



## FY2019 HUD COC PROGRAM COMPETITION RENEWAL PROJECT APPLICATION

<b>AGENCY PROFILE</b>	
<b>Legal Name of Agency</b>	Community Rebuilders
<b>Project Name</b>	LOFT
<b>Project Start Date</b>	02/01/2020
<b>Contact Person</b>	Anna Diaz
<b>Title</b>	Chief Operating Officer
<b>Address</b>	1120 Monroe Ave NW, Grand Rapids, MI 49503
<b>Email</b>	adiaz@communityrebuilders.org
<b>Phone</b>	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 Operating 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)

LOFT (Long-Term Opportunities for Tenancy) is a permanent supportive housing project designed to provide scattered site leasing assistance and supportive services for those individuals who are chronically homeless as defined by HUD. This project was first funded by HUD as a bonus project to help accomplish the goal of addressing chronic homelessness in Kent County. Services are provided using a strengths-based, housing first model with the goal of assisting project participants to maintain permanent housing and increase their self-sufficiency. Participants who enter this project must have a permanent disability of long and continued duration. In addition, they must have been continuously homeless for a year or more or have had four or more episodes of homelessness within the last 3 years. Most enter the program after living on the streets and other places unfit for human habitation. The project has the benefit of offering leasing assistance vs. rental assistance. This can be particularly helpful in a community allowing for the organization, Community Rebuilders, to hold the lease and allow the program participant to have a sublease. This is sometime necessary when seeking out a rental unit for persons who have been chronically homeless as local landlords can be reluctant to offer a lease to persons who have histories common within this population. HUD leasing dollars differ from rental assistance dollars in that with rental assistance dollars the program participant must execute the lease directly with the landlord. Outreach for eligible participants is conducted throughout the community utilizing the communities coordinated entry and outreach teams. A core component to LOFT is the community-based Housing Resource Specialist (HRS) support services model. These HRS staff engage eligible participants through outreach activities on the streets and in the local missions, further promoting access to the LOFT program for those who are difficult to reach and have minimal contact with homeless service providers. Through use of the strengths-based housing-first HRS model this project ensures that this most vulnerable population receives 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. Housing resource specialist assist households by completing an assessment to identify housing history, past strengths and barriers to housing. The assessment includes information such as patterns and risks, 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 stability. 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 the ability to prevent participants returns to homelessness. Participants are assisted to identify mainstream resources and entitlements benefits for which they are eligible. In addition, linkages are made to community employment services when appropriate and desired. Individualized plans are created with participants based on the HRS standards of care. As partners, the participant and HRS create a comprehensive housing plan that includes ongoing budget and financial planning as needed. Participants are encouraged to identify goals and objectives that meet their personal needs to increase their income and ability to live independently and are supported in achieving their goals. LOFT participants are asked to complete a confidential survey about their HRS. In 2018-2019 survey results showed 85% of survey respondents reported they felt supported by their HRS. 75% of survey respondents reported that Community Rebuilders helped them to obtain decent, safe and sanitary housing of their choosing. 85% of survey respondents reported their HRS helped them identify other community resources. 80% of survey respondents reported they were satisfied with the services they received at Community Rebuilders. In addition to surveys, focus groups and data analysis is used to validate and improve the work of all Community Rebuilders projects. This includes an effort to identify and address racial inequalities in our community and continually monitor demographics to ensure that we are serving all groups fairly and equitably. In 2018-2019, LOFT served the following demographics: 44% Black or African American, 37% White, 19% Two or more races, 13% Hispanic and 87% Non-Hispanic. This program met and exceeded all program outcomes. However, the real success of the program can be seen in comments from participant feedback surveys such as these, "We are no longer homeless. My mental health is improving and I'm finally stable and thankful." Another comment, "I was able to get housing help until I got a job that I could pay for my own rent."

