

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: 08/21/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MI0165

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: The Salvation Army

b. Employer/Taxpayer Identification Number (EIN/TIN): 36-2167910

	c. Organizational DUNS:	125624804	PLUS 4	
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d. Address

Street 1: 1215 Fulton Street East

Street 2:

City: Grand Rapids

County: Kent

State: Michigan

Country: United States

Zip / Postal Code: 49503

e. Organizational Unit (optional)

Department Name: Housing Assessment Program

Division Name: Kent County Social Services

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

Prefix: Ms.

First Name: Amy

Middle Name:

Last Name: Thompson

Suffix:

Title: Grants Contracts

Organizational Affiliation: The Salvation Army

Telephone Number: (616) 459-9468

Applicant: The Salvation Army Kent County MI

44556858

Project: Housing Assessment Program

178585

Extension:

Fax Number: (616) 459-8444

Email: amy.thompson@usc.salvationarmy.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: Housing Assessment Program

16. Congressional District(s):

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

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:

08/09/2018

20. Is the Applicant delinquent on any Federal debt?

No

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE: ☒

21. Authorized Representative

Prefix: Ms.

First Name: Pilar

Middle Name: Joy

Last Name: Meyer-Dunning

Suffix:

Title: Director, Kent County Social Services

Telephone Number: (616) 459-9468
(Format: 123-456-7890)

Fax Number: (616) 459-5372
(Format: 123-456-7890)

Email: pilar.dunning@usc.salvationarmy.org

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

Date Signed: 08/21/2019

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: The Salvation Army

Prefix: Ms.

First Name: Pilar

Middle Name: Joy

Last Name: Meyer-Dunning

Suffix:

Title: Director, Kent County Social Services

Organizational Affiliation: The Salvation Army

Telephone Number: (616) 459-9468

Extension: 1301

Email: pilar.dunning@usc.salvationarmy.org

City: Grand Rapids

County: Kent

State: Michigan

Country: United States

Zip/Postal Code: 49503

2. Employer ID Number (EIN): 36-2167910

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$228,488.00

(Requested amounts will be automatically entered within applications)

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

Housing Assessment Program 1215 Fulton Street East 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
N/A	N/A	\$0.00	N/A
N/A	N/A	0.0	N/A
N/A	N/A	\$0.00	N/A
N/A	N/A	\$0.00	N/A
N/A	N/A	\$0.00	N/A

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
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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 (%)
N/A	N/A	N/A	\$0.00	0%
N/A	N/A	N/A	\$0.00	0%
N/A	N/A	N/A	\$0.00	0%
N/A	N/A	N/A	\$0.00	0%
N/A	N/A	N/A	\$0.00	0%

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: Pilar Meyer-Dunning, Director, Kent County Social Services

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

Date Signed: 08/21/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: The Salvation Army

Program/Activity Receiving Federal Grant CoC Program

Funding:

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: Ms.

First Name: Pilar

Middle Name Joy

Last Name: Meyer-Dunning

Suffix:

Title: Director, Kent County Social Services

Telephone Number: (616) 459-9468
(Format: 123-456-7890)

Fax Number: (616) 459-5372
(Format: 123-456-7890)

Email: pilar.dunning@usc.salvationarmy.org

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

Date Signed: 08/21/2019

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: The Salvation Army

Name / Title of Authorized Official: Pilar Meyer-Dunning, Director, Kent County Social Services

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

Date Signed: 08/21/2019

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: The Salvation Army

Street 1: 1215 Fulton Street East

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: Ms.

