**State:** Michigan

**Country:** United States

**Zip / Postal Code:** 49503

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

I certify that this information is true and complete.

X



### Authorized Representative

**Prefix:** Ms.  
**First Name:** Charisse  
**Middle Name:**  
**Last Name:** Mitchell  
**Suffix:**  
**Title:** CEO  
**Telephone Number:** (616) 459-4681  
**(Format: 123-456-7890)**  
**Fax Number:** (616) 459-5423  
**(Format: 123-456-7890)**  
**Email:** cmitchell@ywcawcmi.org  
**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.  
**Date Signed:** 08/09/2018

## 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: \$324,007**

Organization	Type	Sub-Award Amount
Community Rebuilders	M. Nonprofit with 501C3 IRS Status	\$324,007

## 2A. Project Subrecipients Detail

**a. Organization Name:** Community Rebuilders

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status  
**If "Other" specify:**

**c. Employer or Tax Identification Number:** 38-3094108

	<b>* d. Organizational DUNS:</b>	948960398	<b>PLUS 4:</b>	
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### e. Physical Address

**Street 1:** 1120 Monroe NW

**Street 2:** Suite 220

**City:** Grand Rapids

**State:** Michigan

**Zip Code:** 49503

**f. Congressional District(s):** MI-002, MI-001  
**(for multiple selections hold CTRL key)**

**g. Is the subrecipient a Faith-Based Organization?** No

**h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?** Yes

**i. Expected Sub-Award Amount:** \$324,007

### j. Contact Person

**Prefix:** Ms.

**First Name:** Anna

**Middle Name:**

**Last Name:** Diaz

**Suffix:**

**Title:** Chief Operating Officer

**E-mail Address:** Adiaz@communityrebuilders.org

**Confirm E-mail Address:** Adiaz@communityrebuilders.org

**Phone Number:** 616-458-5102

**Extension:**

**Fax Number:**

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

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

The YWCA West Central Michigan and Community Rebuilders are applying for the TH and PH-RRH Joint Component DV Bonus funding together, with the YWCA as the Lead agency and Community Rebuilders as the Sub-recipient. This partnership combines the expertise of the YWCA in serving survivors of domestic violence, sexual assault and sex trafficking in emergency shelter, transitional housing and wrap around advocacy, medical services and counseling with the expertise and skills of Community Rebuilders in helping households access and maintain permanent housing through a rapid rehousing model of support. The YWCA has collaborated with Community Rebuilders at various points throughout the last two decades in providing joint programming to survivors of domestic violence.

The YWCA West Central Michigan has been providing services to victims of domestic violence and sexual assault since 1977 and utilizing HUD funds since 1997, through Project HEAL, to provide transitional housing services to survivors and their dependent children. To date, with blended funding through HUD, the Department of Justice and the Michigan Department of Health and Human services, utilizing TANF funding, Project HEAL has served 634 survivors and their children. Transitional housing is one element of this TH and PH-RRH application. The YWCA routinely meets its exits into permanent housing objectives for program participants and has always expended 100% of its HUD grant award. Over time, with increased efficiency and leveraging, a greater percentage of the TH award is dedicated to leasing, and less to operations, support and administration. The Kent County CoC recognizes the importance of services to domestic violence survivors and the efficiency of the Project HEAL's TH program (exiting participants into permanent housing in less than 11 months) and has consistently scored the project in Tier I, since the development of the Tier system. In addition to CoC funding for TH, the YWCA leverages other Federal (DOJ, TANF, VOCA, EFSP) and local funds (United Way, Department of Health and Human Services, Kent County) to provide emergency shelter and comprehensive non-residential services to victims of domestic violence, with a focus on immediate safety, individual and legal advocacy, counseling and prevention.

