

## 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 and the FY 2019 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, 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).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.

## 1A. SF-424 Application Type

**1. Type of Submission:**

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

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

**If "Other", specify:**

**3. Date Received:** 08/23/2019

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** Community Rebuilders

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

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

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

**Street 2:**

**City:** Grand Rapids

**County:** Kent

**State:** Michigan

**Country:** United States

**Zip / Postal Code:** 49503

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:**

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

**Prefix:** Ms.

**First Name:** Anna

**Middle Name:**

**Last Name:** Diaz

**Suffix:**

**Title:** Chief Operating Officer

**Organizational Affiliation:** Community Rebuilders

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

**Applicant:** Community Rebuilders  
**Project:** PACT (Partners Achieving Change Together)

948960398  
178743

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

## 1C. SF-424 Application Details

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

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

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

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6300-N-25

**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

## 1D. SF-424 Congressional District(s)

**14. Area(s) affected by the project (state(s) only):** Michigan  
(for multiple selections hold CTRL key)

**15. Descriptive Title of Applicant's Project:** PACT (Partners Achieving Change Together)

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

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

**17. Proposed Project**

**a. Start Date:** 06/01/2020  
**b. End Date:** 05/31/2021

**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?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- If "YES", enter the date this application was made available to the State for review:**

- 20. Is the Applicant delinquent on any Federal debt?** No
- If "YES," provide an explanation:**

## 1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: ☒

### 21. Authorized Representative

**Prefix:** 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:** \$418,404.00

(Requested amounts will be automatically entered within applications)

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

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

**Part I Threshold Determinations**

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

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

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

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

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

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

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

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

### Certification

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

I certify that 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:** 08/23/2019

## 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;	

### 2. Sites for Work Performance.

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

**I certify that the information provided on this form and in any accompanying**

X

**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.**

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

### **Authorized Representative**

**Prefix:** Mrs.

**First Name:** Vera

**Middle Name:** Jean

**Last Name:** Beech

**Suffix:**

**Title:** Executive Director

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

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

**Email:** vbeech@communityrebuilders.org

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

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

## **CERTIFICATION REGARDING LOBBYING**

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

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

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

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

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

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

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

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

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

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

X

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

**Applicant's Organization:** Community Rebuilders

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

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

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

## 1J. SF-LLL

**DISCLOSURE OF LOBBYING ACTIVITIES**  
**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.**  
**Approved by OMB0348-0046**

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

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

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

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

**Legal Name:** Community Rebuilders

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

**Street 2:**

**City:** Grand Rapids

**County:** Kent

**State:** Michigan

**Country:** United States

**Zip / Postal Code:** 49503

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

**I certify that this information is true and complete.**

X



**Authorized Representative**

**Prefix:** Mrs.  
**First Name:** Vera  
**Middle Name:** Jean  
**Last Name:** Beech  
**Suffix:**  
**Title:** Executive Director  
**Telephone Number:** (616) 458-5102  
**(Format: 123-456-7890)**  
**Fax Number:** (616) 458-8788  
**(Format: 123-456-7890)**  
**Email:** vbeech@communityrebuilders.org  
**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.  
**Date Signed:** 08/23/2019

## 2A. Project Subrecipients

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

**Total Expected Sub-Awards: \$63,000**

Organization	Type	Sub-Award Amount
Safe Haven Ministries, Inc	M. Nonprofit with 501C3 IRS Status	\$63,000

## 2A. Project Subrecipients Detail

**a. Organization Name:** Safe Haven Ministries, Inc

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

**c. Employer or Tax Identification Number:** 38-2947328

	* d. Organizational DUNS:	883086162	PLUS 4:	
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**e. Physical Address**

