



## FY2019 HUD COC PROGRAM COMPETITION RENEWAL PROJECT APPLICATION

AGENCY PROFILE	
Legal Name of Agency	Community Rebuilders
Project Name	Heroes
Project Start Date	4/01/2020
Contact Person	Anna Diaz
Title	Chief Operations Officer
Address	1120 Monroe Ave NW Grand Rapids, MI 49503
Email	adiaz@communityrebuilders.org
Phone	616 458 5102

Check one:

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

Renewal Application Option (check one):

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

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

Name: Anna Diaz	Title: Chief Operations Officer
Date of Board/Local Planning Body Authorization:	
Date of Anticipated Board/Local Planning Body Authorization:	10/10/2019

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

#### **GENERAL PROJECT INFORMATION**

1a. Provide a narrative describing how the project's performance met the plans and goals established in the current project's application, the project's performance in assisting program participants to achieve and maintain independent living, and record of success. (Include target populations and preferences as specified and/or allowed by the Notice of Funding Availability (NOFA) under which the project was initially funded.) If the renewing project has not yet started, provide a narrative of anticipated performance in these same areas based on experience with other related projects. (1000 word limit)

The Heroes project is a scattered site permanent housing program that moves homeless, disabled veterans into permanent housing of their choosing. This project was awarded as a HUD Samaritan Bonus Project to support our community's effort to end Veteran Homelessness. Leasing assistance and voluntary supportive services are provided to help participants establish residential stability, increase their income/benefits and self-determination. Housing Resource Specialists (HRS) provide support services that are trauma informed and incorporate key strategies from solution focused and motivational interviewing. Through use of the strengths based housing first HRS model this project ensures that homeless Veterans with a disability receive the most cost-effective intervention by immediately linking the participant to stable housing of their choice within the private rental market. HRS work with each participant to identify rental housing of their choice. Participants benefit from the opportunity to engage in pre-tenancy planning to select housing in the areas that are most convenient for them and near areas they frequent. The foundation of the strengths based approach and the role of the HRS is a strong, trusting and respectful relationship with participants. This approach promotes service engagement and results in participants having greater ability to adhere to lease requirements and accomplish their goals for improved self-sufficiency. Community Rebuilders has long-standing relationships with private landlords in the local area that make it possible for participants to have choices in the private rental market. HRS assist households by completing an assessment to identify housing history, past strengths and barriers to housing. The assessment includes information such as patterns and risk, what worked well in previous housing situations and what hindered their ability to maintain housing. HUD required Housing Quality Inspections are completed by the HRS and serve as a great learning opportunity for participants to learn the legal obligations of their landlord and understand their right to have safe and decent housing. Ongoing supportive services are provided as needed and a housing goal and action plan is reviewed regularly to promote long-term housing sustainability. The philosophy of this project relies on the belief that people experiencing homelessness have the right to self-determination and should be treated with dignity and respect and as such the housing and services provided depend on the needs and preferences of each household served. The success of this program is evidenced by the housing stability obtained by program

participants and its ability to prevent returns to homelessness by its participants. Services focus on stabilization in the neighborhood and community, linkage to service needs, and assistance with accessing benefits. Veterans are assisted, as appropriate, for their health condition to increase their income and self-sufficiency. Individualized goals and action plans focus on the strengths of the individual and their hopes and dreams for the future. The Heroes project provided housing assistance to 17 persons in 2018. 100% of project participants exited to or remained in permanent housing. 100% report an increase in health and well-being and 76% reported an increase in total income. The HEROES project has been important in our successful initiative to end Veteran homelessness. The 11 PSH beds it provides has helped to house the most vulnerable Veterans in our community. This project also serves as part of the successful example of the benefit to a community and its homeless population when Coordinated Entry and systems work together to prioritize and end homelessness. This project is guided by HUD's strong encouraging of CoC's to work and coordinate with local Veterans Affairs (VA) Medical Centers on the HUD-Veterans Affairs Supportive Housing (HUD-VASH) program, to coordinate efforts related to ending veteran's homelessness. HEROES played an essential role in our local coordinated effort. This project successfully targets homeless veterans and prioritized homeless veterans who are not eligible for VA housing and services. Further, our CoC adopted the orders of priority described in the HUD Prioritization Notice, and HUD encouragement of the CoC's to further prioritize veteran households. Our Community met functional zero this past year in part due to the work in this project. Focus Groups, anonymous surveys and continual quality improvement efforts are part of each Community Rebuilders project. Additionally, Community Rebuilders is aware of the disparities that can occur among varying racial groups. Therefore, we continually monitor demographics to ensure that all groups are served fairly and equally. In 2018-19, the following demographics were served in this project: 29% Black or African American, 58% White and 10% Hispanic. The feedback we get from surveys routinely indicates Veterans want us to change nothing about the project but to expand it to be able to help more Veterans. One Veteran reports that being housed and connected to VA benefits saved him from having his leg amputated. He now feels more confident to advocate for himself, maintain his housing and has a service dog to assist him. Several Veterans indicate that their ability to maintain stable housing has led them to achieve their own personal goals such as reconnecting with family, purchasing a vehicle, and giving back to the community. Veterans participating in the project have expressed a willingness to share their stories with others in order to motivate and inspire those who are experiencing a housing crisis, like they once had. Community Rebuilders has held several groups so the participants would have the opportunity to share with other Veterans. These groups resulted in all the Veterans feeling empowered and less isolated. One Veteran even participated in a television news report after our agency won a Connecting with Community Award. He shared how our work to end Veteran homelessness resulted in him being stably housed and improving his health. The project is in high demand in the community and it would be our hope to be able to expand this project to serve many more.

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

County	Number of Units	Number of Stayers	Number of Leavers
Kent	13	11	5
Click or tap here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click or tap here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click or tap here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click or tap here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

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

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

No If "yes", complete the chart below to indicate the change.

Check change type		Previous	New
<input type="checkbox"/>	Decrease in the number of persons served		
<input type="checkbox"/>	Change in number of units		
<input type="checkbox"/>	Change in project site location		
<input type="checkbox"/>	Change in target population		
<input type="checkbox"/>	Change in component type		
<input type="checkbox"/>	Change in grantee/applicant		
<input type="checkbox"/>	Line item or cost category budget changes more than 10%		
<input type="checkbox"/>	Other: Click here to enter text.		
If change was made, include as many of the following that apply as attachments to your application:			
Attached (check)			
<input type="checkbox"/>	Attachment: Written communication to HUD requesting the significant change		
<input type="checkbox"/>	Attachment: HUD's written approval of the change requested		
<input type="checkbox"/>	N/A: HUD has not yet provided written approval of the requested change		

### SECTION I: Project Effectiveness

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

	Number of Units		
	Dedicated	Dedicated Plus	Prioritized
Veterans	13	Click here to enter text.	Click here to enter text.
Chronically Homeless	Click here to enter text.	Click here to enter text.	Click here to enter text.
Families	Click here to enter text.	Click here to enter text.	Click here to enter text.
Youth	Click here to enter text.	Click here to enter text.	Click here to enter text.
Domestic Violence	Click here to enter text.	Click here to enter text.	Click here to enter text.

#### 4. Low Barrier

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

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

#### 5. Housing First

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

<b>Does the project work to ensure that participants are NOT terminated from the program due to the following: (Table Continues on Following Page)</b>	
Failure to participate in supportive services	Yes
Failure to make progress on a service plan	Yes
Loss of income or failure to improve income	Yes
Being a victim of domestic violence	Yes
Any other activity not typically covered in a lease agreement but found in the project's geographic area.	Yes
<b>Does the project quickly move participants into permanent housing?</b>	Yes

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

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

Heroes utilizes coordinated entry to prioritize participants for this project. The HUD PSH prioritization policy adopted by the CoC utilizes a common assessment tool, VI-SPDAT, through the Salvation Army Housing Assessment Program. The Heroes program provides eligibility criteria to HAP who then uses

scoring mechanisms in the assessment tool (VI SPDAT) to determine priority of services for eligible referrals to the Heroes program. This ensures that the most vulnerable and highest in need are prioritized for services.