Community Rebuilders has 25 years of experience effectively using federal funds and performing the types of activities proposed in this application. The lengthy track record of Community Rebuilders managing all aspects and phases of project administration from planning to deliverables has been evidenced in the success of all projects initiated. Community Rebuilders (CR) has been a leader both nationally and locally designing and implementing RRH programs since 2007. Community Rebuilders' early success with rapid rehousing resulted in all rapid rehousing services funded by HPRP for Kent County being delivered by Community Rebuilders Housing Resource Specialist. Within HPRP programming alone, 712 households were provided rapid rehousing assistance

and 95% of the households served exited with permanent housing. In this highly audited project CR was praised by HUD for its implementation, and project design to verify eligibility and conduct re-certifications. This was significant, as many HPRP providers across the county struggled with requirement and audit findings while we had none. 28 days was the average length of time to rehouse a household with HPRP assistance. In an average year Community Rebuilders rapidly rehoused approximately 400 households, while producing outcomes that exceed national benchmarks. The National Alliance to End Homelessness has enlisted Community Rebuilders to train others across the county on our model of rapid rehousing. Community Rebuilders is currently highlighted on webinars and within annual conference materials on the National Alliance to End Homelessness website. Community Rebuilders developed and implemented the first rapid rehousing programs in Kent County and developed the strengths based Housing Resource Specialist model that is used by the National Alliance to End Homelessness as an example of how to effectively provide home based voluntary services in rapid rehousing programs. Federal funds currently administered successfully by Community Rebuilders include CoC funding for PSH and RRH, VA funding for the VRS program, SSVF program and Grant Per Diem program, Home Program- Tenant Based Rental Assistance and ESG.

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

The YWCA is exclusively focused on services to individuals and families experiencing, or at risk of experiencing, sexual assault or domestic violence. Of the 4.8 million budget of the organization, 54% of revenue is comprised of Federal funds, 7% of State and Local contracts and 39% from program fees, donations and the private sector contributions. Over 12,000 hours of community volunteer time, is also foundational to programming success. The YWCA blends multiple funding streams to provide holistic care, including emergency shelter, transitional housing and permanent housing to victims of intimate partner violence, as well as the voluntary social work supports needed to facilitate safety and recovery. Over its tenure, the YWCA has amended our Transitional Housing HUD award twice, both times increasing the funds toward Leasing, and reducing Supportive and Operational funds; increasing available units and maintaining service delivery. Our ability to leverage other funding to support survivor need has made this possible. This practice of successfully blending funding, while tracking funded services independently for reporting purposes, has enabled the YWCA to provide consistent, comprehensive and seamless services to survivors for the last 40 years.

Community Rebuilders' solid history of experience administering programs is due in part to its ability to leverage federal, state, local, and private sector funds. A great example of their success leveraging funds has been their ability over the past 8-10 years to work with HUD to amend some of their renewal contracts. Several amendments were made at our request to shift dollars from Supportive Services to Leasing Assistance. These amendments were possible because of the linkages and leveraging of federal, state, local and private sector funds to pay for supportive service costs. Another example of our commitment and ability to leverage funds is evidenced in our Shelter Plus Care Project. Each year in this project alone Community Rebuilders' partner agencies provide between \$700,000.00 and one million dollars in services as matching funds to Community Rebuilders each year. This also demonstrates a solid history of quality communication and coordination with other providers within Kent

County.

**3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.**

The YWCA West Central Michigan’s Board and employees are united around the organization’s mission of eliminating racism and the empowerment of women and girls. The administrative team is comprised of the Chief Executive Officer (CEO), the Chief Operating Officer (COO) and the Chief Programming Officer (CPO), the Director of Finance, and five Program Directors. The CPO manages all direct services to clients of the organization and is the liaison for grant funders. The COO manages the physical infrastructure of service delivery sites and housing units, as well as technology and security. The CEO coordinates directly with the Board of Directors to ensure that the agency’s strategic plan remains aligned with the mission and is relevant to the community. The YWCA is accredited by the Council on Accreditation, last renewed in 2017, successfully meeting all Administrative and Service Delivery Standards. The YWCA also meets or exceeds all Best Practice Standards for organizations serving domestic and sexual violence victims, as audited (2017) by the Michigan Department of Health and Human Services’ Domestic and Sexual Violence Prevention and Treatment Board. Financial documentation follows Generally Accepted Accounting Principles, with an external Accounting Firm conducting a Financial Statement Audit and an A-133 Single Audit annually. The YWCA has other sub-recipient relationships utilizing a Federal award and has appropriate controls in place to ensure appropriate/eligible use of funds. The YWCA’s automated accounting system is capable of tracking expenditures to grants by cost categories individually as well as documentation of match.