[Click or tap here to enter text.](#)

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

County	Number of Units	Number of Stayers	Number of Leavers
Kent	16	12	4
Click or tap here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click or tap here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click or tap here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click or tap here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

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

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

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

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

If change was made, include as many of the following that apply as attachments to your application:

Attached (check)	
<input type="checkbox"/>	Attachment: Written communication to HUD requesting the significant change
<input type="checkbox"/>	Attachment: HUD's written approval of the change requested
<input type="checkbox"/>	N/A: HUD has not yet provided written approval of the requested change

### SECTION I: Project Effectiveness

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

	Number of Units		
	Dedicated	Dedicated Plus	Prioritized
Veterans	Click here to enter text.	Click here to enter text.	Click here to enter text.
Chronically Homeless	11	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)

LOFT utilizes our CoC's Prioritization of Persons Experiencing Chronic Homelessness Policy, adopted in August 2016. Identification of households experiencing chronic homelessness first occurs through Coordinated Entry. When coordinated entry is informed of an open CoC program-funded PSH bed, that

is dedicated to a chronically homeless household, the household meeting the highest threshold of prioritization will be referred by Coordinated Entry to the PSH provider. Severity of need is determined by the use of a standardized assessment tool at Coordinated Entry, such as the SPDAT..

**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.) 91% - First Quarter, over utilization; Second Quarter, at utilization; Third and Forth Quarter, under utilization.

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

a. Total amount authorized within eLOCCS	\$123,748
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	3	1
Total the numbers above, divide by 16, multiply by 100 for a percent: 94%			

## 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 16 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?

There have been many people who inquire about our services and express need for LOFT services. In addition, there are families on our community's prioritization list that could be referred to us if we had additional funding to assist them. This project is in high demand in our community. Additional funding could be used to serve more chronically homeless households

**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):

31%



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):

75%

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

100%

## 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)

75%

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% Participants in the project all have a disability and may be unable to work. Participants are assisted to increase total income which includes connecting to mainstream benefits. Understanding that this is a psh project it is not unlikely to see low number of participants that increase earned income in a project year.

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

25%

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

25%

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

6%

## Financial Information

### PROJECT BUDGET

Activity	Requested Funds	% of Requested Funds	Other Funding	Total Project Cost
Acquisition	\$0	0 %		\$0
New Construction	\$0	0 %		\$0
Rehabilitation	\$0	0 %		\$0
Leasing	\$91,334	66 %		\$91,334
Rental Assistance	\$0	0 %		\$0
Supportive Services	\$12,578	9 %		\$12,578
Operating Costs	\$25,939	19 %		\$25,828
HMIS	\$0	0 %		\$0
Project Administration (limited to 7%)	\$7,773	6 %		\$7,773
Total Project Cost	\$137,624			\$137,624

## 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	02/20	11573	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>11,573</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 CoC - LOFT (8770)  
☐ **This provider AND its subordinates** ☐ **This provider ONLY**  
**Program Date Range \*** 02/01/2018 to 01/31/2019  
**Entry/Exit Types \*** ☐ **Basic** ☐ **Basic Center Program** ☐ **HUD** ☐ **PATH** ☐ **Quick Call** ☐ **RHY** ☒ **Standard** ☐ **Transitional Living Program** ☐ **VA** ☐ **HPRP (Retired)** ☐ **Entry/Exit**

## 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 CoC - LOFT
Project ID	8770
HMIS Project Type	PH - Permanent Supportive Housing (disability required for entry) (HUD)
Method of Tracking ES	
<b>If HMIS Project ID = 6 (S Only)</b>	
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	
<b>If 2.4, Dependent A = 1</b>	
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)	16
3. Number of Children (under age 18)	0
4. Number of Persons with Unknown Age	0
5. Number of Leavers	4
6. Number of Adult Leavers	4
7. Number of Adult and Head of Household Leavers	4
8. Number of Stayers	12
9. Number of Adult Stayers	12
10. Number of Veterans	3
11. Number of Chronically Homeless Persons	16
12. Number of Youth Under Age 25	1
13. Number of Parenting Youth Under Age 25 with Children	0
14. Number of Adult Heads of Household	16
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	3	38%
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)	7	0	0	0	0	0	0%
<b>Total</b>	<b>7</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	1
1 - 3 days	1	0
4 - 6 days	0	0
7 - 10 days	1	0
11+ days	2	3

**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	16	16	0		0
Children	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>16</b>	<b>0</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	12	0	0	0
April	11	11	0	0	0
July	8	8	0	0	0
October	9	9	0	0	0

**8a - Number of Households Served**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Total Households	16	16	0	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	12	12	0	0	0
April	11	11	0	0	0
July	8	8	0	0	0
October	9	9	0	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	11	11	0	0
Female	5	5	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>16</b>	<b>16</b>	<b>0</b>	<b>0</b>