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

8. What was the project's utilization rate? *(Average of Quarterly Point- in-Time Counts in APR 9 divided by total contracted units.)* 95%

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

a. Total amount authorized within eLOCCS	\$130,265
b. Remaining balance in eLOCCS	0
c. Percentage recaptured Divide answer b. by answer a. and multiply by 100	0

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

Yes

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

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

Data Quality Element APR 6a.-6d.			
Number of elements with 5% or less null or missing values			
DQE 6a.	DQE 6b.	DQE 6c.	DQE 6d.
6	5	4	1
Total the numbers above, divide by 16, multiply by 100 for a percent: 100%			

## HUD Monitoring

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

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

Click here to enter text.

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

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

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

### Impact on Homelessness

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

<input checked="" type="checkbox"/>	The project would close and __11__ individuals would immediately become homeless if it were to not be funded.
<input type="checkbox"/>	Loss of funding would result in loss of housing options and could mean eventual displacement or increase in homelessness.
<input type="checkbox"/>	Loss of funding would negatively impact services and resources but not a clear loss of housing options.
<input type="checkbox"/>	Loss of funding would minimally impact the number of housing options or resources available.

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

*Answered by Funding Review Committee based on all applications submitted for this NOFA.*

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

Would this project accept additional funds? ☒ Yes ☐ No

How would additional households be served with these funds?

Additional funding would allow us to expand our services to include additional referrals that are presenting at the Housing Assessment Program. We are aware that additional veterans have presented with the need for permanent housing support but have not been able to access the Heroes program due to it being at capacity for the majority of the year.

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

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

43%



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

56%

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

15%

## Section II. Project Performance

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

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

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

100%

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

N/A

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

N/A

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

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

93%

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

N/A

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

N/A

## 21. New or Increased Income and Earned Income

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

0% PSH Participants all have a disability. Most are unable to work. Participants are assisted to increase total income which includes connecting to mainstream benefits.

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

50%

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

0%

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

75%

## Financial Information

### PROJECT BUDGET

Activity	Requested Funds	% of Requested Funds	Other Funding	Total Project Cost
Acquisition		%		
New Construction		%		
Rehabilitation		%		
Leasing	97,779.00	67 %		97,779.00
Rental Assistance		%		
Supportive Services	15,324.00	11 %		15,324.00
Operating Costs	23,330.00	16 %		23,330.00
HMIS		%		
Project Administration (limited to 7%)	8,162.00	6 %		8,162.00
Total Project Cost	144,595.00			144,595

## Attachment A

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

**Match must be at least 25% of total funding requested. Documentation of match must be provided with the application.**

Resource	Cash or In Kind	Committed or Planned/ Pending	Available (MM/YY)	Amount/ Value	% of HUD Project Award	Serves as CoC Program Match? (Y/N)
Program Income	Cash	Committed	04/19	11,323.00	25%	Yes
	Cash/Kind	C/pp	MM/YY		%	Yes/No
	Cash/Kind	C/pp	MM/YY		%	Yes/No
	Cash/Kind	C/pp	MM/YY		%	Yes/No
	Cash/Kind	C/pp	MM/YY		%	Yes/No
	Cash/Kind	C/pp	MM/YY		%	Yes/No
	Cash/Kind	C/pp	MM/YY		%	Yes/No
	Cash/Kind	C/pp	MM/YY		%	Yes/No
	Cash/Kind	C/pp	MM/YY		%	Yes/No
<b>Total leveraged from other sources</b>				<b>11,323</b>	<b>%</b>	

Attach additional forms as necessary

## Attachment B

Attachments listed below are required but unscored. Failure to include any documentation that is required may result in disqualification of the application. *Please number all attachments in accordance with the list below.*

### **All projects must include:**

- ☒ #1: Annual Progress Report (APR) for the project's most recent completed contract year, *or* the most recently completed contract year for another HUD-funded project or similar project if the renewing project has not yet completed a full year. Other structured outcome report for non-HMIS participating agencies are allowed (i.e. domestic violence agencies).
- ☒ #2: Line of Credit Control System (LOCCS) report showing drawdowns and final balance
- ☒ #3: Project Application submitted in *e-snaps*
- ☒ #4: Documentation of all match

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

- ☐ Monitoring report from US Department of Housing and Urban Development (HUD)
- ☒ Monitoring report from an entity other than HUD for federal or state funding (ESG, CDBG, etc)

### **If relevant include (#6):**

- ☐ A: Organization's response to any findings
- ☐ B: Documentation from HUD (or other entity) that finding or concern has been satisfied
- ☐ C: Any other relevant documentation
- ☐ D: Written communication to HUD requesting the significant change indicated in question 2.
- ☐ E: HUD's written approval of the change requested in question 2.

## Attachment C

### HUD General Section Certificates

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

☒ *Fair Housing and Equal Opportunity.* See CFR 578.93 for specific requirements related to Fair Housing and Equal Opportunity.

☒ *Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity.* See the Federal Register dated February 1, 2012, Docket No. FR 5359-F-02 and Section V.C.1.f. of the FY 2017 General Section.

☒ *Debarment and Suspension.* See Section III.C.4.c. of the FY 2015 General Section. Additionally, it is the responsibility of the recipient to ensure that all subrecipients are not debarred or suspended. (24 CFR 578.23((3)(c)(4)(v).d. Delinquent Federal Debts. See Section V.B.3. of the FY 2017 General Section.

☒ *Compliance with Fair Housing and Civil Rights.* See Section V.C.1.a. of the FY 2017 General Section.

☒ *Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency (LEP)." See Section V.C.1.d. of the FY 2017 General Section.*

☒ *Economic Opportunities for Low- and Very Low-income Persons (Section 3).* See Section V.C.1.c. of the FY 2017 General Section.

☒ *Conducting Business in Accordance with Core Values and Ethical Standards/Code of Conduct.* See Section V.C.15. of the FY 2017 General Section.

☒ *Prohibition Against Lobbying Activities.* See Section V.C.15. of the FY 2017 General Section.

☒ *HUD Habitability Standards inspections on all units, at a minimum.*

☒ *Participation in HUD-Sponsored Program Evaluation.* See Section V.C.5. of the FY 2017 General Section.

☒ *Environmental Requirements.* Notwithstanding provisions at 24 CFR 578.31 and 24 CFR 578.99(a) of the CoC Program interim rule, and in accordance with Section 100261(3) of MAP-21 (Pub. L. 112-141, 126 Stat. 405), activities under this NOFA are subject to environmental review by a responsible entity under HUD regulations at 24 CFR part 58.

☒ *Drug-Free Workplace.* See Section VI.B.9. of the FY 2015 General Section. n. Safeguarding Resident/Client Files. See Section V.C.11 of the FY 2017 General Section.

☒ *Compliance with the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 209-282) (Transparency Act), as amended.* See Section V.C.13. of the FY 2017 General Section.

☒ *Lead-Based Paint Requirements.* For housing constructed before 1978 (with certain statutory and regulatory exceptions), CoC Program recipients must comply with the requirements of the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801, et seq.), as amended by the Residential Lead-Based

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

☒ *Violence Against Women Reauthorization Act of 2013: Implementation in HUD Housing Programs* (24 CFR Parts 5, 91, 92, 93, 200, 247, 547, 576, 880, 882, 883, 884, 886, 891, 905, 960, 966, 982, and 983).

☒ Attestation that all attachments as required by HUD are uploaded in *e-snaps*. See Notice of Funding Availability for the 2018 Continuum of Care Program Competition FR-6200-N-25.

This list is not exhaustive of all HUD requirements. Applicants are encouraged to review the 2018 General Section, found at:

[https://www.hud.gov/program\\_offices/spm/gmomgmt/grantsinfo/fundingopps](https://www.hud.gov/program_offices/spm/gmomgmt/grantsinfo/fundingopps) to ensure eligibility.