The Board of Directors and employees at Community Rebuilders form a knowledgeable and productive work force that is empowered with all the direct information, authority, recognition and training they need to satisfy the consumers they serve and meet the goals and objectives of each project. The team is driven by their mission and commitment to ending homelessness. The Executive Director reports directly to a dedicated and informed Board of Directors. The Executive Director and COO, and CFO and four managers make up the management team. Community Rebuilders has a 25 year history as a successful not for profit organization that places a heavy emphasis on accountability and transparency including reporting requirements related to the use of funds and maintenance of client level and program services and expense data. Community Rebuilders follows Generally Accepted Accounting Principles (GAAP). The financial records of Community Rebuilders are audited by a Certified Public Accounting firm annually. Community Rebuilders has a robust system of controls in place and has a demonstrated history of integrity in financial records and reports generating trust with stakeholders. The system of controls assures appropriate authorization, recording and accountability of assets.

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

### 3A. Project Detail

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

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

**2. Project Name:** Project HEAL TH-RRH 2018

**3. Project Status:** Standard

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

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

**6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA).** No



### 3B. Project Description

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

This is a TH and PH-RRH project for victims of domestic violence, rendered homeless when fleeing abuse. Survivors may use one or both of the program components.

The TH component of this project will provide four safe units for survivors to immediately access, when the participant identifies that a safe place to stay while seeking housing is a need. All of the survivors will then be able to either transition into housing of their own choosing utilizing their own resources or utilize the rapid rehousing component of the program to support their move to permanent housing when they determine they are ready. YWCA Domestic violence services will be available throughout total program involvement, and indefinitely afterwards, based on survivor desire.

The Rapid Rehousing component, of the project, managed by Community Rebuilders, will support at least 22 households annually. This project allows for short or medium term financial assistance with rent and survivor appropriate individualized case management services that meet the needs of households with and without children. Consistent with Housing First philosophy, this project will have a low barrier intake process and accept survivors with a variety of backgrounds and barriers to housing stability including substance abuse and criminal histories and zero income. Screening and assessment for entry into this project will be conducted by our community’s coordinated entry The Salvation Army’ Housing Assessment Program. Survivors without a safe place to stay, or who are living on the streets or in shelters and lack the financial resources and support networks to obtain housing on their own shall be prioritized for this project. Emergency shelter is not a component of this proposal, but it is a part of the comprehensive safety strategy built into our community’s coordinated entry process and available to survivors when safety needs merit.

All survivors will be assisted with obtaining housing in the private rental market and be assisted in securing a lease in the neighborhood of their choice. All units will meet HUD Housing Quality Standards and rent reasonableness will be the applicable rent standard. All participants will receive services from a trained Housing Resource Specialist (HRS) and linkage to specialized domestic violence services as desired by the survivor, including but not limited to connection to mainstream benefits, mental health services, employment, income and educational assistance, safety planning, counseling, legal advocacy and service linkage assistance. Services are voluntary but there will be a minimum requirement of monthly contact with the HRS to ensure specific steps to achieve housing goals are outlined and strengths and resources are identified and rallied to address any barriers that might interfere the housing stability. Housing –specific support services are provided throughout program participation and for 6 months post exit from rental assistance services.

**2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave**

**the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.**

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	30			
Participants begin to occupy leased units or structure(s), and supportive services begin?	30			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	180			
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

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

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

(Select ALL that apply)

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

**5. Housing First**

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

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

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

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

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

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

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

NA

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

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

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

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

## 4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

**Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.**

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

Housing Resource Specialists (HRS) will assist households by completing an assessment to identify housing history, past strengths and barriers to housing. An action plan is developed with survivors to meet their goals of increased income and housing stability. Households are assisted in securing a lease in the private rental market utilizing Community Rebuilders long standing relationships with local landlords. Rent reasonableness evaluation is conducted on each dwelling considered for occupancy by a household as well as HQS. Advocacy and assistance is provided to negotiate the lease provisions. HRS engage with the participant and ensure understanding of the obligations of their lease. Supportive services strengthen the participant's ability to abide by the terms of the lease. YWCA advocates will assist with safety planning around the new unit, neighborhood and school and aid with legal supports to circumvent assailant sabotage of permanent housing.