#### 10b - Gender of Children

	Total	With Children and Adults	With Only Children	Unknown Household Type
Male	0	0	0	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>0</b>	<b>0</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	0		0	0	0
13 - 17	0		0	0	0
18 - 24	1	1	0		0
25 - 34	2	2	0		0
35 - 44	3	3	0		0
45 - 54	2	2	0		0
55 - 61	5	5	0		0
62 +	3	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>16</b>	<b>0</b>	<b>0</b>	<b>0</b>

#### 12a - Race

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
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White	6	6	0	0	0
Black or African American	7	7	0	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	3	3	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>16</b>	<b>0</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	14	0	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>16</b>	<b>0</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	12	12	0	0	0
Alcohol Abuse	1	1	0	0	0
Drug Abuse	1	1	0	0	0
Both Alcohol and Drug Abuse	4	4	0	0	0
Chronic Health Condition	8	8	0	0	0
HIV/AIDS	2	2	0	0	0
Development Disability	3	3	0	0	0
Physical Disability	7	7	0	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	3	3	0	0	0
Alcohol Abuse	0	0	0	0	0
Drug Abuse	0	0	0	0	0
Both Alcohol and Drug Abuse	3	3	0	0	0
Chronic Health Condition	3	3	0	0	0
HIV/AIDS	0	0	0	0	0
Development Disability	2	2	0	0	0
Physical Disability	1	1	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	8	8	0	0	0
Alcohol Abuse	1	1	0	0	0
Drug Abuse	1	1	0	0	0
Both Alcohol and Drug Abuse	1	1	0	0	0
Chronic Health Condition	8	8	0	0	0
HIV/AIDS	2	2	0	0	0
Development Disability	1	1	0	0	0
Physical Disability	7	7	0	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	0	0	0	0	0
1 Condition	4	4	0	0	0
2 Conditions	5	5	0	0	0
3+ Conditions	7	7	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>16</b>	<b>0</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	0	0	0	0	0
1 Condition	0	0	0	0	0

2 Conditions	1	1	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>4</b>	<b>4</b>	<b>0</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	0	0	0	0	0
1 Condition	2	2	0	0	0
2 Conditions	6	6	0	0	0
3+ Conditions	4	4	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>12</b>	<b>12</b>	<b>0</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	4	4	0	0	0
No	12	12	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>16</b>	<b>0</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	0	0	0	0	0
No	4	4	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>4</b>	<b>4</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	8	8	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Place not meant for habitation	8	8	0	0	0
Safe Haven	0	0	0	0	0
Interim Housing	0	0	0	0	0
<b>Subtotal</b>	<b>16</b>	<b>16</b>	<b>0</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	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>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<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

16 - Cash Income - Ranges17 - Cash Income - Sources

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

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

[illegible]

Earned Income (i.e., Employment Income)	0	0	0	0	0	5	5	0	0%
Average Change in Earned Income	0	0		0	0			0	
Number of Adults with Other Income	0	0	0	3	1	1	5	4	80%
Average Change in Other Income	0	0		70	735			236.25	
Number of Adults with Any Income (i.e., Total Income)	0	0	0	3	1	1	5	4	80%
Average Change in Overall Income	0	0		70	735			236.25	

#### 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	1	1	1	0	0	1	4	0	0%
Average Change in Other Income	-674	-67		0	0			0	
Number of Adults with Any Income (i.e., Total Income)	1	1	1	0	0	1	4	0	0%
Average Change in Overall Income	-674	-67		0	0			0	

#### 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	9	9	0	0%
Average Change in Earned Income	0	0		0	0			0	
Number of Adults with Other Income	1	1	1	3	1	2	9	4	44%
Average Change in Other Income	-674	-67		70	735			236.25	
Number of Adults with Any Income (i.e., Total Income)	1	1	1	3	1	2	9	4	44%
Average Change in Overall Income	-674	-67		70	735			236.25	

#### 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	4	1
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	0	0
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	0	0	0

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

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
No Sources	7	1	3
1 + Source(s)	9	4	1
Client Doesn't Know/Client Refused	0	0	0
Data not collected	0	7	0
<b>Total</b>	<b>16</b>	<b>12</b>	<b>4</b>

