

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: 08/16/2019

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 Action Agency

b. Employer/Taxpayer Identification Number (EIN/TIN): 38-1803599

	c. Organizational DUNS:	120359559	PLUS 4:	0000
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d. Address

Street 1: 1214 Greenwood Avenue

Street 2:

City: Jackson

County: Jackson

State: Michigan

Country: United States

Zip / Postal Code: 49203

e. Organizational Unit (optional)

Department Name: Community Development

Division Name: Housing Programs

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

Prefix: Ms.

First Name: Laura

Middle Name:

Last Name: Reaume

Suffix:

Title: Program Operations Mgr

Organizational Affiliation: Community Action Agency

Telephone Number: (517) 784-4800

Applicant: Community Action Agency
Project: Jackson RRH Program Expansion

120359559
177643

Extension:
Fax Number: (517) 784-5188
Email: lreaume@caajlh.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: Jackson RRH Program Expansion

16. Congressional District(s):

a. Applicant: MI-007
b. Project: MI-007
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 05/01/2020
b. End Date: 04/30/2021

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: 09/30/2019

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

1F. SF-424 Declaration

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

I AGREE: ☒

21. Authorized Representative

Prefix: Mrs.

First Name: Toby

Middle Name: L

Last Name: Berry

Suffix:

Title: Chief Executive Officer

Telephone Number: (517) 784-4800
(Format: 123-456-7890)

Fax Number: (517) 784-5188
(Format: 123-456-7890)

Email: tberry@caajlh.org

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

Date Signed: 08/16/2019

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 Action Agency

Prefix: Mrs.

First Name: Toby

Middle Name: L

Last Name: Berry

Suffix:

Title: Chief Executive Officer

Organizational Affiliation: Community Action Agency

Telephone Number: (517) 784-4800

Extension:

Email: tberry@caajlh.org

City: Jackson

County: Jackson

State: Michigan

Country: United States

Zip/Postal Code: 49203

2. Employer ID Number (EIN): 38-1803599

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$41,202.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HUD, Detroit, MI	grant	\$733,266.00	housing

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

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

Certification

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

I certify that 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: Toby Berry, Chief Executive Officer

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

Date Signed: 08/16/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Community Action Agency

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: Toby

Middle Name L

Last Name: Berry

Suffix:

Title: Chief Executive Officer

Telephone Number: (517) 784-4800
(Format: 123-456-7890)

Fax Number: (517) 784-5188
(Format: 123-456-7890)

Email: tberry@caajlh.org

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

Date Signed: 08/16/2019

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 Action Agency

Name / Title of Authorized Official: Toby Berry, Chief Executive Officer

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

Date Signed: 08/16/2019

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 Action Agency

Street 1: 1214 Greenwood Avenue

Street 2:

City: Jackson

County: Jackson

State: Michigan

Country: United States

Zip / Postal Code: 49203

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: Toby

Middle Name: L

Last Name: Berry

Suffix:

Title: Chief Executive Officer

Telephone Number: (517) 784-4800
(Format: 123-456-7890)

Fax Number: (517) 784-5188
(Format: 123-456-7890)

Email: tberry@caajlh.org

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

Date Signed: 08/16/2019

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:

Organization	Type	Sub-Award Amount
This list contains no items		

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 Action Agency (CAA) is a 501c3 nonprofit corporation operating for over 50 years in Jackson, Lenawee and Hillsdale counties in Michigan. The agency's mission throughout the years has been to assist low-income families to achieve self-sufficiency, initially as an organization chartered in the OEO War on Poverty, and now as a collaborative partner in assisting clients who are moving from welfare to work through a mix of federal, state, local and private funding. This year, services will be provided to clients through over 50 programs across the three counties ranging from Head Start to Youth Build. Services are provided in a holistic manner, integrating new programs into CAA's overall structure to ensure that all program resources are available to clients. Our annual budget of over \$15 million dollars is overseen by a professional management team including a finance department, personnel department and is led by a CEO who has been with the agency for over 15 years, beginning her tenure as a case worker for homeless families in the first funded HUD supportive housing program. Community Action Agency has been providing assistance to the homeless through HUD Supportive Housing Grants for over 15 years. The grants include a permanent supportive housing grant dedicated to those that are chronically homeless, one HMIS grant, one SSO grant with a coordinated entry focus, and one Rapid Rehousing Grant. CAA has been identified by the Jackson City/County Continuum of Care as the Housing Assessment and Resource Agency (HARA) or the county's one stop service center for all homeless prevention and rehousing services. CAA, as the HARA, provides Emergency Solutions Grant (ESG) services to homeless families and individuals in Jackson and is the fiduciary for the Jackson Continuum of Care ESG funding through the Michigan State Housing Development Authority, providing funds and oversight to one sub recipient agency. CAA has an existing staff structure that will allow for quick start up of a new program with four housing advocates, two housing specialists and one community resource specialist who are experienced with HUD regulations and are licensed for and regularly use HMIS. The staff participates with the Continuum of Care and has a deep understanding of the issues affecting those facing homelessness.