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

Participants will be assisted to identify mainstream resources and entitlement benefits for which they are eligible. In addition linkages will be made to community employment services. A comprehensive individualized plan that considers all life domains is developed with participants that includes ongoing budget and financial planning as needed. Participants are encouraged to identify goals and objectives that meet their personal needs to increase their income and ability to live independently and are supported in achieving their

goals. The continuum of services available in our community will be made available, most notably: The YWCA works directly with the Women’s Resource Center for job/interview training for participants. Staff of the WRC have extensive training and experience in working with survivors of domestic violence. Grand Rapids Opportunities for Women (GROW), located inside the YWCA main building, supports clients with training and guidance in developing small businesses. Urban League also supports survivors in job placement. Additionally, client assistance funds can be used to support education and training, which better positions survivors to enter the job market with employable skills.

Survivors of domestic violence and sexual assault, who have been traumatized by their assault, may struggle with gaining and maintaining employment or engaging in education. Children who have witnessed violence, may also be symptomatic, with behaviors that place high demands on parents which can interfere with employment. Additionally, abusers may continue to stalk survivors or act in ways that may sabotage employment, or triangulate children into conflict, so that survivors are pulled from work to protect children or manage acting-out behaviors. The YWCA and Community Rebuilders recognize that the impact of domestic violence may not end when someone flees to physical safety. For some survivor households, additional mental health and legal supports may be needed to fully maximize a survivor’s ability to increase income and live independently. YWCA clinicians, and legal advocates are adept at facilitating recovery from trauma and assisting with legal advocacy when assailant behavior becomes a barrier to success. The YWCA is able to leverage non-grant funds to ensure that wrap-around mental health and advocacy services can be available to a household indefinitely, if desired.

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

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

Utility Deposits
------------------

Subrecipient	As needed
--------------	-----------

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



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

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

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

**6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.** No

## 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.

**List all CoC-funded and Non CoC-funded units and beds for this project**

	TH	RRH	Total
<b>Total Units:</b>	4	21	25
<b>Total Beds:</b>	16	53	69

Housing Type	Housing Type (JOINT)	Units	Beds
---	Shared housing	2	8
---	Shared housing	2	8
---	Scattered-site ap...	21	53



## 4B. Housing Type and Location Detail

1. Is this housing type and location for the TH portion or the RRH portion of the project? TH
- 1a. Does this TH portion of the project have private rooms per household? Yes
- 1b. Is this a private or semi private room? Yes

2. Housing Type: Shared housing

3. What is the funding source for these units and beds? CoC  
(If multiple sources, select "Mixed" from the dropdown menu)

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

- a. Units: 2  
b. Beds: 8

### 5. 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:** 733 Bridge Street NW

**Street 2:**

**City:** Grand Rapids

**State:** Michigan

**ZIP Code:** 49304

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

262544 Grand Rapids

## 4B. Housing Type and Location Detail

1. Is this housing type and location for the TH portion or the RRH portion of the project? TH
- 1a. Does this TH portion of the project have private rooms per household? Yes
- 1b. Is this a private or semi private room? Yes

2. Housing Type: Shared housing

3. What is the funding source for these units and beds? CoC  
(If multiple sources, select "Mixed" from the dropdown menu)

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

a. Units: 2

b. Beds: 8

### 5. 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:** TBD

**Street 2:**

**City:** Grand Rapids

**State:** Michigan

**ZIP Code:** 49503

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

262544 Grand Rapids

## **4B. Housing Type and Location Detail**

**1. Is this housing type and location for the TH portion or the RRH portion of the project?** RRH

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

**3. What is the funding source for these units and beds?** CoC  
(If multiple sources, select "Mixed" from the dropdown menu)