First Name: Pilar

Middle Name: Joy

Last Name: Meyer-Dunning

Suffix:

Title: Director, Kent County Social Services

Telephone Number: (616) 459-9468
(Format: 123-456-7890)

Fax Number: (616) 459-5372
(Format: 123-456-7890)

Email: pilar.dunning@usc.salvationarmy.org

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

Date Signed: 08/21/2019

Information About Submission without Changes

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

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

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

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

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

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

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

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

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Expansion

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

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

No



Renewal Grant Consolidation Screen

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

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

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: \$0

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

3A. Project Detail

1. Project Identification Number (PIN) of MI0165
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: Housing Assessment Program

4. Project Status: Standard

5. Component Type: SSO

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

3B. Project Description

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

The Salvation Army's Housing Assessment Program (HAP) serves as the CoC's Coordinated Entry. HAP takes referrals primarily from United Way 211, according to our local protocol, but also receives referrals from other agencies and providers as well as self-referrals. HAP ensures that special populations, such as unaccompanied minors or those experiencing domestic violence, are quickly referred to community experts for additional and/or more specific services. The critical and primary function of Coordinated Entry is to ensure access to the crisis response system in a streamlined way, assessing persons' strengths and needs, prioritizing, and matching persons to appropriate housing and mainstream services. HAP collects and tracks all related information in HMIS and provides the community with regular information regarding trends and gaps within the system. HAP coordinates with multiple systems and agencies to ensure households in a housing crisis are assessed and matched with appropriate housing resources and/or stabilization services. This may include referrals to the Department of Health and Human Services or Community Mental Health services, or other mainstream services. HAP is an active partner within the CoC, which has over 60 member agencies, of which there are about 24 programs that are utilized by coordinated entry for referrals. Referrals from HAP are made to service providers who can offer prevention assistance; Rapid Rehousing assistance; Permanent Supportive Housing; Transitional Housing and/or referral to temporary placements for those who have no immediate options for accommodations. These referrals include both HUD and non-HUD funded programs to ensure coordination among all available resources.

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 checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input type="checkbox"/>

Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

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

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

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

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

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

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

4. Please select the type of SSO Project: Coordinated Entry

4a. Will the coordinated entry process funded in part by this grant cover the CoC's entire Yes

geographic area?

4b. Will the coordinated entry process funded in part by this grant be easily accessible? Yes

4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

HAP has a close working relationship with 211 and utilizes its community connection to direct households in need of housing support to the HAP for screening and assessment. Information regarding HAP services is available via The Salvation Army's website, as well as through presentation made in the community and staff representation at multiple meetings within the system of care for Kent County. HAP maintains weekly walk-in hours, a staffed phone system for housing need requests, and after-hours procedures to ensure emergency coverage. There are also set hours provided by HAP for Intake Specialists to screen and assess homeless households at two neighboring agencies: the Mel Trotter Ministries homeless shelter and the Heartside neighborhood resource center.

4d. Does the coordinated entry process use a comprehensive, standardized assessment process? Yes

4e. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services.

HAP follows policy and procedures for prioritization that are approved by the CoC and is an active member of the Coordinated Assessment committee, working with both HUD and non-HUD funded agencies to ensure that all housing resources are coordinated for referral. HAP utilizes the VI-SPDAT to screen for household need and makes referrals to housing service providers based on program eligibility and availability. In the Coordinated Entry role, HAP maintains a Category 1 homeless registry (for both individuals and families) that assists in prioritizing those who are most vulnerable. This firmly moves service delivery away from a first-come/first-served approach. HAP enters all participant data into HMIS and is developing processes in conjunction with the CoC System Administrator to complete HMIS-based referrals to partnering service providers.

4f. If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth? Yes

6A. Funding Request

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

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No


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

4. Renewal Grant Term: 1 Year

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

Leased Structures	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input checked="" type="checkbox"/>

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$57,122
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$57,122

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	The Salvation Army	08/10/2018	\$57,122

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: The Salvation Army
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/10/2018

6. Value of Written Commitment: \$57,122

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 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	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$192,108
4. Operating	\$0
5. HMIS	\$25,500
6. Sub-total Costs Requested	\$217,608
7. Admin (Up to 10%)	\$10,880
8. Total Assistance plus Admin Requested	\$228,488
9. Cash Match	\$57,122
10. In-Kind Match	\$0
11. Total Match	\$57,122
12. Total Budget	\$285,610