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

Community Action Agency has a long history of leveraging funds from multiple sources in order to supplement programming for departments. As opportunities become available, program managers complete grant applications for services that will augment programs and meet the mission of CAA by moving participants to self-sufficiency. Further, CAA is a prominent agency in the community and will seek out opportunities to partner with community

organizations to meet the needs of participants and provide the best possible services. This year the agency's budget is \$15.4 million, of this 77.1% was federal funding, 18.9% was state funding, and 4.0% was private funding.

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.

Community Action Agency is a 501c3 non-profit with over 200 employees. CAA provides services in three counties in southern lower Michigan. The Jackson County homeless programs are organized under the Community Development Department and managed by a Tri-County Program Manager. The manager has direct oversight of programmatic outcomes and ensures that HUD regulations are being met. In order to ensure compliance, managers meet regularly with case management staff to complete file review and case reviews. At this time, the Tri-County Program Manager reports to the CEO who has over 15 years of experience with HUD homeless programs. Financial regulations and reporting are the responsibility of the Financial Grants Manager. The agency employs two Financial Grants Managers, one having the responsibility of oversight for HUD programs. This oversight includes creation and monitoring of budgets to ensure timely and accurate expenditures. The Financial Grants Manager works closely with the Program Operations Manager, meeting regularly to evaluate program expenses and budget targets. CAA's accounting system is in accordance with the American Institute of Certified Public Accountants' Auditing Standards. Our financial statements are audited annually by an independent CPA and are available for other grant audit purposes. All expenses are paid pursuant to written financial procedures, which ensure adequate documentation for all expenses. CAA maintains its financial records for a minimum of seven years, and will retain them for the period specified by the Continuum of Care program. CAA finance staff completes an internal budget outlining how funds will be expended by line item. Budgets are monitored to ensure that funds are not under or over spent monthly by program managers.

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-517 - Jackson City & County CoC

1b. CoC Collaborative Applicant Name: Community Action Agency

2. Project Name: Jackson RRH Program Expansion

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? 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?

X

3B. Project Description

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

The proposed project will expand our current rapid rehousing project by allowing us to serve at least 3 additional homeless households through a scattered-site leasing model. CAA anticipates, through experience offering rapid rehousing, that not all of these households built into the grant will need a full 12 months of assistance. Participants need for continued financial assistance will be evaluated on a monthly basis as a measure to ensure proper level of care and use of funds. Case managers will complete outreach with our local homeless shelter, domestic violence shelter, youth providers, and street outreach groups as a means to locate potential participants for this program. CAA will follow our communities coordinated entry plan for placement of eligible participants into the program. By definition, eligible participants will be literally homeless. CAA will complete an initial assessment utilizing the CoC's chosen assessment tool for coordinated entry, currently the VI-SPDAT, in order to prioritize need for services. The SPDAT will also be used to assist with setting participant housing stability goals, and will continue to be utilized as a reference tool to measure both improvement and decline by the participant on these goals as well as setting new goals as needed. In home case management will occur monthly at a minimum and case managers will ensure that all participants will be seen at a level that will move them towards greater self-sufficiency. During home visits life skills will be offered to address areas of needed improvement and assist with maintaining stable housing. CAA staff will work with community partners such as DHHS, the Social Security Administration, the Veterans Administration, Community Mental Health, Jackson Public Housing Commission, Michigan Works!, and Jackson Area Transportation Authority to ensure program participants are connected to needed resources such as cash and non-cash benefits, health insurance, Primary Care Physicians, mental health services, employment opportunities, and educational resources for all in the home. Participants will additionally be offered community life skills classes such as budgeting basics, landlord/tenant education, or credit repair that CAA provides regularly. Participants will pay 30% of their income towards their rent and CAA will subsidize the remaining balance. All participant units will meet HUD Housing Quality Standards prior to move in and will receive, at a minimum, annual inspections.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who

are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	0			
Participant enrollment in project begins?	30			
Participants begin to occupy leased units or structure(s), and supportive services begin?	60			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	90			
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 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"/>
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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.