Agency: **Community Rebuilders**

Acknowledged By: **Anna Diaz**

Title: Chief Operating Officer

Date: 8/23/2019

## Report Options

Provider Type ☒ Provider ☐ Reporting Group

**Provider \*** Community Rebuilders - Kent/Grand Rapids - HEROS (9173)  
☐ This provider AND its subordinates ☒ This provider ONLY

**Program Date Range \*** 04/01/2018 to 03/31/2019

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

## CoC-APR Report Results

### 4a - Project Identifiers in HMIS

Organization Name	Community Rebuilders - Kent/Grand Rapids CoC
Organization ID	2154
Project Name	Community Rebuilders - Kent/Grand Rapids - HEROS
Project ID	9173
HMIS Project Type	PH - Permanent Supportive Housing (disability required for entry) (HUD)
Method of Tracking ES	

### If HMIS Project ID = 6 (S Only)

Is the Services Only (HMIS Project Type 6) affiliated with a residential project?

### If 2.4, Dependent A = 1

Identify the Project ID's of the housing projects this project is affiliated with

### 5a - Report Validations Table

#### Report Validations Table

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

### 6a - Data Quality: Personally Identifiable Information

Data Element	Client Doesn't Know/Client Refused	Information Missing	Data Issues	% of Error Rate
Name (3.1)	0	0	0	0%
SSN (3.2)	0	0	0	0%
Date of Birth (3.3)	0	0	0	0%
Race (3.4)	0	0		0%
Ethnicity (3.5)	0	0		0%
Gender (3.6)	0	0		0%
<b>Overall Score</b>				<b>0%</b>

### 6b - Data Quality: Universal Data Elements

Data Element	Error Count	% of Error Rate
Veteran Status (3.7)	0	0%

Project Start Date (3.10)	0	0%
Relationship to Head of Household (3.15)	0	0%
Client Location (3.16)	0	0%
Disabling Condition (3.8)	0	0%

#### 6c - Data Quality: Income and Housing Data Quality

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

#### 6d - Data Quality: Chronic Homelessness

Entering into project type	Count of total records	Missing time in Institution (3.917.2)	Missing time in housing (3.917.2)	Approximate Date started (3.917.3) DK/R/missing	Number of times (3.917.4) DK/R/missing	Number of months (3.917.5) DK/R/missing	% of records unable to calculate
ES, SH, Street Outreach	0			0	0	0	0%
TH	0	0	0	0	0	0	0%
PH(all)	6	0	0	0	0	0	0%
<b>Total</b>	<b>6</b>						<b>0%</b>

#### 6e - Data Quality: Timeliness

Time For Record Entry	Number of Project Start Records	Number of Project Exit Records
0 days	1	0
1 - 3 days	0	0
4 - 6 days	0	0
7 - 10 days	0	0
11+ days	1	5

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

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

#### 7a - Number of Persons Served

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Adults	14	13	1		0
Children	2		2	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>16</b>	<b>13</b>	<b>3</b>	<b>0</b>	<b>0</b>

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

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	12	10	2	0	0
April	14	11	3	0	0
July	14	11	3	0	0
October	13	10	3	0	0

#### 8a - Number of Households Served

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Total Households	13	12	1	0	0

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

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	10	9	1	0	0
April	11	10	1	0	0
July	11	10	1	0	0
October	10	9	1	0	0

#### 9a - Number of Persons Contacted

	All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First contact - WAS staying on Streets, ES, or SH	First contact - Worker unable to determine
Once	0	0	0	0
2-5 Times	0	0	0	0



6-9 Times	0	0	0	0
10+ Times	0	0	0	0
<b>Total Persons Contacted</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

#### 9b - Number of Persons Engaged

	All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First contact - WAS staying on Streets, ES, or SH	First contact - Worker unable to determine
Once	0	0	0	0
2-5 Times	0	0	0	0
6-9 Times	0	0	0	0
10+ Times	0	0	0	0
<b>Total Persons Engaged</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Rate of Engagement</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>

#### 10a - Gender of Adults

	Total	Without Children	With Children and Adults	Unknown Household Type
Male	14	13	1	0
Female	0	0	0	0
Trans Female (MTF or Male to Female)	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
<b>Subtotal</b>	<b>14</b>	<b>13</b>	<b>1</b>	<b>0</b>

#### 10b - Gender of Children

	Total	With Children and Adults	With Only Children	Unknown Household Type
Male	1	1	0	0
Female	1	1	0	0
Trans Female (MTF or Male to Female)	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
<b>Subtotal</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>

#### 10c - Gender of Persons Missing Age Information

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	0	0	0	0	0
Female	0	0	0	0	0
Trans Female (MTF or Male to Female)	0	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

#### 11 - Age

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Under 5	0		0	0	0
5 - 12	2		2	0	0
13 - 17	0		0	0	0
18 - 24	0	0	0		0
25 - 34	1	1	0		0
35 - 44	0	0	0		0
45 - 54	2	2	0		0
55 - 61	7	6	1		0
62 +	4	4	0		0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>16</b>	<b>13</b>	<b>3</b>	<b>0</b>	<b>0</b>

#### 12a - Race

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
White	7	7	0	0	0

Black or African American	9	6	3	0	0
Asian	0	0	0	0	0
American Indian or Alaska Native	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0
Multiple races	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>16</b>	<b>13</b>	<b>3</b>	<b>0</b>	<b>0</b>

#### 12b - Ethnicity

	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
Non-Hispanic/Non-Latino	14	11	3	0	0
Hispanic/Latino	2	2	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>16</b>	<b>13</b>	<b>3</b>	<b>0</b>	<b>0</b>

#### 13a1 - Physical and Mental Health Conditions at Start

	<b>Total Persons</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
Mental Health Problem	7	7	0	0	0
Alcohol Abuse	2	2	0	0	0
Drug Abuse	1	1	0	0	0
Both Alcohol and Drug Abuse	2	2	0	0	0
Chronic Health Condition	6	6	0	0	0
HIV/AIDS	0	0	0	0	0
Development Disability	0	0	0	0	0
Physical Disability	10	9	1	0	0

#### 13b1 - Physical and Mental Health Conditions at Exit

	<b>Total Persons</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
Mental Health Problem	0	0	0	0	0
Alcohol Abuse	1	1	0	0	0
Drug Abuse	0	0	0	0	0
Both Alcohol and Drug Abuse	0	0	0	0	0
Chronic Health Condition	2	2	0	0	0
HIV/AIDS	0	0	0	0	0
Development Disability	0	0	0	0	0
Physical Disability	4	4	0	0	0

#### 13c1 - Physical and Mental Health Conditions of Stayers

	<b>Total Persons</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
Mental Health Problem	6	6	0	0	0
Alcohol Abuse	2	2	0	0	0
Drug Abuse	0	0	0	0	0
Both Alcohol and Drug Abuse	1	1	0	0	0
Chronic Health Condition	3	3	0	0	0
HIV/AIDS	0	0	0	0	0
Development Disability	0	0	0	0	0
Physical Disability	7	6	1	0	0

#### 13a2 - Number of Conditions at Start

	<b>Total Persons</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
None	2	0	2	0	0
1 Condition	5	4	1	0	0
2 Conditions	3	3	0	0	0
3+ Conditions	6	6	0	0	0
Condition Unknown	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>16</b>	<b>13</b>	<b>3</b>	<b>0</b>	<b>0</b>

#### 13b2 - Number of Conditions at Exit

	<b>Total Persons</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
None	1	0	1	0	0
1 Condition	1	1	0	0	0
2 Conditions	3	3	0	0	0

3+ Conditions	0	0	0	0	0
Condition Unknown	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>5</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>0</b>

#### 13c2 - Number of Conditions for Stayers

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
None	1	0	1	0	0
1 Condition	5	4	1	0	0
2 Conditions	2	2	0	0	0
3+ Conditions	3	3	0	0	0
Condition Unknown	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>11</b>	<b>9</b>	<b>2</b>	<b>0</b>	<b>0</b>

#### 14a - Domestic Violence History

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	3	3	0	0	0
No	11	10	1	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>14</b>	<b>13</b>	<b>1</b>	<b>0</b>	<b>0</b>

#### 14b - Persons Fleeing Domestic Violence

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	2	2	0	0	0
No	1	1	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>