**Street 1:** 2627 Birchcrest Dr., SE

**Street 2:**

**City:** Grand Rapids

**State:** Michigan

**Zip Code:** 49506

**f. Congressional District(s):** MI-003, MI-002  
(for multiple selections hold CTRL key)

**g. Is the subrecipient a Faith-Based Organization?** Yes

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

**i. Expected Sub-Award Amount:** \$63,000

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Holly

**Middle Name:**

**Last Name:** Wilson

**Suffix:**

**Title:** Director of Client Services

**E-mail Address:** hwilson@safehavenministries.org

**Confirm E-mail Address:** hwilson@safehavenministries.org

**Phone Number:** 616-452-6664

**Extension:**

**Fax Number:**

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

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

Community Rebuilders has 25 years of experience effectively using federal funds and performing the types of activities proposed in this application. The lengthy track record of Community Rebuilders managing all aspects and phases of project administration from planning to deliverables has been evidenced in the success of all projects initiated. Community Rebuilders (CR) has been a leader both nationally and locally designing and implementing RRH programs since 2007. Community Rebuilders' early success with rapid rehousing resulted in all rapid rehousing services funded by HPRP for Kent County being delivered by Community Rebuilders Housing Resource Specialist. Within HPRP programming alone, 712 households were provided rapid rehousing assistance and 95% of the households served exited with permanent housing. In this highly audited project CR was praised by HUD for its implementation and project design to verify eligibility and conduct re-certifications. This was significant, as many HPRP providers across the county struggled with requirement and audit findings while we had none. 28 days was the average length of time to rehouse a household with HPRP assistance. In an average year Community Rebuilders rapidly rehoused approximately 400 households, while producing outcomes that exceed national benchmarks. The National Alliance to End Homelessness has enlisted Community Rebuilders to train others across the county on our model of rapid rehousing. Community Rebuilders is currently highlighted on webinars and within annual conference materials on the National Alliance to End Homelessness website. Community Rebuilders developed and implemented the first rapid rehousing programs in Kent County and developed the strengths based Housing Resource Specialist model that is used by the National Alliance to End Homelessness as an example of how to effectively provide home based voluntary services in rapid rehousing programs. Federal funds currently administered successfully by Community Rebuilders include CoC funding for PSH,RRH and joint TH-RRH, and VA funding for the VRS program, SSVF program and Grant Per Diem program, Home Program- Tenant Based Rental Assistance and ESG.

For the past 29 years, Safe Haven Ministries has provided services to victims of intimate partner violence including emergency safe shelter, case management, residential and nonresidential advocacy-based counseling, legal advocacy, group support, children's programming, prevention and education services, and connection to local organizational partners for temporary and permanent housing, employment services and legal council. Since moving to a new facility in December 2018, Safe Haven's emergency safe shelter has become the largest of its kind in the county, with 14 rooms and up to 56 beds. The organization has effectively managed a wide array of private sector funding, including gifts from foundation partners, businesses, individuals, and faith communities. In October 2019, Safe Haven will receive its first federal funding through the Sexual Violence Prevention initiative through the Michigan

Department of Health and Human Services.

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

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

In 2018, Safe Haven successfully completed a \$5.5 million capital campaign, leveraging community support and private sector funding to build a single-site, 20,800 square foot building, incorporating emergency safe shelter, nonresidential support services, and prevention and education services all under one roof. This organizational model has significantly increased community awareness while encouraging staff collaboration and prioritizing client safety and confidentiality. Beginning in October 2019, Safe Haven Ministries will receive its first federal funding through the Department of Health and Human Services for the Sexual Violence Prevention grant.

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

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

Safe Haven Ministries' Board of Directors and staff are united by and committed fully to the organization's mission to end domestic abuse. Safe Haven's Executive Director works closely with and is held accountable by the Board of Directors to ensure successful implementation of strategic plans, organizational controls and transparency. In addition to the Executive Director, the organization's leadership team is comprised of the Director of Development, who manages finances and reporting and sustainability, the Director of Client Services, who manages all residential and nonresidential services, and the Director of Prevention and Education, who manages all community education and training. Safe Haven also partners in the community to remove or reduce barriers to service for domestic violence survivors and prevent future violence, serving as members and leaders of the Sexual Assault Prevention Action Team (SAPAT) and the Domestic Violence Community Coordinated Response Team (DVCCRT).