**21 - Health Insurance**

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

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

	Total	Leavers	Stayers
30 days or less	0	0	0
31 to 60 days	2	0	2
61 to 90 days	1	0	1
91 to 180 days	2	1	1
181 to 365 days	1	1	0
366 to 730 Days (1-2 Yrs)	1	0	1
731 to 1,095 Days (2-3 Yrs)	0	0	0
1,096 to 1,460 Days (3-4 Yrs)	2	0	2
1,461 to 1,825 Days (4-5 Yrs)	0	0	0
More than 1,825 Days (>5 Yrs)	7	2	5
Data not collected	0	0	0
<b>Total</b>	<b>16</b>	<b>4</b>	<b>12</b>

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

	Leavers	Stayers
Average Length	1309	1447
Median Length	224	1248

**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	2	2	0	0	0
15 to 21 days	1	1	0	0	0
22 to 30 days	0	0	0	0	0
31 to 60 days	0	0	0	0	0
61 to 180 days	0	0	0	0	0
181 to 365 days	1	1	0	0	0
366 to 730 Days (1-2 Yrs)	0	0	0	0	0
<b>Total (persons moved into housing)</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Average length of time to housing</b>	<b>56</b>	<b>56</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Persons who were exited without move-in</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>

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

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
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<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	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	1	1	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	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)	1	1	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	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	1	1	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>1</b>	<b>1</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%

#### 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	3	3	0	0
Non-Chronically Homeless Veteran	0	0	0	0
Not a veteran	13	13	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
<b>Total</b>	<b>16</b>	<b>16</b>	<b>0</b>	<b>0</b>

#### 25b - Number of Veteran Households

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

#### 25c - Gender - Veterans

	Total	Without Children	With Children and Adults	Unknown Household Type
Male	2	2	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>Total</b>	<b>3</b>	<b>3</b>	<b>0</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	1	1	0	0
35 - 44	1	1	0	0
45 - 54	0	0	0	0
55 - 61	1	1	0	0
62 +	0	0	0	0
Client Doesn't Know/Client Refused				
Data not collected				



Total	3	3	0	0	
25e - Physical and Mental Health Conditions - Veterans					
	Conditions at Start	Conditions at Latest Assessment for Stayers	Conditions at Exit for Leavers		
Mental Health Problem	3	2	1		
Alcohol Abuse	0	0	0		
Drug Abuse	0	0	0		
Both Alcohol and Drug Abuse	1	0	1		
Chronic Health Condition	3	2	1		
HIV/AIDS	0	0	0		
Development Disability	1	0	1		
Physical Disability	1	1	0		
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)		
Number of Veterans by Income Category					
Veterans with Only Earned Income (i.e., Employment Income)	1	0	0		
Veterans with Only Other Income	1	0	0		
Veterans with Both Earned and Other Income	0	0	0		
Veterans with No Income	1	0	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		1			
Number of veterans without required annual assessment		1			
Total Veterans	3	2	1		
25g - Type of Cash Income Sources - Veterans					
	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers		
Earned Income	1	0	0		
Unemployment Insurance	0	0	0		
Supplemental Security Income (SSI)	0	0	0		
Social Security Disability Insurance (SSDI)	0	0	0		
VA Service - Connected Disability Compensation	0	0	0		
VA Non-Service Connected Disability Pension	0	0	0		
Private Disability Insurance	0	0	0		
Worker's Compensation	0	0	0		
Temporary Assistance for Needy Families (TANF)	0	0	0		
General Assistance (GA)	0	0	0		
Retirement Income from Social Security	0	0	0		
Pension or retirement income from a former job	0	0	0		
Child Support	0	0	0		
Alimony and other spousal support	0	0	0		
Other Source	1	0	0		
Veterans with Income Information at Start and Annual Assessment/Exit		0	0		
25h - Type of Non-Cash Benefit Sources - Veterans					
	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers		
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	1	0	0		
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	0	0		
TANF Child Care Services	0	0	0		
TANF Transportation Services	0	0	0		
Other TANF-Funded Services	0	0	0		
Other Source	0	0	0		
25i - Exit Destination - Veterans					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0

Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	0	0	0	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
<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)	1	1	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	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>1</b>	<b>1</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%