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	Match letter	08/21/2019
3) Other Attachment	No	applicant profile...	08/21/2019

Attachment Details

Document Description:

Attachment Details

Document Description: Match letter

Attachment Details

Document Description: applicant profile hud 2880 not updating in application

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 Pilar Meyer-Dunning

Date: 08/21/2019

Title: Director, Kent County Social Services

Applicant Organization: The Salvation Army

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 type="checkbox"/>
Part 4 - Housing Services and HMIS	
Part 5 - Participants and Outreach Information	
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" 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):

listing other federal funding sources for HUD 2880 only updated in the project applicant section, it did not auto populate in the application per the instructions.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/20/2019
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	08/20/2019
1F. SF-424 Declaration	08/20/2019
1G. HUD-2880	08/21/2019
1H. HUD-50070	08/21/2019

Renewal Project Application FY2019	Page 38	08/21/2019
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1I. Cert. Lobbying	08/20/2019
1J. SF-LLL	08/20/2019
Recipient Performance	08/20/2019
Renewal Expansion	08/20/2019
Renewal Grant Consolidation	08/21/2019
2A. Subrecipients	No Input Required
3A. Project Detail	08/21/2019
3B. Description	08/20/2019
6A. Funding Request	08/20/2019
6D. Match	08/21/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/21/2019
7B. Certification	08/21/2019
Submission Without Changes	08/21/2019



THE SALVATION ARMY

WESTERN MICHIGAN NORTHERN INDIANA DIVISION

BRIAN PEDDLE
General

COMMISSIONER
F. BRADFORD BAILEY
Territorial Commander

MAJOR GLEN M. CADDY
Divisional Commander

August 20, 2019

Ms. Pilar Dunning
Kent County Social Services

Dear Pilar,

This letter is to serve as confirmation that The Salvation Army plans to support the Housing Assessment program by allocating \$57,122 in United Way funds during the HUD Housing Assessment contract year beginning June 1, 2020. These monies will be transferred to the program as funds are received.

If further correspondence is needed, please feel free to contact me.

Sincerely,

Susan Wilson
City Fund Accountant

SPW

DIVISIONAL HEADQUARTERS

Mailing Address:
P.O. Box 2603
Grand Rapids, MI 49501-2603

Street Address:
1215 Fulton Street East
Grand Rapids, MI 49503

p: 616.459.3433
f: 616.356.1021
web: SAWMNI.org

DOING THE MOST GOOD®

"...THERE IS NO REWARD EQUAL TO THAT OF DOING THE MOST GOOD FOR THE MOST PEOPLE IN THE MOST NEED."

— EVANGELINE BOOTH



1. Profile Type

Instructions:

Applicant Profile Type: (required) select one type of applicant based on the application to be completed and submitted to HUD. For organizations that operate as both a CoC applicant and a project applicant, a separate profile must be completed for each role.

- Collaborative applicant - the applicant designated by the CoC lead agency that will submit the CoC application (formerly known as Exhibit 1) on behalf of the CoC.

- Project applicant - an organization submitting one or more project applications (formerly known as Exhibit 2) to request homeless assistance funding under the CoC Program.¿

Applicant Profile Type: Project Applicant

2. Organization Information

Instructions:

Applicant Information: Enter the following related to the applicant organization/lead agency.

Legal Name: (required) enter the legal name of applicant that will submit the CoC application or project application, as appropriate.

Organizational Unit: (optional) enter the name of the primary organizational unit, department, or division for the applicant's legal entity, as applicable.

Organization Type: (required) select the appropriate organization type that identifies the applicant. Nonprofit organization (both public and private) are required to submit to HUD one of the following sources documenting the nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from licensed CPA (see NOFA for conditions); or (4) Letter from authorized state official showing applicant as organized and in good standing as a public nonprofit organization.

Employer/Taxpayer Number (EIN/TIN): (required) enter the employer or taxpayer identification number (EIN or TIN) as assigned by the Internal Revenue Service. If the legal applicant organization is not in the US or is not legally organized, enter 44-4444444.