#### 15 - Living Situation

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Homeless Situations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	2	2	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Place not meant for habitation	7	6	1	0	0
Safe Haven	0	0	0	0	0
Interim Housing	1	1	0	0	0
<b>Subtotal</b>	<b>10</b>	<b>9</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Institutional Settings</b>					
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	1	1	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Foster care home or foster care group home	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
<b>Subtotal</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Locations</b>					
Permanent Housing (other than RRH) for formerly homeless persons	3	3	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other housing subsidy (including RRH)	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Staying or living in a friend's room, apartment or house	0	0	0	0	0
Staying or living in a family member's room, apartment or house	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Subtotal</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Total</b>	<b>14</b>	<b>13</b>	<b>1</b>	<b>0</b>	<b>0</b>
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#### 16 - Cash Income - Ranges

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
No Income	6	3	1
\$1 - 150	0	0	1
\$151 - \$250	0	0	0
\$251 - \$500	0	0	0
\$501 - \$1000	4	2	1
\$1001 - \$1500	4	3	1
\$1501 - \$2000	0	0	0
\$2001 +	0	0	0
Client Doesn't Know/Client Refused	0	0	0
Data not collected	0	0	0
Number of adult stayers not yet required to have an annual assessment		2	
Number of adult stayers without required annual assessment		0	
<b>Total Adults</b>	<b>14</b>	<b>10</b>	<b>4</b>

#### 17 - Cash Income - Sources

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	0	0	0
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	3	1	1
Social Security Disability Insurance (SSDI)	5	4	1
VA Service - Connected Disability Compensation	1	0	1
VA Non-Service Connected Disability Pension	1	2	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	0	0	0
General Assistance (GA)	0	0	0
Retirement Income from Social Security	1	0	0
Pension or retirement income from a former job	0	0	0
Child Support	0	0	0
Alimony and other spousal support	0	0	0
Other Source	0	0	0
Adults with Income Information at Start and Annual Assessment/Exit		5	2

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

Number of Adults by Income Category	Number of Adults at Start	Number of Adults at Annual Assessment (Stayers)	Number of Adults at Exit (Leavers)
Adults with Only Earned Income (i.e., Employment Income)	0	0	0
Adults with Only Other Income	8	5	3
Adults with Both Earned and Other Income	0	0	0
Adults with No Income	6	3	1
Adults with Client Doesn't Know/Client Refused Income Information	0	0	0
Adults with Missing Income Information	0	0	0
Number of adult stayers not yet required to have an annual assessment		2	
Number of adult stayers without required annual assessment		0	
<b>Total Adults</b>	<b>14</b>	<b>10</b>	<b>4</b>
1 or More Source of Income	8	5	3
Adults with Income Information at Start and Annual Assessment/Exit		5	2

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

Income Change by Income Category (Universe: Adult Stayers with Income Information at Start and Annual Assessment)	Had Income Category at Start and Did Not Have It at Annual Assessment	Retained Income Category But Had Less \$ at Annual Assessment Than at Start	Retained Income Category and Same \$ at Annual Assessment as at Start	Retained Income Category and Increased \$ at Annual Assessment	Did Not Have the Income Category at Start and Gained the Income Category at Annual Assessment	Did Not Have the Income Category at Start or at Annual Assessment	Total Adults (including those with No Income)	Performance Measure: Adults who Gained or Increased Income from Start to Annual Assessment, Average Gain	Performance measure: Percent of Persons who Accomplished this Measure
Number of Adults with Earned Income (i.e.,	0	0	0	0	0	8	8	0	0%

Employment Income)									
Average Change in Earned Income	0	0		0	0			0	
Number of Adults with Other Income	0	1	0	4	0	3	8	4	50%
Average Change in Other Income	0	-310		71	0			71	
Number of Adults with Any Income (i.e., Total Income)	0	1	0	4	0	3	8	4	50%
Average Change in Overall Income	0	-310		71	0			71	

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

Income Change by Income Category (Universe: Adult Leavers with Income Information at Start and Exit)	Had Income Category at Start and Did Not Have It at Exit	Retained Income Category But Had Less \$ at Exit Than at Start	Retained Income Category and Same \$ at Exit as at Start	Retained Income Category and Increased \$ at Exit	Did Not Have the Income Category at Start and Gained the Income Category at Exit	Did Not Have the Income Category at Start or at Exit	Total Adults (including those with No Income)	Performance Measure: Adults who Gained or Increased Income from Start to Exit, Average Gain	Performance measure: Percent of Persons who Accomplished this Measure
Number of Adults with Earned Income (i.e., Employment Income)	0	0	0	0	0	4	4	0	0%
Average Change in Earned Income	0	0		0	0			0	
Number of Adults with Other Income	0	0	0	2	1	1	4	3	75%
Average Change in Other Income	0	0		98.5	130			109	
Number of Adults with Any Income (i.e., Total Income)	0	0	0	2	1	1	4	3	75%
Average Change in Overall Income	0	0		98.5	130			109	

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

Income Change by Income Category (Universe: Adult Stayers/Leavers with Income Information at Start and Annual Assessment/Exit)	Had Income Category at Start and Did Not Have It at Annual Assessment/Exit	Retained Income Category But Had Less \$ at Annual Assessment/Exit Than at Start	Retained Income Category and Same \$ at Annual Assessment/Exit as at Start	Retained Income Category and Increased \$ at Annual Assessment/Exit	Did Not Have the Income Category at Start and Gained the Income Category at Annual Assessment/Exit	Did Not Have the Income Category at Start or at Annual Assessment/Exit	Total Adults (including those with No Income)	Performance Measure: Adults who Gained or Increased Income from Start to Annual Assessment/Exit, Average Gain	Performance measure: Percent of Persons who Accomplished this Measure
Number of Adults with Earned Income (i.e., Employment Income)	0	0	0	0	0	12	12	0	0%
Average Change in Earned Income	0	0		0	0			0	
Number of Adults with Other Income	0	1	0	6	1	4	12	7	58%
Average Change in Other Income	0	-310		80.17	130			87.29	
Number of Adults with Any Income (i.e., Total Income)	0	1	0	6	1	4	12	7	58%
Average Change in Overall Income	0	-310		80.17	130			87.29	

#### 20a - Type of Non-Cash Benefit Source

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	9	5	3
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	0	0
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	0	0	1

#### 20b - Number of Non-Cash Benefit Sources

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
No Sources	5	2	0
1 + Source(s)	9	5	4
Client Doesn't Know/Client Refused	0	0	0
Data not collected	0	3	0
Total	14	10	4

#### 21 - Health Insurance

	At Start	At Annual Assessment for Stayers	At Exit for Leavers
MEDICAID	9	8	5
MEDICARE	6	4	3
State Children's Health Insurance Program	0	1	0
Veteran's Administration (VA) Medical Services	8	7	1
Employer-Provided Health Insurance	0	0	0
Health Insurance obtained through COBRA	0	0	0
Private Pay Health Insurance	0	0	0
State Health Insurance for Adults	0	0	0
Indian Health Services Program	0	0	0
Other	0	0	0
No Health Insurance	2	0	0
Client Doesn't Know/Client Refused	0	0	0
Data not collected	0	0	0
Number of stayers not yet required to have an annual assessment		2	
1 Source of Health Insurance	6	2	2
More than 1 Source of Health Insurance	7	7	3

#### 22a1 - Length of Participation - CoC Projects

	Total	Leavers	Stayers
30 days or less	0	0	0
31 to 60 days	0	0	0
61 to 90 days	0	0	0
91 to 180 days	1	0	1
181 to 365 days	2	1	1
366 to 730 Days (1-2 Yrs)	3	2	1
731 to 1,095 Days (2-3 Yrs)	0	0	0
1,096 to 1,460 Days (3-4 Yrs)	1	0	1
1,461 to 1,825 Days (4-5 Yrs)	1	0	1
More than 1,825 Days (>5 Yrs)	8	2	6
Data not collected	0	0	0
Total	16	5	11