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? Yes

Enter the PIN number (first 6 numbers of the grant number) and Project Name for the renewal project application applying for renewal in this year's CoC Program Competition.

1a. Eligible Renewal Grant PIN Number: MI0545

1b. Eligible Renewal Grant Project Name: Jackson RRH Program

2. Will this expansion project Increase the number of homeless persons served? Yes

2a. Indicate how the project is proposing to "increase the number of homeless persons served."

Current level of effort	
# of persons served at a point-in-time	24
# of units	10
# of beds	24
New effort	
# of additional persons served at a point in time that this project will provide	4
# of additional units this project will provide	3
# of additional beds this project will provide	4

3. Will this Expansion Project bring additional supportive services to homeless persons? Yes

3a. Indicate how the project is proposing to "provide additional supportive services to the homeless persons served."

Increase number of and/or expand variety of supportive services provided	<input type="checkbox"/>
Increase frequency and/or intensity of supportive services	<input type="checkbox"/>

4. Will this expansion project bring existing facilities up to government health and safety standards? 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.

CAA housing staff will assist with housing search; assessment to identify needs that may create barriers to permanent housing; assistance and referrals to organizations to address these needs; and also crisis management. At a minimum monthly case management will take a trauma informed approach, with a housing focus to assist households with resolving barriers to maintaining permanent housing on their own. Case managers will assist participants by connecting them to mainstream benefits, helping to fill out applications and to navigate systems. They will also look at what needed life skills can be offered both one on one and in a group setting.

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?

CAA case managers will work closely with other providers through our work with the STate Innovation Model projects for clinical and community linkages. With this funding our community has put together an electronic referral system for social service providers and clinical providers to make screenings for services based off of social determinants of health screenings. This process will be a closed loop system where those referring will be able to see what happened with the referral. They system will allow those working with multiple case management providers to see that information in the system and share needed information and collaborate as needed to assist the clients overall health.

**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	Monthly
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	Weekly
Child Care		Non-Partner	As needed
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Non-Partner	As needed
Food		Non-Partner	As needed
Housing Search and Counseling Services		Applicant	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Applicant	Weekly
Mental Health Services		Non-Partner	As needed
Outpatient Health Services		Non-Partner	As needed
Outreach Services		Applicant	As needed
Substance Abuse Treatment Services		Non-Partner	As needed
Transportation		Applicant	As needed
Utility Deposits		Non-Partner	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.

Total Units: 3

Total Beds: 4

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	3	4

4B. Housing Type and Location Detail

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

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

a. Units: 3

b. Beds: 4

3. 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: 1214 Greenwood Ave.

Street 2:

City: Jackson

State: Michigan

ZIP Code: 49203

***4. 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)**

269075 Jackson County, 263174 Jackson

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	1	2	0	3
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	1	1		2
Persons ages 18-24	0	1		1
Accompanied Children under age 18	1		0	1
Unaccompanied Children under age 18			0	0
Total Persons	2	2	0	4

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Adults over age 24							1			
Persons ages 18-24										
Children under age 18							1			
Total Persons	0	0	0	0	0	0	2	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Adults over age 24										1
Persons ages 18-24							1			
Total Persons	0	0	0	0	0	0	1	0	0	1

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

Describe the unlisted subpopulations referred to above:

There may be households that are eligible for assistance that do not have meet

one of the subpopulation categories.

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? CoC Bonus

3. Does this project propose to allocate funds according to an indirect cost rate? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

a. Please complete the indirect cost rate schedule below

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
U.S. Department of Health and Human Services	15%	

Please enter all values for at least one line item.

b. Has this rate been approved by your cognizant agency? Yes

c. Do you plan to use the 10% de minimis rate? No



4. Select a grant term: 1 Year

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

Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

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

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:			\$23,928
Total Units:			3
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MI - Jackson, MI MSA (2607599999)	3	\$23,928

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

Metropolitan or non-metropolitan fair market rent area: MI - Jackson, MI MSA (2607599999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	\$421	x	12		=	\$0
0 Bedroom		x	\$561	x	12		=	\$0
1 Bedroom	2	x	\$612	x	12		=	\$14,688