Safe Haven contracts with an external Accounting Firm for accounting services, and all organization financial documentation follows Generally Accepted Accounting Principles (GAAP). A secondary external Certified Public Accountant conducts an annual Financial Statement Audit and an A-133 Single Audit. Safe Haven has appropriate controls in place to ensure appropriate/eligible use of funds, and utilizes an automated accounting system capable of tracking expenditures to grants by cost categories.

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

## 3A. Project Detail

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

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

**2. Project Name:** PACT (Partners Achieving Change Together)

**3. Project Status:** Standard

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

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

**6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA).** No

**7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?** ☒

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



## 3B. Project Description

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

Community Rebuilders (CR) and Safe Haven Ministries (SHM) are applying for the TH and PH-RRH Joint Component DV Bonus funding. This partnership combines the DV expertise of SHM in serving survivors of intimate partner violence through a range of trauma informed comprehensive services with the expertise of CR in helping households access and maintain permanent housing through a Housing First and strengths based model. Both agencies have collaborated in providing housing opportunities for survivors of domestic violence. This project is dedicated to serve victims of DV who lack the resources to maintain permanent housing when fleeing abuse. The TH component will provide immediately access to crisis housing. Survivors can transition into housing of their choosing utilizing their own resources or access the RRH component of the project to support their move into permanent housing. SHM DV services will be available throughout the program, and indefinitely afterwards, based on the survivors desire. This project offers short or medium term rental assistance and case management services that meet the needs of households. This project will have a low barrier intake process and accept survivors with a variety of barriers to housing stability including substance abuse, criminal history, and zero income. Screening and assessment will be conducted by coordinated entry(CE). Survivors lacking a safe place to stay, or who are living on the streets or in shelters and lack the financial resources and support networks to obtain housing on their own will be prioritized for this project. All survivors will be assisted with obtaining housing in the private rental market and securing a lease in the neighborhood of their choice. All units will meet HUD HQS and rent reasonableness will be the applicable rent standard. Participants will receive services from a Housing Resource Specialist (HRS) and linkage to voluntary DV services as desired by the survivor, including but not limited to connection to mainstream benefits, mental health services, employment, income and educational assistance, safety planning, counseling, legal advocacy and service linkage assistance. From January - August 2019, CE identified 199 individuals seeking housing assistance and disclosed fleeing domestic violence. In FY19, SHM responded to 2387 crisis calls from survivors seeking support, a significant number related to housing instability due to the abuse they were experiencing. SHM served 159 survivors in emergency safe shelter who upon exiting were seeking housing assistance. Client feedback surveys indicate that upon exiting shelter housing resources is the number one identified need. Often survivors are seeking to remain independent of their abusive relationship, but due to housing barriers often end up experiencing homelessness or exiting back into unsafe relationships to meet their housing need. We expect outcomes of this project to be similar to our other highly successful TH-RRH projects.

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

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

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

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

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

**\* 4. Please identify the project's specific population focus.**  
**(Select ALL that apply)**

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

### 5. Housing First

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

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

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

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

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

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

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

NA

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

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

## 3C. Project Expansion Information

1. Is this New project application requesting a “Project Expansion” of an eligible renewal project of the same component type? No