Organizational DUNS: (required) enter the applicant's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at <http://www.dnb.com>. If the legal applicant organization is not in the US or is not legally organized, enter 444444444.

- Collaborative applicant or project applicant - the DUNS number for the applicant organization is required, in order to complete the Profile and apply for funding. HUD does not award funding to applicants unless a DUNS number has been assigned.

Address: (required) enter the collaborative or project applicant's physical street address 1, street address 2, city, state, and zip code; (optional) also enter the county, province, and country, as applicable. Enter the mailing address, if different from the physical address entered.

Legal Name of Organization: The Salvation Army

Organizational Unit

Department Name: Housing Assessment Program

Division Name: Kent County Social Services

Organization Type: M. Nonprofit with 501C3 IRS Status

Employer or Tax Identification Number: 36-2167910

	Organization DUNS Number:	125624804	DUNS Extension:	
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Address

Applicant Profile	Page 2	08/21/2019
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Street 1: 1215 Fulton Street East

Street 2:

City: Grand Rapids

State: Michigan

Zip/Postal Code: 49503

County: Kent

Country: United States

Is the organization's mailing address the same as the address above? Yes

If no, click 'Save' and enter the mailing address in the fields presented below.

Authorized Representative Contact Information

Instructions:

Authorized Representative: (required) enter the prefix, first name, last name, title, telephone number, and email address of the person authorized to sign legal documents and legally obligate the applicant organization; (required) enter the authorized representative's organizational affiliation, if affiliated with an organization other than the applicant organization; and (optional) enter the middle name, suffix, alternate number, extension, and fax number of the authorized representative.

Prefix: Ms.

First Name: Pilar

Middle Name: Joy

Last Name: Meyer-Dunning

Suffix:

Title: Director, Kent County Social Services

Organizational Affiliation: The Salvation Army

Phone Number: (616) 459-9468

Format: 123-456-7890

Extension: 1301

Alternate Phone Number: (616) 481-8812

Format: 123-456-7890

Extension:

Fax Number: (616) 459-5372

Format: 123-456-7890

E-mail Address: pilar.dunning@usc.salvationarmy.org

Confirm E-mail Address: pilar.dunning@usc.salvationarmy.org

Alternate Contact Information

Instructions:

Alternate Contact: (required) enter the prefix, first name, last name, title, telephone number, and email address of the applicant's alternate contact person; (required) enter the alternate contact's organizational affiliation, if affiliated with an organization other than the applicant organization; and (optional) enter the middle name, suffix, alternate number, telephone number extension, and fax number of the alternate contact.

Prefix: Ms.

First Name: Amy

Middle Name:

Last Name: Thompson

Suffix:

Title: Grants Contracts

Organizational Affiliation: The Salvation Army

Phone Number: (616) 459-9468

Format: 123-456-7890

Extension:

Alternate Phone Number:

Format: 123-456-7890

Extension:

Fax Number: (616) 459-8444

Format: 123-456-7890

E-mail Address: amy.thompson@usc.salvationarmy.org

Confirm E-mail Address: amy.thompson@usc.salvationarmy.org

4. Additional Information

Instructions:

1. Collaborative applicant's or project applicant's congressional district(s): indicate the congressional district(s) in which the applicant organization operates:

- Collaborative applicants - (optional) identifying the congressional districts is optional; however, HUD encourages collaborative applicants to identify the congressional districts located within the CoC geography.

- Project applicants - (required) identify all congressional districts in which the applicant houses or serves homeless persons funded with McKinney-Vento dollars. The district(s) selected will populate all project applications, and will be used to send funding notification to the appropriate Congressional representatives.

2. Is the applicant a faith-based organization?: (required) select the appropriate answer that identifies the applicant organization.

3. Has the applicant ever received a federal grant?: (required) select the appropriate answers that applies to the applicant organization.

4. Is the applicant's code of conduct already on file with HUD?: (required for nonprofit applicants) select the appropriate source to document the applicant's nonprofit status. This document must be attached in e-snaps. This question does not apply to applicants who are not nonprofit organizations.