#### 22b - Average and Median Length of Participation in Days

	Leavers	Stayers
Average Length	1106	1589
Median Length	463	2033

#### 22c - Length of Time between Project Start Date and Housing Move-in Date

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	0	0	0	0	0
8 to 14 days	1	1	0	0	0
15 to 21 days	0	0	0	0	0
22 to 30 days	0	0	0	0	0
31 to 60 days	0	0	0	0	0
61 to 180 days	1	1	0	0	0
181 to 365 days	0	0	0	0	0
366 to 730 Days (1-2 Yrs)	0	0	0	0	0
Total (persons moved into housing)	2	2	0	0	0
Average length of time to housing	63	63	0	0	0
Persons who were exited without move-in	0	0	0	0	0
Total	2	2	0	0	0

#### 23a - Exit Destination - More than 90 days

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations					

Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	1	1	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	1	1	0	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	1	0	1	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
<b>Subtotal</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Temporary Destinations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	1	1	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
<b>Subtotal</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Institutional Settings</b>					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	1	1	0	0	0
<b>Subtotal</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Destinations</b>					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>5</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>0</b>
Total persons exiting to positive housing destinations	3	2	1	0	0
Total persons whose destinations excluded them from the calculation	1	1	0	0	0
Percentage	75%	67%	100%	0%	0%

#### 23b - Exit Destination - 90 Days or Less

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Permanent Destinations</b>					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	0	0	0	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Temporary Destinations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0

Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Institutional Settings</b>					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Destinations</b>					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Total persons exiting to positive housing destinations	0	0	0	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	0%	0%	0%	0%	0%

#### 25a - Number of Veterans

	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	2	2	0	0
Non-Chronically Homeless Veteran	11	10	1	0
Not a veteran	1	1	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
<b>Total</b>	<b>14</b>	<b>13</b>	<b>1</b>	<b>0</b>

#### 25b - Number of Veteran Households

	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	2	2	0	0
Non-Chronically Homeless Veteran	11	10	1	0
Not a veteran	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
<b>Total</b>	<b>13</b>	<b>12</b>	<b>1</b>	<b>0</b>

#### 25c - Gender - Veterans

	Total	Without Children	With Children and Adults	Unknown Household Type
Male	13	12	1	0
Female	0	0	0	0
Trans Female (MTF or Male to Female)	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
<b>Total</b>	<b>13</b>	<b>12</b>	<b>1</b>	<b>0</b>

#### 25d - Age - Veterans

	Total	Without Children	With Children and Adults	Unknown Household Type
18 - 24	0	0	0	0
25 - 34	0	0	0	0
35 - 44	0	0	0	0
45 - 54	2	2	0	0
55 - 61	7	6	1	0
62 +	4	4	0	0
Client Doesn't Know/Client Refused				
Data not collected				
<b>Total</b>	<b>13</b>	<b>12</b>	<b>1</b>	<b>0</b>



**25e - Physical and Mental Health Conditions - Veterans**

	Conditions at Start	Conditions at Latest Assessment for Stayers	Conditions at Exit for Leavers
Mental Health Problem	6	5	0
Alcohol Abuse	2	2	1
Drug Abuse	1	0	0
Both Alcohol and Drug Abuse	2	1	0
Chronic Health Condition	6	3	2
HIV/AIDS	0	0	0
Development Disability	0	0	0
Physical Disability	10	7	4

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

	Number of Veterans at Start	Number of Veterans at Annual Assessment (Stayers)	Number of Veterans at Exit (Leavers)
<b>Number of Veterans by Income Category</b>			
Veterans with Only Earned Income (i.e., Employment Income)	0	0	0
Veterans with Only Other Income	8	5	3
Veterans with Both Earned and Other Income	0	0	0
Veterans with No Income	5	2	1
Veterans with Client Doesn't Know/Client Refused Income Information	0	0	0
Veterans with Missing Income Information	0	0	0
Number of veterans not yet required to have an annual assessment		2	
Number of veterans without required annual assessment		0	
<b>Total Veterans</b>	<b>13</b>	<b>9</b>	<b>4</b>

**25g - Type of Cash Income Sources - Veterans**

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	0	0	0
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	3	1	1
Social Security Disability Insurance (SSDI)	5	4	1
VA Service - Connected Disability Compensation	1	0	1
VA Non-Service Connected Disability Pension	1	2	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	0	0	0
General Assistance (GA)	0	0	0
Retirement Income from Social Security	1	0	0
Pension or retirement income from a former job	0	0	0
Child Support	0	0	0
Alimony and other spousal support	0	0	0
Other Source	0	0	0
Veterans with Income Information at Start and Annual Assessment/Exit		5	2

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

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	8	4	3
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	0	0
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	0	0	1

**25i - Exit Destination - Veterans**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Permanent Destinations</b>					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	1	1	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0

Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	1	1	0	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
<b>Subtotal</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Temporary Destinations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	1	1	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
<b>Subtotal</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Institutional Settings</b>					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	1	1	0	0	0
<b>Subtotal</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Destinations</b>					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>
Total persons exiting to positive housing destinations	2	2	0	0	0
Total persons whose destinations excluded them from the calculation	1	1	0	0	0
Percentage	67%	67%	0%	0%	0%

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

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	2	2	0	0	0
Not Chronically Homeless	11	10	1	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>13</b>	<b>12</b>	<b>1</b>	<b>0</b>	<b>0</b>

#### 26b - Number of Chronically Homeless Persons by Household

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	3	3	0	0	0
Not Chronically Homeless	13	10	3	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>16</b>	<b>13</b>	<b>3</b>	<b>0</b>	<b>0</b>

#### 26c - Gender of Chronically Homeless Persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	3	3	0	0	0
Female	0	0	0	0	0
Trans Female (MTF or Male to Female)	0	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>

**26d - Age of Chronically Homeless Persons**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
0 - 17	0		0	0	0
18 - 24	0	0	0		0
25 - 34	1	1	0		0
35 - 44	0	0	0		0
45 - 54	0	0	0		0
55 - 61	1	1	0		0
62 +	1	1	0		0
Client Doesn't Know/Client Refused	0	0	0		0
Data not collected	0	0	0		0
<b>Total</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

	Conditions at Start	Conditions at Latest Assessment for Stayers	Conditions at Exit for Leavers
Mental Health Problem	2	2	0
Alcohol Abuse	0	0	0
Drug Abuse	0	0	0
Both Alcohol and Drug Abuse	0	0	0
Chronic Health Condition	2	0	0
HIV/AIDS	0	0	0
Development Disability	0	0	0
Physical Disability	1	1	0

**26f - Client Cash Income - Chronically Homeless Persons**
**Number of Chronically Homeless Persons by Income Category**

	Number of Chronically Homeless Persons at Start	Number of Chronically Homeless Persons at Annual Assessment (Stayers)	Number of Chronically Homeless Persons at Exit (Leavers)
Chronically Homeless Persons with Only Earned Income (i.e., Employment Income)	0	0	0
Chronically Homeless Persons with Only Other Income	2	2	0
Chronically Homeless Persons with Both Earned and Other Income	0	0	0
Chronically Homeless Persons with No Income	1	1	0
Chronically Homeless Persons with Client Doesn't Know/Client Refused Income Information	0	0	0
Chronically Homeless Persons with Missing Income Information	0	0	0
Number of Chronically Homeless Persons not yet required to have an annual assessment		0	
Number of Chronically Homeless Persons without required annual assessment		0	
<b>Total Chronically Homeless Persons</b>	<b>3</b>	<b>3</b>	<b>0</b>

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

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	0	0	0
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	0	0	0
Social Security Disability Insurance (SSDI)	1	1	0
VA Service - Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	1	1	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	0	0	0
General Assistance (GA)	0	0	0
Retirement Income from Social Security	0	0	0
Pension or retirement income from a former job	0	0	0
Child Support	0	0	0
Alimony and other spousal support	0	0	0
Other Source	0	0	0
Chronically Homeless Persons with Income Information at Start and Annual Assessment/Exit		2	0

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

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
--	------------------	---	-----------------------------

Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	3	2	0
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	0	0
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	0	0	0

#### 27a - Age of Youth

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

#### 27b - Parenting Youth

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

#### 27c - Gender - Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	0	0	0	0	0
Female	0	0	0	0	0
Trans Female (MTF or Male to Female)	0	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

#### 27d - Living Situation - Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Homeless Situations</b>					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Place not meant for habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Interim Housing	0	0	0	0	0
<b>Subtotal</b>	0	0	0	0	0
<b>Institutional Settings</b>					
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Foster care home or foster care group home	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
<b>Subtotal</b>	0	0	0	0	0
<b>Other Locations</b>					
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other housing subsidy (including RRH)	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Staying or living in a friend's room, apartment or house	0	0	0	0	0
Staying or living in a family member's room, apartment or house	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
<b>Subtotal</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

**27e - Length of Participation - Youth**

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

**27f - Exit Destination - Youth**

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



12:29



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## COMMUNITY REBUILDERS, INC.