## 4A. Supportive Services for Participants

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

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

X

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

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

### **3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?**

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

income and ability to live independently and are supported in achieving their goals. The continuum of services available in our community will be made available to survivors, in particular: Safe Haven provides transportation and resource connection for survivors to access Goodwill Industries of West Michigan and Michigan Works! who offer a range of employment services including job/interviewing training, employment training programs, access to computers and staff for resume building skills. Mercantile Bank presents to each of our psychoeducational groups once per cycle to increase participant financial literacy related to budgeting, understanding the basics of banking and how to build and repair credit. The range of supportive employment and financial supports helps survivors to be better positioned to enter the job market with employable skills and a reduction in barriers to access employment. Survivors of domestic violence, who have extensive trauma histories, often struggle with gaining and maintaining employment or education due to the control that existed in their relationships. Children who witness abuse in their home may also exhibit trauma symptoms, which presents an additional challenge to survivors seeking stable employment while simultaneously meeting the demands of their children. Abusive partners often use tactics of control such as isolation, stalking, interfering with a survivor's place of employment and using children as a reason to pull a survivor away from their place of employment. Safe Haven and Community Rebuilders understand that survivors often need ongoing and unique supports when they leave an abusive relationship. For some survivors, additional emotional support as well as tangible supports around childcare, mental health, employment and legal guidance may be needed to increase the likelihood that a survivor will be able to live a life safely and independent of their abuser. Safe Haven advocates have the expertise to provide the trauma informed domestic violence education, support and resource connection to address a survivor's unique barriers to success. Safe Haven offers all survivor centered services free of charge to participants for as long as a survivor chooses to meaningfully engage.

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

Supportive Services		Provider	Frequency
Assessment of Service Needs		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		Subrecipient	As needed
Life Skills Training		Applicant	As needed
Mental Health Services		Subrecipient	As needed
Outpatient Health Services		Non-Partner	As needed
Outreach Services		Subrecipient	As needed

Substance Abuse Treatment Services
Transportation
Utility Deposits

Non-Partner	As needed
Applicant	As needed
Applicant	As needed

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



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

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

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

**6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.** Yes

## 4B. Housing Type and Location

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

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

	TH	RRH	Total
Total Units:	4	19	23
Total Beds:	16	41	57
Housing Type	Housing Type (JOINT)	Units	Beds
---	Shared housing	2	8
---	Scattered-site ap...	19	41
---	Shared housing	2	8



## 4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

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

2. Housing Type: Shared housing

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

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

a. Units: 2

b. Beds: 8

### 5. Address

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

**Street 1:** 1120 Monroe Ave NW

**Street 2:** Suite 220

**City:** Grand Rapids

**State:** Michigan

**ZIP Code:** 49503

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

262544 Grand Rapids, 266624 Wyoming,  
269081 Kent County

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

**The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.**

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

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

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

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

**a. Units:** 19

**b. Beds:** 41

### **5. Address**

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

**Street 1:** 1120 Monroe Ave NW

**Street 2:** Suite 220

**City:** Grand Rapids  
**State:** Michigan  
**ZIP Code:** 49503

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

262544 Grand Rapids, 266624 Wyoming,  
269081 Kent County

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

**The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.**

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

**2. Housing Type:** Shared housing

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

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

- a. Units:** 2  
**b. Beds:** 8

### **5. Address**

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

**Street 1:** Anonymous

**Street 2:**

**City:** Grand Rapids

**State:** Michigan

**ZIP Code:** 49503

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

262544 Grand Rapids, 266624 Wyoming,  
269081 Kent County

## 5A. Project Participants - Households

**Households Table**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	17	2	0	19
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	13	1		14
Persons ages 18-24	4	1		5
Accompanied Children under age 18	22		0	22
Unaccompanied Children under age 18			0	0
Total Persons	39	2	0	41

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

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

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24							13			
Persons ages 18-24							4			
Children under age 18							22			
Total Persons	0	0	0	0	0	0	39	0	0	0

Click Save to automatically calculate totals

### Persons in Households without Children

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

Click Save to automatically calculate totals

### Persons in Households with Only Children

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

## 6A. Funding Request

**1. Will it be feasible for the project to be under grant agreement by September 30, 2021?** Yes

**2. What type of CoC funding is this project applying for in the 2019 CoC Competition?** DV Bonus

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

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

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

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

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

**6. If awarded, will this project require an initial grant term greater than 12 months?** No

## 6C. Leased Units

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

Total Annual Assistance Requested:			\$14,700
Grant Term:			1 Year
Total Request for Grant Term:			\$14,700
Total Units:			1
FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
MI - Grand Rapids...	1	\$14,700	\$14,700