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

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	16	16	0	0	0
Not Chronically Homeless	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>16</b>	<b>0</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	16	16	0	0	0
Not Chronically Homeless	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>16</b>	<b>0</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	11	11	0	0	0
Female	5	5	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>16</b>	<b>16</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>26d - Age of Chronically Homeless Persons</b>					
	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
0 - 17	0		0	0	0
18 - 24	1	1	0		0
25 - 34	2	2	0		0
35 - 44	3	3	0		0
45 - 54	2	2	0		0
55 - 61	5	5	0		0
62 +	3	3	0		0
Client Doesn't Know/Client Refused	0	0	0		0
Data not collected	0	0	0		0
<b>Total</b>	<b>16</b>	<b>16</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

	<b>Conditions at Start</b>	<b>Conditions at Latest Assessment for Stayers</b>	<b>Conditions at Exit for Leavers</b>
Mental Health Problem	12	8	3
Alcohol Abuse	1	1	0
Drug Abuse	1	1	0
Both Alcohol and Drug Abuse	4	1	3
Chronic Health Condition	8	8	3
HIV/AIDS	2	2	0
Development Disability	3	1	2
Physical Disability	7	7	1

**26f - Client Cash Income - Chronically Homeless Persons**

	<b>Number of Chronically Homeless Persons at Start</b>	<b>Number of Chronically Homeless Persons at Annual Assessment (Stayers)</b>	<b>Number of Chronically Homeless Persons at Exit (Leavers)</b>
<b>Number of Chronically Homeless Persons by Income Category</b>			
Chronically Homeless Persons with Only Earned Income (i.e., Employment Income)	2	0	0
Chronically Homeless Persons with Only Other Income	9	4	2
Chronically Homeless Persons with Both Earned and Other Income	0	0	0
Chronically Homeless Persons with No Income	5	1	2
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		4	
Number of Chronically Homeless Persons without required annual assessment		3	
<b>Total Chronically Homeless Persons</b>	<b>16</b>	<b>12</b>	<b>4</b>

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

	<b>Income at Start</b>	<b>Income at Latest Annual Assessment for Stayers</b>	<b>Income at Exit for Leavers</b>
Earned Income	2	0	0
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	6	3	2
Social Security Disability Insurance (SSDI)	2	2	0
VA Service - Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	0	0	0
General Assistance (GA)	0	0	0
Retirement Income from Social Security	0	0	0
Pension or retirement income from a former job	0	0	0
Child Support	0	0	0
Alimony and other spousal support	0	0	0
Other Source	1	0	0
Chronically Homeless Persons with Income Information at Start and Annual Assessment/Exit		3	2

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

	<b>Benefit at Latest Annual Assessment for</b>	<b>Benefit at Exit</b>
--	--	------------------------

		Benefit at Start	Stayers	for Leavers	
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)		9	4	1	
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)		0	0	0	
TANF Child Care Services		0	0	0	
TANF Transportation Services		0	0	0	
Other TANF-Funded Services		0	0	0	
Other Source		0	0	0	
27a - Age of Youth					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
12 - 17	0		0	0	0
18 - 24	1	1	0		0
Client Doesn't Know/Client Refused					
Data not collected					
Total	1	1	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	1	1	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
Total	1	1	0	0	0
27d - Living Situation - Youth					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Homeless Situations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Place not meant for habitation	1	1	0	0	0
Safe Haven	0	0	0	0	0
Interim Housing	0	0	0	0	0
Subtotal	1	1	0	0	0
Institutional Settings					
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Foster care home or foster care group home	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Locations					
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other housing subsidy (Including RRH)	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Staying or living in a friend's room, apartment or house	0	0	0	0	0
Staying or living in a family member's room, apartment or house	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Subtotal	0	0	0	0	0
Total	1	1	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	1	0	1
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>	<b>1</b>	<b>0</b>	<b>1</b>

**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>	<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%

12:31



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## COMMUNITY REBUILDERS, INC.