### Grant Information

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: MI0345L5F061605 (SNAP) Special Needs Assistance

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Contractual Organization	DUNS Organization	Contract Dates	HUD Funding
<b>Tax ID:</b> 38-3094108	<b>DUNS:</b> 948960398 <b>Renewal Date:</b> 01-22-2020	<b>LOCCS Created:</b> 04-20-2017	<b>Obligated:</b> 130,265.00
COMMUNITY REBUILDERS, INC. 1136 Wealthy St SE Grand Rapids, MI 49506-1543	<b>Tax ID:</b> 38-3094108 ✓ Matches contractual org. COMMUNITY REBUILDERS 1120 MONROE AVE NW STE 220 GRAND RAPIDS, MI 49503-1038	<b>Effective Date:</b> 08-15-2017	<b>Contracted:</b> 130,265.00
<b>Payee Organization:</b>		<b>Expiration Date:</b> 03-31-2019	<b>LOCCS Authorized</b>
- same as contractual-	<b>Region:</b> 05 - MID WEST	<b>Term (months):</b> 12	<b>Authorized:</b> 130,265.00
	<b>Office:</b> 28 - MICHIGAN STATE OFC.	<b>Operating Start:</b> 04-01-2018	<b>Disbursed:</b> 130,265.00
			<b>In process:</b> 0.00
			<b>Balance:</b> 0.00

#### Contract Status:

Annual Performance Rpt covering 04-01-2018 to 03-31-2019, due 06-29-2019


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## Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program 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 navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.



## 1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 08/23/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MI0345

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

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

X

6. Date Received by State:

7. State Application Identifier:

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** Community Rebuilders

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 38-3094108

	<b>c. Organizational DUNS:</b>	948960398	<b>PLUS 4</b>	
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### d. Address

**Street 1:** 1120 Monroe NW, Suite 220

**Street 2:**

**City:** Grand Rapids

**County:** Kent

**State:** Michigan

**Country:** United States

**Zip / Postal Code:** 49503

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:**

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

**Prefix:** Ms.

**First Name:** Anna

**Middle Name:**

**Last Name:** Diaz

**Suffix:**

**Title:** Chief Operating Officer

**Organizational Affiliation:** Community Rebuilders

**Telephone Number:** (616) 458-5102

**Applicant:** Community Rebuilders  
**Project:** HEROES

948960398  
172489

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

## **1C. SF-424 Application Details**

**9. Type of Applicant:** M. Nonprofit with 501C3 IRS Status

**10. Name of Federal Agency:** Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Title:** CoC Program

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6300-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: HEROES

16. Congressional District(s):

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

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

17. Proposed Project

a. Start Date: 04/01/2020

b. End Date: 03/31/2021

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:** 09/14/2018

**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:** Mrs.

**First Name:** Vera

**Middle Name:** Jean

**Last Name:** Beech

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (616) 458-5102  
**(Format: 123-456-7890)**

**Fax Number:** (616) 458-8788  
**(Format: 123-456-7890)**

**Email:** vbeech@communityrebuilders.org

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

**Date Signed:** 08/23/2019

## 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2506-0214 (exp.02/28/2022)**

### Applicant/Recipient Information

#### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** Community Rebuilders

**Prefix:** Mrs.

**First Name:** Vera

**Middle Name:** Jean

**Last Name:** Beech

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:** Community Rebuilders

**Telephone Number:** (616) 458-5102

**Extension:**

**Email:** vbeech@communityrebuilders.org

**City:** Grand Rapids

**County:** Kent

**State:** Michigan

**Country:** United States

**Zip/Postal Code:** 49503

**2. Employer ID Number (EIN):** 38-3094108

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

**4. Amount of HUD Assistance Requested/Received:** \$144,595.00

(Requested amounts will be automatically entered within applications)



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

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

### Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA		NA

### Part III Interested Parties

You must disclose:

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

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest
Renewal Project Application FY2019		Page 10	08/23/2019	

**Applicant:** Community Rebuilders  
**Project:** HEROES

948960398  
172489

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

### Certification

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

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

**I AGREE:** ☒

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

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

**Date Signed:** 07/30/2019

## 1H. HUD 50070

### HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Community Rebuilders

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

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

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

#### Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application.  
Refer to addresses entered into the attached project application.

**I certify that the information provided on this form and in any accompanying documentation is true and accurate. I**

**X**

**acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.**

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

**Authorized Representative**

**Prefix:** Mrs.

**First Name:** Vera

**Middle Name** Jean

**Last Name:** Beech

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (616) 458-5102  
**(Format: 123-456-7890)**

**Fax Number:** (616) 458-8788  
**(Format: 123-456-7890)**

**Email:** vbeech@communityrebuilders.org

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

**Date Signed:** 08/23/2019

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements**

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

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

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

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

### **Statement for Loan Guarantees and Loan Insurance**

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

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

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

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

X

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

**Applicant's Organization:** Community Rebuilders

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

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

**Date Signed:** 08/23/2019

## 1J. SF-LLL

### DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB0348-0046

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

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

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

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

Legal Name: Community Rebuilders

Street 1: 1120 Monroe NW, Suite 220

Street 2:

City: Grand Rapids

County: Kent

State: Michigan

Country: United States

Zip / Postal Code: 49503

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

I certify that this information is true and complete.

X

**Authorized Representative**

**Prefix:** Mrs.

**First Name:** Vera

**Middle Name:** Jean

**Last Name:** Beech

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (616) 458-5102  
**(Format: 123-456-7890)**

**Fax Number:** (616) 458-8788  
**(Format: 123-456-7890)**

**Email:** vbeech@communityrebuilders.org

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

**Date Signed:** 08/23/2019



## Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the "Submit Without Changes" process.

In general, HUD expects a project's proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year's FY 2018 information, e-snaps will automatically be set to "Make Changes" and all questions on each screen must be updated.

Renewal projects that select "Fully Consolidated" on the Grant Consolidation screen may not use the "Submit Without Changes" process and esnaps will automatically be set to "Make Changes". However, if the applicant selects "Individual Renewal", this project application(s) can use the "Submit Without Changes" process. In addition, esnaps will automatically be set to "Make Changes" if the project applicant indicates on the Renewal Expansion Screen, this project application is for a "Combined Renewal Expansion" project application. However, the stand-alone renewal expansion project application(s) can use the "Submit Without Changes" process.

The e-snaps screens that remain "open" for required annual updates and do not affect applicants' ability to select "Submit without Changes" are:

- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in "Read-Only" format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select "Submit Without Changes" in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: "Submission Without Changes" Screen, select "Make Changes", and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.

## Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No

## **Renewal Expansion**

**As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).**

- 1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.**

No

## **Renewal Grant Consolidation Screen**

**HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).**

- 1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition?** No  
**If "No" click on "Next" or "Save & Next" below to move to the next screen.**

## 2A. Project Subrecipients

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

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

Total Expected Sub-Awards: \$0

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

### 3A. Project Detail

**1. Project Identification Number (PIN) of  
expiring grant:** MI0345

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

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

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

**3. Project Name:** HEROES

**4. Project Status:** Standard

**5. Component Type:** PH

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

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

**7. Does this project include Replacement  
Reserves?** No

## 3B. Project Description

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

HEROES is a scattered site permanent housing program that moves homeless, disabled veterans into permanent housing. Rental assistance and voluntary supportive services are provided to individuals to help them establish residential stability by increasing their income/benefits and self determination. Housing Resource Specialists provide support services that are trauma informed, and incorporate key strategies from solution focused and motivational interviewing. Services focus on stabilization in the neighborhood and community, linkage to service needs, and assistance with accessing benefits. Veterans are assisted, as appropriate, for their health condition to increase their income and self sufficiency. Individualized goals and action plans are developed that focus on the strengths of the individual and their hopes and dreams for the future.