2 Bedrooms	1	x	\$770	x	12	=	\$9,240
3 Bedrooms		x	\$989	x	12	=	\$0
4 Bedrooms		x	\$1,061	x	12	=	\$0
5 Bedrooms		x	\$1,220	x	12	=	\$0
6 Bedrooms		x	\$1,379	x	12	=	\$0
7 Bedrooms		x	\$1,538	x	12	=	\$0
8 Bedrooms		x	\$1,698	x	12	=	\$0
9 Bedrooms		x	\$1,857	x	12	=	\$0
Total Units and Annual Assistance Requested	3						\$23,928
Grant Term							1 Year
Total Request for Grant Term							\$23,928

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		
2. Assistance with Moving Costs	Security Deposits (2 @ \$612, 1 @ \$770)	\$1,994
3. Case Management	.14FTE Housing Advocates (\$5,521); plus fringe (\$4,056); cell (\$360); travel \$450 (1,000@\$.45 a mile);	\$10,387
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills	.02FTE Housing Advocates (\$860); plus fringe (\$585)	\$1,445
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	.02FTE Housing Advocates (\$862); plus fringe (\$586)	\$1,448
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$15,274
Grant Term		1 Year
Total Request for Grant Term		\$15,274

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:	\$10,301
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$10,301

1. Will 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	Government	Community Action ...	08/16/2019	\$10,301

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: Cash
3. Type of source: Government
4. Name the source of the commitment: Community Action Agency
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/16/2019
6. Value of Written Commitment: \$10,301

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	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$23,928	1 Year	\$23,928
4. Supportive Services	\$15,274	1 Year	\$15,274
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$39,202
8. Admin (Up to 10%)			\$2,000
9. Total Assistance Plus Admin Requested			\$41,202
10. Cash Match			\$10,301
11. In-Kind Match			\$0
12. Total Match			\$10,301
13. Total Budget			\$51,503

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	Jackson RRH Program	08/16/2019
3) Other Attachment(s)	No	Jackson RRH Progr...	08/16/2019

Attachment Details

Document Description:

Attachment Details

Document Description: Jackson RRH Program

Attachment Details

Document Description: Jackson RRH Program Expansion

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: Toby Berry

Date: 08/16/2019

Title: Chief Executive Officer

Applicant Organization: Community Action Agency

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.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required

New Project Application FY2019	Page 47	08/16/2019
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1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/16/2019
1E. SF-424 Compliance	08/14/2019
1F. SF-424 Declaration	08/14/2019
1G. HUD 2880	08/14/2019
1H. HUD 50070	08/14/2019
1I. Cert. Lobbying	08/14/2019
1J. SF-LLL	08/14/2019
2A. Subrecipients	No Input Required
2B. Experience	08/16/2019
3A. Project Detail	08/16/2019
3B. Description	08/16/2019
3C. Expansion	08/16/2019
4A. Services	08/16/2019
4B. Housing Type	08/16/2019
5A. Households	08/16/2019
5B. Subpopulations	08/16/2019
6A. Funding Request	08/16/2019
6E. Rental Assistance	08/14/2019
6F. Supp Srvcs Budget	08/16/2019
6I. Match	08/16/2019
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/16/2019
7D. Certification	08/16/2019

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: 08/16/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MI0545

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

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

X

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Community Action Agency

b. Employer/Taxpayer Identification Number (EIN/TIN): 38-1803599

	c. Organizational DUNS:	120359559	PLUS 4	0000
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d. Address

Street 1: 1214 Greenwood Avenue

Street 2:

City: Jackson

County: Jackson

State: Michigan

Country: United States

Zip / Postal Code: 49203

e. Organizational Unit (optional)

Department Name: Community Development

Division Name: Housing Programs

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

Prefix: Ms.

First Name: Laura

Middle Name:

Last Name: Reaume

Suffix:

Title: Program Operations Mgr

Organizational Affiliation: Community Action Agency

Telephone Number: (517) 784-4800

Applicant: Community Action Agency

120359559

Project: Jackson RRH Program

177572

Extension:

Fax Number: (517) 784-5188

Email: lreaume@caajlh.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: Jackson RRH Program

16. Congressional District(s):

a. Applicant: MI-007
(for multiple selections hold CTRL key)

b. Project: MI-007
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 05/01/2020

b. End Date: 04/30/2021

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

If "YES", enter the date this application was made available to the State for review: 09/30/2019

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE: ☒

21. Authorized Representative

Prefix: Mrs.