1. Indicate applicant's congressional district(s): MI-003
(for multiple selections hold CTRL and key)

2. Is the applicant a faith-based organization? Yes

3. Has the applicant ever received a federal grant? Yes

4. Is the applicant's code of conduct already on file with HUD? Yes

HUD Form 2880: Applicant/Recipient Disclosure/Update Report

Applicant/Recipient Disclosure/Update Report - form HUD-2880

U.S. Department of Housing and Urban Development OMB Approval No. 2506-0112 (exp. 02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: The Salvation Army

Prefix: Ms.

First Name: Pilar

Middle Name: Joy

Last Name: Meyer-Dunning

Suffix:

Title: Director, Kent County Social Services

Organizational Affiliation: The Salvation Army

Telephone Number: (616) 459-9468

Extension: 1301

Email: pilar.dunning@usc.salvationarmy.org

City: Grand Rapids

County: Kent

State: Michigan

Country: United States

Zip/Postal Code: 49503

2. Employer ID Number (EIN): 36-2167910

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received:

(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 addresses 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
The Salvation Army Kent County MI	City ESG	\$60,660.00	staffing for coordinated entry
The Salvation Army Kent County MI	DHHS Kent County	\$52,000.00	staffing for coordinated entry
The Salvation Army Kent County MI	MSHDA ESG	\$131,648.00	staffing for coordinated entry

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

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

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	000000000	NA	\$0.00	0%

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

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

Certification

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

I certify that this information is true and complete.

I AGREE: ☒

Name / Title of Authorized Official: Pilar Meyer-Dunning, Director, Kent County Social Services

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

Date Signed: 08/21/2019

Applicant Code of Conduct

Document Type	Required?	Document Description	Date Attached
Applicant Code of Conduct	No		

Applicant's Code of Conduct Attachment Detail

Document Description:

Nonprofit Documentation Attachment

Document Type	Required?	Document Description	File Name	Date Attached
Nonprofit Document	Yes	501C3 documentatio	501C3.pdf	08/08/2018

Attachment Details

Document Description: 501C3 documentatio

Faith-Based EEO Survey (SF424 Supplement, Survey on Ensuring Equal Opportunities for Applicants)

Document Type	Required?	Document Description	Date Attached
Survey on Ensuring Equal Opportunities for Applicants	Yes	Ensuring Equal Op...	08/08/2018

Survey on Ensuring Equal Opportunities for Applicants (SF-424 Supplement) - Attachment Detail

Document Description: Ensuring Equal Opportunity

Other Attachment

Document Type	Required?	Document Description	Date Attached
Other Attachment	No		

Attachment Details

Document Description:

6. Submission Summary

Page	Last Updated
1. Profile Type	07/17/2019
2. Organization Information	08/20/2019
Authorized Representative	08/20/2019
Alternate Contact	08/20/2019
4. Additional Information	07/17/2019
HUD Form 2880	08/21/2019
Code of Conduct	No Input Required
Nonprofit Document	07/17/2019
Survey on EEO	07/17/2019
Other Attachment	No Input Required



TAX EXEMPT AND
GOVERNMENT ENTITIES
DIVISION

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
WASHINGTON, D.C. 20224

Date: DEC 13 2011

The Salvation Army
10 W. Algonquin Road
Des Plaines, IL 60016

Employer Identification Number:
36-2167910
Person to Contact and ID Number:
Stephen B. Farson, Esq.
ID# 0221498
Contact Number:
(202) 283-8922
Accounting Period Ending:
September 30
Public Charity Status:
509(a)(1) & 170(b)(1)(A)(i)
Form 990/990-EZ/990-N Required:
No
Effective Date of Exemption:
May 29, 1913
Contribution Deductibility:
Yes

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. **Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.**

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed *Compliance Guide for 501(c)(3) Public Charities* for some helpful information about your responsibilities as an exempt organization.