## Leased Units Budget Detail

### Instructions:

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

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

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

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

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

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

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

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

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

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

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

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

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

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


### Leased Units Annual Budget

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Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO		x	\$440		x	12	=	\$0
0 Bedroom		x	\$587		x	12	=	\$0
1 Bedroom		x	\$713		x	12	=	\$0
2 Bedroom		x	\$878		x	12	=	\$0
3 Bedroom	1	x	\$1,225	\$1,225	x	12	=	\$14,700
4 Bedroom		x	\$1,383		x	12	=	\$0
5 Bedroom		x	\$1,590		x	12	=	\$0
6 Bedroom		x	\$1,798		x	12	=	\$0
7 Bedroom		x	\$2,005		x	12	=	\$0
8 Bedroom		x	\$2,213		x	12	=	\$0
9 Bedroom		x	\$2,420		x	12	=	\$0
Total units and annual assistance requested:	1							\$14,700
Grant term:								1 Year
Total request for grant term:								\$14,700

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

## 6D. Leased Structures Budget

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

Total Annual Assistance Requested:			\$3,000
Grant Term:			1 Year
Total Request for Grant Term:			\$3,000
Total Structures:			1
Structure Name	HUD Paid Rent	Total Annual Assistance Requested	Total Assistance Requested
Housing Connectio...	\$250	\$3,000	\$3,000



## Leased Structures Budget Detail

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

HUD Paid Rent (per Month):	\$250
12 Months:	12
Total Annual Assistance Requested:	\$3,000
Grant Term:	1 Year
Total Request for Grant Term:	\$3,000

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

## 6E. Rental Assistance Budget

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

Total Request for Grant Term:			\$212,676
Total Units:			19
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MI - Grand Rapids-Wyoming, MI HUD Met...	19	\$212,676

## Rental Assistance Budget Detail

### Instructions:

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

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

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

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

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

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

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

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

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

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

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

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

**Type of Rental Assistance:** TRA

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

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

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	12 Months	Total Request (Applicant)
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<b>SRO</b>		x	\$440	x	12	=	\$0
<b>0 Bedroom</b>		x	\$587	x	12	=	\$0
<b>1 Bedroom</b>		x	\$713	x	12	=	\$0
<b>2 Bedrooms</b>	16	x	\$878	x	12	=	\$168,576
<b>3 Bedrooms</b>	3	x	\$1,225	x	12	=	\$44,100
<b>4 Bedrooms</b>		x	\$1,383	x	12	=	\$0
<b>5 Bedrooms</b>		x	\$1,590	x	12	=	\$0
<b>6 Bedrooms</b>		x	\$1,798	x	12	=	\$0
<b>7 Bedrooms</b>		x	\$2,005	x	12	=	\$0
<b>8 Bedrooms</b>		x	\$2,213	x	12	=	\$0
<b>9 Bedrooms</b>		x	\$2,420	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	19						\$212,676
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$212,676

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

## 6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs	assessment of service needs	\$5,000
2. Assistance with Moving Costs		
3. Case Management	1.5 FTE HRS + benefits, supervisor time @\$2500	\$79,500
4. Child Care		
5. Education Services	client tuition 3 students @ \$400	\$1,200
6. Employment Assistance	skill building education, employment assistance stipends 10@ \$200	\$2,000
7. Food	food for housing search groups	\$1,000
8. Housing/Counseling Services	.50 FTE Housing Counselor	\$26,000
9. Legal Services		
10. Life Skills	supplies for 12 life skills groups	\$2,305
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services	outreach services	\$3,000
14. Substance Abuse Treatment Services		
15. Transportation	staff travel @ \$1500, 105 monthly bus passes \$47	\$6,535
16. Utility Deposits	emergency utility deposits \$250 for 4 HH's	\$1,000
17. Operating Costs	office supplies, furniture	\$4,500
<b>Total Annual Assistance Requested</b>		<b>\$132,040</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$132,040</b>