### Grant Information

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Menu → Portfolio → Grant Information

Grant: MI0315L5F061606 (SNAP) Special Needs Assistance

General Budget Vouchers

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> 123,748.00
<b>COMMUNITY REBUILDERS, INC.</b> 1136 Wealthy St SE Grand Rapids, MI 49506-1543	<b>Tax ID:</b> 38-3094108 ✓ Matches contractual org.	<b>Effective Date:</b> 08-15-2017	<b>Contracted:</b> 123,748.00
<b>Payee Organization:</b> - same as contractual-	<b>COMMUNITY REBUILDERS</b> 1120 MONROE AVE NW STE 220 GRAND RAPIDS, MI 49503-1038	<b>Expiration Date:</b> 01-31-2019	<b>LOCCS Authorized</b>
	<b>Region:</b> 05 - MID WEST	<b>Term (months):</b> 12	<b>Authorized:</b> 123,748.00
	<b>Office:</b> 28 - MICHIGAN STATE OFC.	<b>Operating Start:</b> 02-01-2018	<b>Disbursed:</b> 123,748.00
			<b>In process:</b> 0.00
			<b>Balance:</b> 0.00

#### Contract Status:

Annual Performance Rpt covering 02-01-2018 to 01-31-2019, due 05-01-2019


[Privacy Statement](#)

## Before Starting the Project Application

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

### Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 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:** MI0315

**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 38-3094108  
(EIN/TIN):

	c. Organizational DUNS:	948960398	PLUS 4	
--	-------------------------	-----------	--------	--

### 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:** LOFT

948960398  
172488

**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** CoC Program  
**Title:**

**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:** LOFT

**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:** 02/01/2020

**b. End Date:** 01/31/2021

**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:** 08/19/2019

**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:** \$137,624.00

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, city and state) of the project or activity:** LOFT 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

948960398

**Project:** LOFT

172488

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.**

☒

**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.

Yes

2. Is this the Stand-alone Renewal (Expansion) project application or the Combined Renewal Expansion project application?

Stand-Alone Renewal Expansion

2a. Input the name and grant number of the combined renewal expansion

**Combined Renewal Expansion Project Name:** LOFT Combined

**combined Renewal Expansion PIN Number:** MI0315

## 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** MI0315  
**expiring grant:**

(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:** LOFT

**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** No  
**properties that have been conveyed through**  
**the Title V process?**

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

## 3B. Project Description

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

LOFT (Long-Term Opportunities for Tenancy) is a PSH project providing scattered site leasing assistance and support services for chronically homeless persons. Services are provided using a strengths-based, housing first model with the goal of assisting project participants to maintain permanent housing and increase their self-sufficiency. The project has the benefit of offering leasing assistance which is particularly helpful in a community by allowing Community Rebuilders to hold the lease and the program participant to have a sublease. This can be necessary when seeking out a rental unit for persons who have been chronically homeless as local landlords can be reluctant to offer a lease to persons who have histories common within this population. LOFT uses a community-based Housing Resource Specialist (HRS) support services model and receives referrals from coordinated entry. The HRS engages participants through outreach activities on the streets and in the local missions, further promoting access to the LOFT program for those who are difficult to reach and have minimal contact with homeless service providers. Through use of the strengths-based housing-first HRS model this project ensures that this most vulnerable population receives the most cost-effective intervention by immediately linking the participant to stable housing of their choice within the private rental market. Participants benefit from the opportunity to engage in pre-tenancy planning to select housing in the areas that are most convenient for them. This model promotes voluntary service engagement and results in participants having greater ability to adhere to lease requirements and accomplish their goals for improved self-sufficiency. HRS's assist households by completing an assessment to identify housing history, past strengths, barriers to housing, what worked well in previous housing situations and what hindered their ability to maintain housing. HUD required HQS 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. 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. Participants are assisted to identify mainstream resources and entitlement benefits for which they are eligible and linkages are made to employment services when desired. Participants and HRS's create a comprehensive housing plan that includes ongoing budget and financial planning as needed. Participants are encouraged to identify goals and objectives that meet their personal needs to increase their income and ability to live independently and are supported in achieving their goals.

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

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

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

**Other:**

**3. Housing First**

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

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

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

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

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

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

**approach?**

### 3C. Dedicated Plus

#### Dedicated and DedicatedPLUS

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

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

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

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

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



## 4A. Supportive Services for Participants

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	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:** 11

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. 11  
Beds" are dedicated to the chronically  
homeless?