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

**a. Units:** 21

**b. Beds:** 53

### **5. 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:** TBD

**Street 2:**

**City:** Grand Rapids

**State:** Michigan

**ZIP Code:** 49503

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

262544 Grand Rapids

## 5A. Project Participants - Households

**Households Table**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
<b>Number of Households</b>	18	3	0	21
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
<b>Adults over age 24</b>	14	1		15
<b>Adults ages 18-24</b>	4	2		6
<b>Accompanied Children under age 18</b>	32		0	32
<b>Unaccompanied Children under age 18</b>			0	0
<b>Total Persons</b>	50	3	0	53

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

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

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24							14			
Adults ages 18-24							4			
Children under age 18							32			
<b>Total Persons</b>	0	0	0	0	0	0	50	0	0	0

**Click Save to automatically calculate totals**

### Persons in Households without Children

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

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

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

## 5C. Outreach for Participants

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

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

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

The YWCA is known as the organization in Kent County that addresses the needs of survivors of domestic violence and sexual assault. Direct outreach conducted through presentations within the faith communities, through schools, in social media and to clients of organizations that directly serve people who are experiencing homelessness. A critical component of outreach is the education of first responders, who will be dealing directly with violence and are seeking immediate solutions for a victim in danger. The YWCA trains professionals to be able to recognize or screen for domestic violence and know how to access appropriate supports for victims immediately. 2018 trainings were conducted for: Kent County Children’s Protective Service workers, United Way’s 211, Kent County Friend of the Court, various Ob-gyn clinics, police cadets at the academy, nursing students, the full CoC, Friend of the Court and campus police and university staff. MOU partnerships exist with Grand Rapids Police, Kent County Prosecutor (Victim Witness Unit and the Domestic Assault Response Team), Kent County Sheriff, Hispanic Center and Justice for Our Neighbors, all of which have daily contact with survivors. The YWCA is engaged in several community collaborative groups that coordinate services and share resource availability. The Kent County Human Trafficking Task Force, the Kent County Domestic Violence Community Coordinated Response Team, the Sexual Assault Prevention and Action Team, and Working to End Assault and Violence for Everyone are all local collaborative groups that address the issues of domestic and sexual violence. YWCA leadership in these groups, keeps the service array, including housing options, salient to all participants, representing over 50 separate organizations. The YWCA’s broad reach into the community ensures that responders to domestic and sexual violence are aware of the housing and safety supports available to survivors, and can direct them accordingly.

## 6A. Funding Request

**1. Will it be feasible for the project to be under grant agreement by September 30, 2020?** Yes

**2. What type of CoC funding is this project applying for in the 2018 CoC Competition?** DV Bonus

**Only RRH, SSO and JOINT component types can apply for this funding**

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

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

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

<b>Leased Units</b>	<input checked="" type="checkbox"/>
<b>Leased Structures</b>	<input checked="" type="checkbox"/>
<b>Rental Assistance</b>	<input checked="" type="checkbox"/>
<b>Supportive Services</b>	<input checked="" type="checkbox"/>
<b>Operating</b>	<input checked="" type="checkbox"/>
<b>HMIS</b>	<input checked="" type="checkbox"/>



## 6C. Leased Units

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

<b>Total Annual Assistance Requested:</b>		\$15,696	
<b>Grant Term:</b>		1 Year	
<b>Total Request for Grant Term:</b>		\$15,696	
<b>Total Units:</b>		1	
FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
MI - Grand Rapids...	1	\$15,696	\$15,696

## Leased Units Budget Detail

### Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

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

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

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

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is calculated based on the total annual assistance requested multiplied by the grant term.