First Name: Toby

Middle Name: L

Last Name: Berry

Suffix:

Title: Chief Executive Officer

Telephone Number: (517) 784-4800
(Format: 123-456-7890)

Fax Number: (517) 784-5188
(Format: 123-456-7890)

Email: tberry@caajlh.org

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

Date Signed: 08/16/2019

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 Action Agency

Prefix: Mrs.

First Name: Toby

Middle Name: L

Last Name: Berry

Suffix:

Title: Chief Executive Officer

Organizational Affiliation: Community Action Agency

Telephone Number: (517) 784-4800

Extension:

Email: tberry@caajlh.org

City: Jackson

County: Jackson

State: Michigan

Country: United States

Zip/Postal Code: 49203

2. Employer ID Number (EIN): 38-1803599

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$147,052.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Jackson RRH Program 1214 Greenwood Avenue
Jackson 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
HUD, Detroit, MI	grant	\$733,266.00	housing

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%

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: Toby Berry, Chief Executive Officer

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

Date Signed: 08/14/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Community Action Agency

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: Mrs.

First Name: Toby

Middle Name L

Last Name: Berry

Suffix:

Title: Chief Executive Officer

Telephone Number: (517) 784-4800
(Format: 123-456-7890)

Fax Number: (517) 784-5188
(Format: 123-456-7890)

Email: tberry@caajlh.org

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

Date Signed: 08/16/2019

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 Action Agency

Name / Title of Authorized Official: Toby Berry, Chief Executive Officer

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

Date Signed: 08/16/2019

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 Action Agency

Street 1: 1214 Greenwood Avenue

Street 2:

City: Jackson

County: Jackson

State: Michigan

Country: United States

Zip / Postal Code: 49203

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: Toby

Middle Name: L

Last Name: Berry

Suffix:

Title: Chief Executive Officer

Telephone Number: (517) 784-4800
(Format: 123-456-7890)

Fax Number: (517) 784-5188
(Format: 123-456-7890)

Email: tberry@caajlh.org

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

Date Signed: 08/16/2019

Information About Submission without Changes

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

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

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

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

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

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

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

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

Recipient Performance

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

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

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

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

Renewal Expansion

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

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

Yes

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

Combined Renewal Expansion

2b. Combined Renewal Expansion Table

Stand-Alone Renewal or Stand-Alone New	Project Name	Total Requested Amount	PIN Number	Expiration Date
Stand-Alone Renewal	Jackson RRH Program	\$147,052	MI0545	04/30/2021
Stand-Alone New	Jackson RRH Program Expansion	\$41,202		

Combined Renewal Expansion Summary

Total Number of Grants in the Combined Renewal Expansion	2
Total Requested Amount in the Combined Renewal Expansion	\$188,254

I hereby confirm that I have reviewed the accuracy and submitted all the renewal and new project applications related to this Combined Renewal Expansion request into esnaps and I have attached on Screen 7A the PDF copies of each of the FY 2019 project applications listed above.

X



Renewal Grant Consolidation Screen

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

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

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: \$0

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

3A. Project Detail

**1. Project Identification Number (PIN) of
expiring grant:** MI0545

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

2a. CoC Number and Name: MI-517 - Jackson City & County CoC

2b. CoC Collaborative Applicant Name: Community Action Agency

3. Project Name: Jackson RRH Program

4. Project Status: Standard

5. Component Type: PH

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

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

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 project will provide rapid rehousing to at least 7 homeless households through a scattered-site leasing model. CAA anticipates, through experience offering rapid rehousing, that not all of the 7 households built into the grant will need a full 12 months of assistance. Participants need for continued financial assistance will be evaluated on a monthly basis as a measure to ensure proper level of care and use of funds. Case managers will complete outreach with the local homeless shelter, domestic violence shelter, youth providers, and street outreach groups as a means to locate potential participants for this program. By definition, eligible participants will be literally homeless. Case managers will complete an initial assessment utilizing the Service Prioritization Decision Assessment Tool (SPDAT) in order to prioritize need for services. SPDAT will be used to assist with setting participant housing stability goals, and will continue to be utilized as a reference tool to measure both improvement and decline by the participant on these goals as well as setting new goals as needed. In home case management will occur monthly at a minimum and case managers will ensure that all participants will be seen at a level that will move them towards greater self-sufficiency. During home visits life skills will be offered to address areas of needed improvement and assist with maintaining stable housing. CAA staff will work with community partners to ensure program participants are connected to needed resources such as SOAR applications, cash and non-cash benefits, health insurance, Primary Care Physicians, mental health services, employment opportunities, and educational resources for all in the home. Participants will additionally be offered community life skills classes that CAA provides monthly. Participants will pay 30% of their gross household income towards their rent and CAA will subsidize the remaining balance. No rent will exceed local FMR standards. All participant units will meet HUD Housing Quality Standards prior to move in and will receive, at a minimum, annual inspections to ensure they are at a habitable standard.