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



## 6G. Operating

### Instructions:

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

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	cleaning, cleaning supplies, maintenance and repair @ 18/hr	\$10,000
2. Property Taxes and Insurance	property taxes and insurance	\$1,000
3. Replacement Reserve		
4. Building Security	building security	\$1,000
5. Electricity, Gas, and Water	electric/gas/water for TH units	\$5,000
6. Furniture	table, bed frames, chairs, dressers for TH units	\$2,000
7. Equipment (lease, buy)	program portion of copier/printer, phones at CR and Safe Haven	\$2,000
Total Annual Assistance Requested		\$21,000
Grant Term		1 Year
Total Request for Grant Term		\$21,000

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

## 6H. HMIS Budget

### Instructions:

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment	1 computer	\$1,500
2. Software		
3. Services		
4. Personnel	HMIS .07 FTE data specialist + benefit	\$3,500
5. Space & Operations	office space, connectivity, supplies	\$700
<b>Total Annual Assistance Requested:</b>		\$5,700
<b>Grant Term:</b>		1 Year
<b>Total Request for Grant Term:</b>		\$5,700

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

## 6I. Sources of Match

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

### Summary for Match

Total Value of Cash Commitments:	\$0
Total Value of In-Kind Commitments:	\$100,176
Total Value of All Commitments:	\$100,176

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

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Private	Safe Haven	08/23/2019	\$100,176

## Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: In-Kind
3. Type of source: Private
4. Name the source of the commitment: Safe Haven  
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/23/2019
6. Value of Written Commitment: \$100,176

**Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**

## 6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$14,700	1 Year	\$14,700
2b. Leased Structures	\$3,000	1 Year	\$3,000
3. Rental Assistance	\$212,676	1 Year	\$212,676
4. Supportive Services	\$132,040	1 Year	\$132,040
5. Operating	\$21,000	1 Year	\$21,000
6. HMIS	\$5,700	1 Year	\$5,700
7. Sub-total Costs Requested			\$389,116
8. Admin (Up to 10%)			\$29,288
9. Total Assistance Plus Admin Requested			\$418,404
10. Cash Match			\$0
11. In-Kind Match			\$100,176
12. Total Match			\$100,176
13. Total Budget			\$518,580

Click the 'Save' button to automatically calculate totals.

## 7A. Attachment(s)

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

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## 7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		



## Attachment Details

### Document Description:

## 7D. Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

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

**15-Year Operation Rule.**

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

**1-Year Operation Rule.**

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

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

**Name of Authorized Certifying Official:** 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**

X

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

☐

**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.**

☒

## 8B. Submission Summary

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

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

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**Complete.**

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/21/2019
1E. SF-424 Compliance	08/21/2019
1F. SF-424 Declaration	08/21/2019
1G. HUD 2880	08/21/2019
1H. HUD 50070	08/21/2019
1I. Cert. Lobbying	08/21/2019
1J. SF-LLL	08/21/2019
2A. Subrecipients	08/23/2019
2B. Experience	08/23/2019
3A. Project Detail	08/23/2019
3B. Description	08/23/2019
3C. Expansion	08/21/2019
4A. Services	08/22/2019
4B. Housing Type	08/23/2019
5A. Households	08/22/2019
5B. Subpopulations	No Input Required
6A. Funding Request	08/21/2019
6C. Leased Units	08/22/2019
6D. Leased Structures	08/22/2019
6E. Rental Assistance	08/22/2019
6F. Supp Srvcs Budget	08/22/2019
6G. Operating	08/22/2019

<b>6H. HMIS Budget</b>	08/21/2019
<b>6I. Match</b>	08/23/2019
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	No Input Required
<b>7A. In-Kind MOU Attachment</b>	No Input Required
<b>7D. Certification</b>	08/23/2019