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

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

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

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

### Leased Units Annual Budget

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Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO	0	x	\$412	\$0	x	12	=	\$0
0 Bedroom	0	x	\$549	\$0	x	12	=	\$0
1 Bedroom	0	x	\$668	\$0	x	12	=	\$0
2 Bedroom	0	x	\$823	\$0	x	12	=	\$0
3 Bedroom	0	x	\$1,158	\$0	x	12	=	\$0
4 Bedroom	1	x	\$1,308	\$1,308	x	12	=	\$15,696
5 Bedroom	0	x	\$1,504	\$0	x	12	=	\$0
6 Bedroom	0	x	\$1,700	\$0	x	12	=	\$0
7 Bedroom	0	x	\$1,897	\$0	x	12	=	\$0
8 Bedroom	0	x	\$2,093	\$0	x	12	=	\$0
9 Bedroom	0	x	\$2,289	\$0	x	12	=	\$0
<b>Total units and annual assistance requested:</b>	1							\$15,696
<b>Grant term:</b>								1 Year
<b>Total request for grant term:</b>								\$15,696

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

## 6D. Leased Structures Budget

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

<b>Total Annual Assistance Requested:</b>		\$15,696	
<b>Grant Term:</b>		1 Year	
<b>Total Request for Grant Term:</b>		\$15,696	
<b>Total Structures:</b>		1	
Structure Name	HUD Paid Rent	Total Annual Assistance Requested	Total Assistance Requested
Housing Connectio...	\$1,308	\$15,696	\$15,696

## Leased Structures Budget Detail

**Instructions:**

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

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

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

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

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

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

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

**Total Request for Grant Term:** This field is calculated based on the per month rent entered in the first field, multiplied by 12 months, multiplied by the grant term.

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

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

**Structure Name:** Housing Connection Center  
**Street Address 1:** 733 Bridge Street NW  
**Street Address 2:**  
**City:** Grand Rapids  
**State:** Michigan  
**Zip Code:** 49504

<b>HUD Paid Rent (per Month):</b>	\$1,308
<b>12 Months:</b>	12
<b>Total Annual Assistance Requested:</b>	\$15,696
<b>Grant Term:</b>	1 Year
<b>Total Request for Grant Term:</b>	\$15,696

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

## 6E. Rental Assistance Budget

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

<b>Total Request for Grant Term:</b>			\$219,456
<b>Total Units:</b>			21
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MI - Grand Rapids-Wyoming, MI HUD Met...	21	\$219,456

## Rental Assistance Budget Detail

### Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

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

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

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

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

**Type of Rental Assistance: TRA**

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

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

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	12 Months	Total Request (Applicant)
---------------	------------------------	----------------------	-----------	---------------------------

<b>SRO</b>		x	\$412	x	12	=	\$0
<b>0 Bedroom</b>		x	\$549	x	12	=	\$0
<b>1 Bedroom</b>		x	\$668	x	12	=	\$0
<b>2 Bedrooms</b>	18	x	\$823	x	12	=	\$177,768
<b>3 Bedrooms</b>	3	x	\$1,158	x	12	=	\$41,688
<b>4 Bedrooms</b>		x	\$1,308	x	12	=	\$0
<b>5 Bedrooms</b>		x	\$1,504	x	12	=	\$0
<b>6 Bedrooms</b>		x	\$1,700	x	12	=	\$0
<b>7 Bedrooms</b>		x	\$1,897	x	12	=	\$0
<b>8 Bedrooms</b>		x	\$2,093	x	12	=	\$0
<b>9 Bedrooms</b>		x	\$2,289	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	21						\$219,456
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$219,456

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



## 6F. Supportive Services Budget

**Instructions:**

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

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
<b>1. Assessment of Service Needs</b>		
<b>2. Assistance with Moving Costs</b>	from TH or RRH 7@200	\$1,400
<b>3. Case Management</b>	CR (includes assessment of needs) staff salary/benefit: 0.5 FTE HRS (26,000), 0.25 Housing Connections Specialist (13,000), -- YWCA: 0.5 Advocate--Salary and Benefits (24000)	\$72,000
<b>4. Child Care</b>		
<b>5. Education Services</b>	CR: Client tuition 3 students @ \$400	\$1,200
<b>6. Employment Assistance</b>	CR: skill building education, Empolymnt Assistance Stipends 10@\$200	\$2,000
<b>7. Food</b>		
<b>8. Housing/Counseling Services</b>	CR: 0.25 FTE Housing Counselor	\$13,000
<b>9. Legal Services</b>		
<b>10. Life Skills</b>	supplies for 12 life skills groups	\$2,000
<b>11. Mental Health Services</b>		
<b>12. Outpatient Health Services</b>		