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

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

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

Other:

### 3. Housing First

#### 3a. Does the project quickly move participants into permanent housing Yes

#### 3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

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

**3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.**

Failure to participate in supportive services	<input checked="checked" type="checkbox"/>
Failure to make progress on a service plan	<input checked="checked" type="checkbox"/>
Loss of income or failure to improve income	<input checked="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="checked" type="checkbox"/>
None of the above	<input type="checkbox"/>

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



### 3C. Dedicated Plus

#### Dedicated and DedicatedPLUS

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

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

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

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

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

## 4A. Supportive Services for Participants

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

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

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

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

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

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

**SSI/SSDI technical assistance provided by  
the applicant, a subrecipient, or partner  
agency?**

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

## 4B. Housing Type and Location

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

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

**Total Units:** 11

**Total Beds:** 11

**Total Dedicated CH Beds:** 0

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	11	11

## 4B. Housing Type and Location Detail

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

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

a. **Units:** 11

b. **Beds:** 11

3. **How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** 0

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

### 4. Address:

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

**Street 1:** 1120 Monroe NW Suite 220

**Street 2:**

**City:** Grand Rapids

**State:** Michigan

**ZIP Code:** 49503

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

262544 Grand Rapids, 266624 Wyoming,  
269081 Kent County

## 5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	0	11	0	11

  

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	0	10		10
Persons ages 18-24	0	1		1
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	11	0	11

Click Save to automatically calculate totals

## 5B. Project Participants - Subpopulations

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

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

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

### Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24	0	0	10	0	0	0	0	0	0	0
Persons ages 18-24	0	0	1	0	0	0	0	0	0	0
<b>Total Persons</b>	0	0	11	0	0	0	0	0	0	0

Click Save to automatically calculate totals

### Persons in Households with Only Children

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

## 6A. Funding Request

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

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

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Yes

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

4. Renewal Grant Term: 1 Year

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

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



## 6B. Leased Units Budget

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

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

Total Annual Assistance Requested:		\$97,779	
Grant Term:		1 Year	
Total Request for Grant Term:		\$97,779	
Total Units:		11	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
MI - Grand Rapids...	11	\$97,779	\$97,779

## Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

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

### Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom	11	
2 Bedroom		
3 Bedroom		
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
<b>Total Units and Annual Assistance Requested</b>	11	\$97,779
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$97,779

Click the 'Save' button to automatically calculate totals.

## 6D. Sources of Match

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

### Summary for Match

Total Value of Cash Commitments:	\$11,704
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$11,704

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

1a. Briefly describe the source of the program income:

Program participant contributions toward rent.

- 1b. Estimate the amount of program income \$11,323  
that will be used as Match for this project:

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Program Income	08/01/2019	\$11,704

## Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** Program Income  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/01/2019
- 6. Value of Written Commitment:** \$11,704

## 6E. Summary Budget

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

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$97,779
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$15,324
4. Operating	\$23,330
5. HMIS	\$0
6. Sub-total Costs Requested	\$136,433
7. Admin (Up to 10%)	\$8,162
8. Total Assistance plus Admin Requested	\$144,595
9. Cash Match	\$11,704
10. In-Kind Match	\$0
11. Total Match	\$11,704
12. Total Budget	\$156,299

## 7A. Attachment(s)

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

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **7B. Certification**

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

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

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

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

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

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

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

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

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



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

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

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

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

**1-Year Operation Rule.**

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

**C. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

**Name of Authorized Certifying Official** Vera Beech

**Date:** 08/23/2019

**Title:** Executive Director

**Applicant Organization:** Community Rebuilders

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

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

X

**Active SAM Status Requirement.**

**I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.**

X

## Submission Without Changes

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

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

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

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

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

**The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):**

This project is Housing First and one of the boxes was unchecked. Also, the chronic box was checked for population served and this project doesn't primarily serve chronic individuals.

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

## 8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/30/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

Renewal Project Application FY2019	Page 46	08/23/2019
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<b>1D. SF-424 Congressional District(s)</b>	08/19/2019
<b>1E. SF-424 Compliance</b>	08/19/2019
<b>1F. SF-424 Declaration</b>	07/30/2019
<b>1G. HUD-2880</b>	07/30/2019
<b>1H. HUD-50070</b>	07/30/2019
<b>1I. Cert. Lobbying</b>	07/30/2019
<b>1J. SF-LLL</b>	07/30/2019
<b>Recipient Performance</b>	07/30/2019
<b>Renewal Expansion</b>	08/23/2019
<b>Renewal Grant Consolidation</b>	07/30/2019
<b>2A. Subrecipients</b>	No Input Required
<b>3A. Project Detail</b>	07/31/2019
<b>3B. Description</b>	07/31/2019
<b>3C. Dedicated Plus</b>	07/30/2019
<b>4A. Services</b>	07/30/2019
<b>4B. Housing Type</b>	07/30/2019
<b>5A. Households</b>	07/30/2019
<b>5B. Subpopulations</b>	No Input Required
<b>6A. Funding Request</b>	07/30/2019
<b>6B. Leased Units</b>	07/30/2019
<b>6D. Match</b>	08/23/2019
<b>6E. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	No Input Required
<b>7B. Certification</b>	08/23/2019
<b>Submission Without Changes</b>	07/31/2019



1120 Monroe Ave. NW  
The Housing Hub, Suite 220  
Grand Rapids, MI 49503

Phone: 616-458-5102  
Fax: 616-458-8788  
[www.communityrebuilders.org](http://www.communityrebuilders.org)

REBUILDING HOPE

ENDING HOMELESSNESS

CREATING COMMUNITY

August 23, 2019

Ref: CoC Funding Application Question 12b

Community Rebuilders was monitored by HUD in June of 2019. However, we have not yet received the monitoring report. For that reason we are attaching our most recent monitoring by an entity other than HUD, The Salvation Army Emergency Shelter Program. Please see attached letter and monitoring report. Thank you.

Anna Diaz  
Chief Operating Officer



DOING  
THE MOST  
GOOD

June 1<sup>st</sup>, 2019

Vera Beech  
Community Rebuilders  
733 Bridge St  
Grand Rapids, MI 49503

RE: Emergency Shelter Program Monitoring

Dear Vera:

On May 3<sup>rd</sup>, The Salvation Army Emergency Shelter Program (ESP) performed a routine on-site monitoring visit of the following Salvation Army Emergency Shelter Program grant:

**20190094-00 – Community Rebuilders**

Enclosed is a copy of the completed monitoring report for your records. Within the report is a completed Monitoring Guide along with any notes/comments. At this time, there is no follow-up action required.

Questions can be directed to Emily O'Brien at 248-798-8945.