Sincerely,

Lois G. Lerner
Director, Exempt Organizations

Enclosure: *Pub. 4221-PC, Compliance Guide for 501(c)(3) Public Charities*

Federal Income Tax Exemption Status

All Salvation Army units within the Central Territory are covered by the exemption in the IRS electronic exempt organization database by Tax Identification Number (TIN) 36-2167910. However, regional, divisional or other local units of The Salvation Army have been issued separate Employee Identification Numbers (EIN) for Federal payroll tax reporting purposes. A list of all the EIN's in this (Central) territory covered by the Salvation Army Central Territory exemption ruling follows.

Central Territory (USA Midwest) FEIN Numbers in Use

The following FEIN numbers may be in use by The Salvation Army in the states of Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota and/or Wisconsin:

- 20-1728622
 - 35-0868167
 - 35-1894464
 - 36-2167909
 - 36-2167910
 - 36-2167912
 - 36-3805307
 - 38-1359297
 - 38-1360413
 - 38-1370971
 - 38-1737643
 - 38-2699000
 - 38-2699001
 - 38-2699056
 - 38-2700033
 - 38-3651271
 - 39-0806889
 - 39-1591829
 - 39-1802991
 - 41-0695618
 - 41-0698597
 - 41-1302900
 - 43-0653584
 - 43-1170012
 - 43-1477670
 - 44-0545998
 - 47-0380698
 - 47-0775707
-



STATE OF MICHIGAN

DEPARTMENT OF TREASURY

TREASURY BUILDING

LANSING, MICHIGAN 48922

WILLIAM G. MILLIKEN, Governor

LOREN E. MONROE, State Treasurer



January 15, 1980

The Salvation Army
601 Bagley Avenue
Detroit, Michigan 48226

Attention: Harold Hultin, Major
Divisional Financial Secretary

Dear Mr. Hultin:

We have reviewed your application for exemption from sales and use taxes as an institution or agency qualifying under Section 4a(a) of Act No. 167, Public Acts of 1933, as amended, (Sales Tax Act) and Section 4(j) of Act No. 94, Public Acts of 1937, as amended, (Use Tax Act) and conclude that

THE SALVATION ARMY

does meet the requirements of the above statutes for exemption.

This exemption covers only the purchase of tangible personal property from funds of the named entity for use and consumption. Purchases for resale would be subject to tax unless the organization maintained a sales tax license.

In all cases where exemption is claimed on purchases for own use and consumption, a signed statement, in a form approved by the department, must be furnished the supplier. We are enclosing a sample copy of the approved statement which you may reproduce and furnish your supplier when purchasing tangible personal property.

Very truly yours,

M. C. Haddix
M. C. Haddix, Administrator
Sales and Use Tax Division

Enc.

TAX EXEMPT # 38 - 1359297



SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

OMB No. 1890-0014 Exp. 2/28/2009

Purpose: The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey: If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name: Central Territorial of the Salvation Army

Applicant's DUNS Number: 125624804

Grant Name: Continuum of Care **CFDA Number:** 14.267

1. Does the applicant have 501(c)(3) status?

☒ Yes

☐ No

4. Is the applicant a faith-based/religious organization?

☒ Yes

☐ No

2. How many full-time equivalent employees does the applicant have? (Check only one box).

☐ 3 or Fewer

☒ 15-50

☐ 4-5

☐ 51-100

☐ 6-14

☐ over 100

5. Is the applicant a non-religious community-based organization?

☐ Yes

☒ No

3. What is the size of the applicant's annual budget?

(Check only one box.)

☐ Less Than \$150,000

☐ \$150,000 - \$299,999

☐ \$300,000 - \$499,999

☐ \$500,000 - \$999,999

☒ \$1,000,000 - \$4,999,999

☐ \$5,000,000 or more

6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?

☐ Yes

☒ No

7. Has the applicant ever received a government grant or contract (Federal, State, or local)?

☒ Yes

☐ No

8. Is the applicant a local affiliate of a national organization?

☒ Yes

☐ No