<b>13. Outreach Services</b>		
<b>14. Substance Abuse Treatment Services</b>		
<b>15. Transportation</b>	YWCA/CR staff travel = 1500, CR: client travel 105 monthly passes = \$4305	\$5,805
<b>16. Utility Deposits</b>	CR: Emergency Utility Deposits \$250 per participant as needed	\$2,000
<b>17. Operating Costs</b>		
<b>Total Annual Assistance Requested</b>		\$99,405
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$99,405

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

## 6G. Operating

**Instructions:**

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

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
<b>1. Maintenance/Repair</b>	Cleaning, cleaning supplies, maintenance and repair @18/hr	\$12,000
<b>2. Property Taxes and Insurance</b>		
<b>3. Replacement Reserve</b>		
<b>4. Building Security</b>		
<b>5. Electricity, Gas, and Water</b>	electric/gas/water for TH units	\$5,000
<b>6. Furniture</b>	tables, bed frames, chairs, dressers for TH units	\$3,000
<b>7. Equipment (lease, buy)</b>	program % of copier/printer, phones, at CR and YWCA	\$1,000
<b>Total Annual Assistance Requested</b>		\$21,000
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$21,000

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

## 6H. HMIS Budget

**Instructions:**

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
<b>1. Equipment</b>	CR computer	\$1,500
<b>2. Software</b>		
<b>3. Services</b>		
<b>4. Personnel</b>	CR HMIS 7% for FTE data specialist salary and benefit	\$3,500
<b>5. Space &amp; Operations</b>	CR office space, connectivity, HMIS supplies	\$700
<b>Total Annual Assistance Requested:</b>		\$5,700
<b>Grant Term:</b>		1 Year
<b>Total Request for Grant Term:</b>		\$5,700

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

## 6I. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

### Summary for Match

Total Value of Cash Commitments:	\$95,182
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$95,182

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

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

Tenants will pay a portion of their rent, based on income, using most recent sliding fee table.

**1b. Estimate the amount of program income that will be used as Match for this project:** \$5,000

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Michigan Departme...	08/16/2017	\$50,000
Yes	Cash	Government	US Department of ...	09/26/2017	\$40,182
Yes	Cash	Private	Client Rental Fees	06/01/2019	\$5,000

## Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Government
- 4. Name the source of the commitment:** Michigan Department of Health and Human Services, Transitional Supportive Housing grant  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 08/16/2017
- 6. Value of Written Commitment:** \$50,000

## Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Government
- 4. Name the source of the commitment:** US Department of Justice, Office on Violence Against Women,-- Transitional Housing grant  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 09/26/2017
- 6. Value of Written Commitment:** \$40,182

## Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Private
- 4. Name the source of the commitment:** Client Rental Fees  
**(Be as specific as possible and include the**

**office or grant program as applicable)**

**5. Date of Written Commitment:** 06/01/2019

**6. Value of Written Commitment:** \$5,000

## 6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
<b>1a. Acquisition</b>			\$0
<b>1b. Rehabilitation</b>			\$0
<b>1c. New Construction</b>			\$0
<b>2a. Leased Units</b>	\$15,696	1 Year	\$15,696
<b>2b. Leased Structures</b>	\$15,696	1 Year	\$15,696
<b>3. Rental Assistance</b>	\$219,456	1 Year	\$219,456
<b>4. Supportive Services</b>	\$99,405	1 Year	\$99,405
<b>5. Operating</b>	\$21,000	1 Year	\$21,000
<b>6. HMIS</b>	\$5,700	1 Year	\$5,700
<b>7. Sub-total Costs Requested</b>			\$376,953
<b>8. Admin (Up to 10%)</b>			\$35,165
<b>9. Total Assistance Plus Admin Requested</b>			\$412,118
<b>10. Cash Match</b>			\$95,182
<b>11. In-Kind Match</b>			\$0
<b>12. Total Match</b>			\$95,182
<b>13. Total Budget</b>			\$507,300