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 St 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 represen ted 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 represen ted by listed subpopu lations
Adults over age 24	10		0	0	0	0	0	0	0	0
Persons ages 18-24	1	0	0	0	0	0	0	0	0	0
<b>Total Persons</b>	11	0	0	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 represen ted 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:		\$91,334	
Grant Term:		1 Year	
Total Request for Grant Term:		\$91,334	
Total Units:		11	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
MI - Grand Rapids...	11	\$91,334	\$91,334



## Leased Units Budget Detail

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

**Metropolitan or non-metropolitan** MI - Grand Rapids-Wyoming, MI HUD Metro  
**fair market rent area:** 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	\$91,334
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$91,334

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:	\$11,573
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$11,573

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 income is generated from the tenants contribution toward rent

- 1b. Estimate the amount of program income \$11,573  
that will be used as Match for this project:

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Program Income	08/13/2019	\$11,573

## 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: 08/13/2019
6. Value of Written Commitment: \$11,573

## 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	\$91,334
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$12,578
4. Operating	\$25,939
5. HMIS	\$0
6. Sub-total Costs Requested	\$129,851
7. Admin (Up to 10%)	\$7,773
8. Total Assistance plus Admin Requested	\$137,624
9. Cash Match	\$11,573
10. In-Kind Match	\$0
11. Total Match	\$11,573
12. Total Budget	\$149,197

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment	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"/>

**Applicant:** Community Rebuilders

948960398

**Project:** LOFT

172488

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):**

3B - updated narrative

**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
1D. SF-424 Congressional District(s)	08/19/2019
Renewal Project Application FY2019	Page 46
	08/23/2019

<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>2A. Subrecipients</b>	No Input Required
<b>3A. Project Detail</b>	08/12/2019
<b>3B. Description</b>	08/22/2019
<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>	08/13/2019
<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>	08/22/2019



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.

Sincerely,



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.salusich.org](http://www.salusich.org)

Drum Peddie, General  
P. Bradford Bailey, Regional Commander  
John E. Turner, International Commander

"THERE IS NO REWARD EQUAL TO THAT OF DOING THE MOST GOOD 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. Provide documentation of any refusals.	<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 individuals 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 Specialist 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 program's mission and goals were provided for households that are 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 enters the program within the rapid rehousing or permanent housing intervention range, Community Rebuilders HCC staff provide financial assistance to the household. 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 hosting a weekly group on housing every Wednesday. This is an opportunity for past visitors to share their story and help other visitors in HCC locate safe, affordable housing.			
9. Do program records document that progress notes are reflective of case management services 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, responsible for the program the household is linked to, records the visitor's case plan(s) and case notes in a visitor file. These notes are then reviewed 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 Klap is also a member of the Steering Committee and is a very active member.			

**C. EMERGENCY SHELTER**

1. Does the emergency shelter adhere to 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 CoC's only shelter, 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 8:00 p.m. until 8:00 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 and 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 HCC is a low barrier facility to ensure that individuals have equal access to services. The HCC is a low barrier facility, however, if there is a need of immediate shelter as long as the household is able to provide documentation of need.			

4. Were a minimum of two (2) meals made available to individuals (supper meal in the evening and a breakfast meal in the morning)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Describe the Basis for Conclusion: 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.			

D. COST ALLOWABILITY

1. Does a sample of reimbursement requests indicate that expenditures were for eligible costs and supported by adequate documentation (daily sign-in sheets, MSHMIS billing report, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Describe the Basis for Conclusion: 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 corrections are needed, they are submitted in a timely manner.			

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?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Describe the Basis for Conclusion: The shelter provider submits the monthly ESP billing on or before the 10 <sup>th</sup> of each month.			

3. Does the shelter provider have an alternate billing plan in the event that the regular reimbursement request is delayed or not submitted in a timely manner?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Describe the Basis for Conclusion: Several staff members are able to submit the billing on behalf of the regular designated staff member if needed.			

4. Does the shelter provider have a process in place to ensure that the shelter provider will submit reimbursement requests in a consistent manner during the billing cycle?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Describe the Basis for Conclusion: The shelter provider has a consistent process for submitting reimbursement requests.			

E. MISCELLANEOUS

5. Are there any outstanding checks prior to employment or working with clients?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Describe the Basis for Conclusion: All staff are subject to background checks prior to employment.			

The shelter provider is a low barrier, judgment free environment for homeless individuals in Kent County to work diligently on achieving housing goals. Staff are very supportive and provide services and resources that help support households seeking housing in the region.

There is no follow-up action required at this time.