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

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

Chronic Homeless		Domestic Violence	
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	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Veterans	<input 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

4A. Supportive Services for Participants

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

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

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

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

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

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



3. Do project participants have access to Yes

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

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

4B. Housing Type and Location

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

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

Total Units: 7

Total Beds: 18

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	7	18

4B. Housing Type and Location Detail

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

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

a. Units: 7

b. Beds: 18

3. 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: 1214 Greenwood Ave.

Street 2:

City: Jackson

State: Michigan

ZIP Code: 49203

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

269075 Jackson County, 263174 Jackson

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	5	2	0	7
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	2	2		4
Persons ages 18-24	3	0		3
Accompanied Children under age 18	11		0	11
Unaccompanied Children under age 18			0	0
Total Persons	16	2	0	18

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24	0	0	0	0	0	0	1	1	0	0
Persons ages 18-24	0	0	0	0	0	1	1	1	0	0
Children under age 18	0			0	0	0	0	0	0	11
Total Persons	0	0	0	0	0	1	2	2	0	11

Click Save to automatically calculate totals

Persons in Households without Children

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

Click Save to automatically calculate totals

Persons in Households with Only Children

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

Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

Describe the unlisted subpopulations referred to above:

It is anticipated that there will be some households that will have adults and/or children that do not have one of the above subpopulations but that could still be eligible for and benefit from services.

6A. Funding Request

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

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

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

3. Does this project propose to allocate funds according to an indirect cost rate? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

a. Please complete the indirect cost rate schedule below:

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
US Department of Health and Human Services	15%	55810.0

b. Has this rate been approved by your cognizant agency? Yes

c. Do you plan to use the 10% de minimis rate? No

4. Renewal Grant Term: 1 Year

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

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Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

6C. Rental Assistance Budget

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

The following list summarizes the 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:		\$75,192	
Total Units:		7	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MI - Jackson, MI MSA (2607599999)	7	\$75,192

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MI - Jackson, MI MSA (2607599999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$421	\$421	x	12	=	\$0
0 Bedroom		x	\$561	\$561	x	12	=	\$0
1 Bedroom		x	\$612	\$612	x	12	=	\$0
2 Bedrooms	3	x	\$770	\$770	x	12	=	\$27,720
3 Bedrooms	4	x	\$989	\$989	x	12	=	\$47,472
4 Bedrooms		x	\$1,061	\$1,061	x	12	=	\$0
5 Bedrooms		x	\$1,220	\$1,220	x	12	=	\$0
6 Bedrooms		x	\$1,379	\$1,379	x	12	=	\$0
7 Bedrooms		x	\$1,538	\$1,538	x	12	=	\$0
8 Bedrooms		x	\$1,698	\$1,698	x	12	=	\$0
9 Bedrooms		x	\$1,857	\$1,857	x	12	=	\$0
Total Units and Annual Assistance Requested	7							\$75,192
Grant Term								1 Year
Total Request for Grant Term								\$75,192

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$11,121
Total Value of In-Kind Commitments:	\$25,642
Total Value of All Commitments:	\$36,763

1. Does 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	Cash	Government	Community Action ...	08/11/2018	\$11,121
Yes	In-Kind	Private	Jackson Interfait...	06/25/2018	\$25,642

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: Community Action Agency
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/11/2018
6. Value of Written Commitment: \$11,121

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: Jackson Interfaith Shelter
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 06/25/2018
6. Value of Written Commitment: \$25,642

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.