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



## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Community Rebuide...	08/09/2018
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

## **Attachment Details**

**Document Description:** Community Rebuilders 501 c3

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## 7D. Certification

### **A. For all projects:**

#### **Fair Housing and Equal Opportunity**

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

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

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

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

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

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

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

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

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

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

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 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.**

**15-Year Operation Rule.**

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.**

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 provide

**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:** Charisse Mitchell

**Date:** 08/09/2018

**Title:** CEO

**Applicant Organization:** YWCA West Central Michigan

**PHA Number (For PHA Applicants Only):**

**I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent**

X
---

**statements or claims may subject me to  
criminal, civil, or administrative penalties .  
(U.S. Code, Title 218, Section 1001).**

## **8B. Submission Summary**

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

Page	Last Updated
<b>1A. SF-424 Application Type</b>	No Input Required
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	08/09/2018
<b>1E. SF-424 Compliance</b>	08/09/2018
<b>1F. SF-424 Declaration</b>	07/25/2018
<b>1G. HUD 2880</b>	07/25/2018
<b>1H. HUD 50070</b>	07/25/2018
<b>1I. Cert. Lobbying</b>	07/25/2018
<b>1J. SF-LLL</b>	07/25/2018
<b>2A. Subrecipients</b>	08/09/2018
<b>2B. Experience</b>	08/09/2018
<b>3A. Project Detail</b>	08/02/2018
<b>3B. Description</b>	08/09/2018
<b>3C. Expansion</b>	08/06/2018
<b>4A. Services</b>	08/09/2018
<b>4B. Housing Type</b>	08/09/2018
<b>5A. Households</b>	08/09/2018
<b>5B. Subpopulations</b>	No Input Required
<b>5C. Outreach</b>	08/09/2018
<b>6A. Funding Request</b>	08/06/2018
<b>6C. Leased Units</b>	08/09/2018
<b>6D. Leased Structures</b>	08/09/2018
<b>6E. Rental Assistance</b>	08/09/2018
<b>6F. Supp Srvcs Budget</b>	08/09/2018
<b>6G. Operating</b>	08/09/2018
<b>6H. HMIS Budget</b>	08/09/2018
<b>6I. Match</b>	08/09/2018

<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	08/09/2018
<b>7D. Certification</b>	08/09/2018



'APR 5 1996

INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAR 29 1996

COMMUNITY REBUILDERS  
1136 WEALTHY STREET SE  
GRAND RAPIDS, MI 49506

Employer Identification Number:  
38-3094108  
DLN:  
17053276033005  
Contact Person:  
D. A. DOWNING  
Contact Telephone Number:  
(513) 684-3957  
Accounting Period Ending:  
December 31  
Form 990 Required:  
Yes  
Addendum Applies:  
Yes

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(2).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(2) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(2) organization.

Donors may deduct contributions to you as provided in section 170 of the

Letter 947 (DO/CG)

COMMUNITY REBUILDERS

Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of Code sections 2055, 2106, and 2522.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

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

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Since you have not indicated that you intend to finance your activities with the proceeds of tax exempt bond financing, in this letter, we have not determined the effect of such financing on your tax exempt status.

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

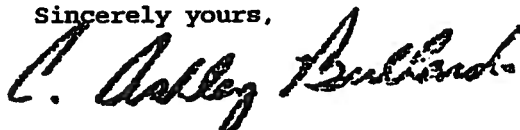
COMMUNITY REBUILDERS

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

A handwritten signature in black ink that reads "C. Ashley Bullard". The signature is written in a cursive style with a large initial "C".

C. Ashley Bullard  
District Director

Enclosure(s) :  
Addendum

**COMMUNITY REBUILDERS**

Relief under section 301.9100-1 of the Income Tax Regulations has been granted. Therefore, your exemption under section 501(c)(3) of the Code is effective January 13, 1993, the date you were incorporated.

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Letter 947 (DO/CG)