  
Emily O'Brien

The Salvation Army  
MDHHS Emergency Shelter Program Manager, Regions 4,5,7

16130 Northland Drive  
Southfield, MI 48075  
(248) 443-5500  
[www.salarmy.org](http://www.salarmy.org)

Brian Peck, *Executive Director*

1. Brad Bird, *Regional Community*  
John F. Tamer, *Regional Community*

"THERE IS NO REWARD EQUAL TO THAT OF DOING THE MOST GOODS TO THE MOST PEOPLE IN THE MOST NEED." – EVANGELINE BOOTH



Michigan Department of Health and Human Services  
Emergency Shelter Program

MONITORING GUIDE  
SHELTER PROVIDER

Organization Name	Community Rebuilders Housing Connection Center (HCC)
Contract #	20190094-00
Operating Year	FY19
Monitoring Completed By	Emily O'Brien
Date(s) of Monitoring	May 3 <sup>rd</sup> , 2019

A. PROGRAM PARTICIPANTS

1. Do the program records document that households met the eligibility criteria that is outlined in the Memorandum of Agreement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe the Basis for Conclusion:</b> Each program record included the Emergency Shelter Program Applicant Self-Certification of Homelessness form. This is signed and dated by the applicant and the Housing Resource Specialist.			
2. Does the shelter provider have a Refusal Policy that aligns with what is outlined in the Memorandum of Agreement? Please state current Refusal Policy being practiced. <i>Provide documentation of any refusals.</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe the Basis for Conclusion:</b> A household may be denied only if the household had been disruptive, violent or has put themselves or someone else in an unsafe situation. Denial of services is very rare. The Housing Resource Specialist will converse with the household in regards to the incident and in most cases, the visitor is able to continue their stay with the understanding that if the situation occurs again, further action may be required.			
3. Does the shelter provider make every attempt to practice shelter diversion for households seeking assistance? Provide examples of how this is done.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe the Basis for Conclusion:</b> The Diversion conversation starts at the Coordinated Entry entity, The Salvation Army - Social Services of Kent County (HAP). Diversion also occurs during intake at Community Rebuilders and throughout the visitor's stay at the HCC. The housing resource specialists may ask the visitor about other alternative housing options. An example of this may be "can you stay with your friend you stayed last night with if that friend knew you would be housed quickly?" Staff also may practice mediation if requested by the visitor.			
4. Are program participants coming from the target population identified to be served, i.e. men, women and children, youth, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe the Basis for Conclusion:</b> Community Rebuilders Housing Connection Center serves men, women and families. The HCC is able to accommodate households of any composition (i.e. single dad with children, single mom with children, a couple with children, a couple, individual).			

5. Do program records indicate that households did not exceed the ninety (90) night limitation of stay?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe the Basis for Conclusion:</b> Program records indicate that the households did not exceed the ninety-night limitation of stay. The average length of stay is less than 65 days.			
6. Do program records document that households had a VI-SPDAT assessment completed that follows the procedure of the local Coordinated Entry System?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe the Basis for Conclusion:</b> The VI-SPDAT is conducted over the phone at HAP through Kent County's Coordinated Entry System. Once the VI-SPDAT has been completed, HAP will place the household on the community's prioritization list. Community Rebuilders HCC staff works with HAP staff to ensure the most appropriate housing intervention is occurring with all households.			
7. Do program records document that households had a VI-SPDAT assessment completed within 6 months prior to the date of intake?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe the Basis for Conclusion:</b> Because the VI-SPDAT is conducted at HAP within the initial phone call, Community Rebuilders HCC staff would not need to complete this assessment with the household. All staff at HCC are trained on the VI-SPDAT for when, in very rare cases, a household has not received the assessment in over six months of the date of intake.			
8. Do program records document that information and referral services consistent with the HUD and the Memorandum of Agreement were provided for households that did not complete a VI-SPDAT score in the rapid rehousing or permanent housing intervention range?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe the Basis for Conclusion:</b> When a household does not fall within the rapid rehousing or permanent housing intervention range, Community Rebuilders HCC staff assist the household financially. Services are still provided to the household. This may look different depending on the household's immediate needs. Community Rebuilders staff refer households to community resources as well as holding a weekly drop-in on housing every Wednesday. This is an opportunity for past visitors to stay in the facility to help support visitors in HCC locate safe, affordable housing.			
9. Do program records document that progress notes are reflective of case management services being provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe the Basis for Conclusion:</b> Each household is linked to a community resource upon entrance into the Community Rebuilders HCC. The Housing Resource Specialist, representative of the program the household is linked to, records the visitor's case plan(s) and case notes in HMIS. Each case is reviewed from HMIS and put into the visitor file upon exit.			

10. Do the program records indicate that discharge plans were documented for households exiting the shelter when able?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe the Basis for Conclusion:</b> The discharge plans are recorded within the visitor goals, case notes and in the HMIS Exit Assessment.			

**B. SERVICE COORDINATION**

1. Are the type and level of activities with the HARA in the geographic area documented and consistent with those outlined in the Memorandum of Agreement? Please list all coordinated activities.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe the Basis for Conclusion:</b> Community Rebuilders has a very strong relationship with Kent County's HARA, The Salvation Army – Social Services of Kent County (HAP). Households who are seeking housing services contact HAP. If there is an opening at the Community Rebuilders HCC, the household will complete the VI-SPDAT, be placed on the prioritization list, connected to a community housing resource and will begin their stay at the Community Rebuilders HCC.			

2. Is the provider an active member of the local Continuum of Care (CoC)/Local Planning Body (LPB) in the geographic area and have attended at least 75% of CoC/LPB meetings in the last contract year?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe the Basis for Conclusion:</b> Community Rebuilders staff attends the Grand Rapids Area Coalition to End Homelessness meetings on a regular basis. Jeffrey King is also a Member of the Steering Committee and is a very active member.			

**C. QUALITY ASSURANCE**

1. Does the emergency shelter facility adhere with the <i>Minimum Standards for Emergency Shelter</i> ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe the Basis for Conclusion:</b> The Community Rebuilders Housing Connection Center adheres with the <i>Minimum Standards for Emergency Shelter</i> .			

2. Does the emergency shelter maintain hours of operation seven (7) days a week from 5:00 p.m. until 9:00 a.m.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe the Basis for Conclusion:</b> The HCC is open to registered visitors twenty-four hours a day, seven days a week.			

3. Does the emergency shelter operate as a low barrier facility to ensure that individuals have equal access to services as outlined in the Memorandum of Agreement and <i>Minimum Standards for Emergency Shelter</i> ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Describe the Basis for Conclusion:</b> The Community Rebuilders Housing Connection Center is a low barrier facility to ensure that individuals have equal access to services. The HCC is open to registered visitors, individuals or family in need of immediate shelter as long as the household is not a threat to the community.			

<p>4. Were a minimum of two (2) meals made available to individuals (supper meal in the evening and a breakfast meal in the morning)?</p>		<p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
<p><b>Describe the Basis for Conclusion:</b> Food is provided for breakfast, lunch and dinner to all visitors staying in the Community Rebuilders HCC. If a household would like to provide their own food, there is storage available for that as well.</p>		

**D. COST ALLOWABILITY**

<p>1. Does a sample of reimbursement requests indicate that expenditures were for eligible costs and supported by adequate source documentation (daily sign-in sheets, MSHMIS billing report, etc.)?</p>		<p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
<p><b>Describe the Basis for Conclusion:</b> The monthly reimbursement requests indicate that expenditures were for eligible costs and supported by adequate documentation. The sign-in sheets align with the ART report and reimbursement request on a regular basis. If corrects are needed, they are submitted in a timely manner.</p>		

<p>2. Does the shelter provider submit timely reimbursement request for each billing cycle and consistent with the process that is outlined in the Memorandum of Agreement?</p>		<p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
<p><b>Describe the Basis for Conclusion:</b> The shelter provider submits the monthly ESP billing on or before the 10<sup>th</sup> of each month.</p>		

<p>3. Does the shelter provider have an alternate billing plan in the event that the regular designated staff is unable to prepare and submit reimbursement request for any billing cycle during a fiscal year?</p>		<p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
<p><b>Describe the Basis for Conclusion:</b> Several staff members are able to submit the billing on behalf of the regular designated staff member if needed.</p>		

<p>4. Does the shelter provider have documentation that a shelter provider will submit reimbursement requests in a consistent manner during the fiscal year?</p>		<p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
<p><b>Describe the Basis for Conclusion:</b> The shelter provider has a consistent manner of submitting reimbursement requests.</p>		

**E. MISCELLANEOUS**

<p>5. Are there any other issues that may affect the shelter provider's ability to provide services to the community?</p>		<p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
<p><b>Describe the Basis for Conclusion:</b> All staff are subject to background checks prior to employment.</p>		

**Notes:** The shelter provider is a low barrier, judgment free environment for households in Kent County to work diligently on achieving housing goals. Staff are very supportive and resources that help support households seeking housing in the community.

There is no re-entry action required at this time.

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