6E. Summary Budget

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

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

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$75,192
3. Supportive Services	\$58,563
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$133,755
7. Admin (Up to 10%)	\$13,297
8. Total Assistance plus Admin Requested	\$147,052
9. Cash Match	\$11,121
10. In-Kind Match	\$25,642
11. Total Match	\$36,763
12. Total Budget	\$183,815

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	nonprofit	08/13/2018
2) Other Attachmenbt	No	indirect	08/13/2018
3) Other Attachment	No		

Attachment Details

Document Description: nonprofit

Attachment Details

Document Description: indirect

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

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

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.**20-Year Operation Rule.**

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Toby Berry

Date: 08/16/2019

Title: Chief Executive Officer

Applicant Organization: Community Action Agency

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. Submit without changes

The applicant has selected “Submit without changes” to Question 2 above. If the applicant has identified project information on the preceding screens that does not match the current contract, select “Make changes” above and update the relevant project information.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/14/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

Renewal Project Application FY2019	Page 48	08/16/2019
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1D. SF-424 Congressional District(s)	08/16/2019
1E. SF-424 Compliance	08/16/2019
1F. SF-424 Declaration	08/14/2019
1G. HUD-2880	08/14/2019
1H. HUD-50070	08/14/2019
1I. Cert. Lobbying	08/14/2019
1J. SF-LLL	08/14/2019
Recipient Performance	08/14/2019
Renewal Expansion	08/16/2019
Renewal Grant Consolidation	08/16/2019
2A. Subrecipients	No Input Required
3A. Project Detail	08/16/2019
3B. Description	08/14/2019
4A. Services	08/14/2019
4B. Housing Type	08/14/2019
5A. Households	08/14/2019
5B. Subpopulations	08/14/2019
6A. Funding Request	08/14/2019
6C. Rental Assistance	08/14/2019
6D. Match	08/16/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/14/2019
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	08/16/2019
Submission Without Changes	08/16/2019

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: JAN 17 2007

COMMUNITY ACTION AGENCY
1214 GREENWOOD AVE
JACKSON MI 49203-3037

Person to Contact:

Vaida Singleton
ID# 31-03018

Toll Free Telephone Number:

877-829-5500

Employer Identification Number:

38-1803599

Dear Sir or Madam:

This is in response to your request of November 28, 2006, regarding your address. We have updated our records to reflect the address as shown above.

Our records indicate that a determination letter was issued in March 1966 that recognized you as exempt from Federal income tax. Our records further indicate that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Cindy Westcott
Manager, Exempt Organizations
Determinations

NONPROFIT RATE AGREEMENT

EIN: 1381803599A1

DATE:03/30/2017

ORGANIZATION:

Community Action Agency, Jackson,
Michigan

1214 Greenwood Ave.

P.O. Box 1107

Jackson, MI 49204

FILING REF.: The preceding
agreement was dated
08/17/2016

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FINAL	10/01/2015	09/30/2016	14.90	All	All Programs
PROV.	10/01/2016	09/30/2019			Use same rates and conditions as those cited for fiscal year ending September 30, 2016.

*BASE

Direct salaries and wages including all fringe benefits.

ORGANIZATION: Community Action Agency, Jackson, Michigan

AGREEMENT DATE: 3/30/2017

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

This organization charges all costs direct to a particular final cost objective; i.e., a particular award, project, service, or other direct activities, with the exception of the costs listed below:

1. Salaries and wages:

Chief Exec.Off/Head Start Dir.	Finance Director
Staff Accountants	Exec. Admin. Assistants
Asst.to Chief Exec. Officer	Chief Financial Officer
Payroll & Benefits Coordinator	Financial Grants Manager (3)
Facilities Director	Accounts Payable Coordinator
Human Resources Director	County Directors(2)
Planning/Community Dev.Dir	Administrative Assistant
Communications Manager	Information Manager

2. Fringe benefits for the above personnel only.

3. Non-labor expenses (administrative only):

Travel	Auditing & Legal	Employee Recruitment
Copier	Printing	Meeting Costs
Postage	Insurance	Subcontract
Telephone	Supplies	Vehicle Expenses
Accounting	Rent	Bank Service Fees
Dues/Memberships	Training	

4. Non-labor expenses (all; i.e., totally indirect costs):

Equipment Definition -

Equipment means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

ORGANIZATION: Community Action Agency, Jackson, Michigan

AGREEMENT DATE: 3/30/2017

FRINGE BENEFITS:

FICA	Workers' Compensation
Health Insurance	Unemployment Insurance
Dental Insurance	Life Insurance
Retirement	

In-kind salaries and wages are included in the base.

The Head Start indirect cost rate has been negotiated in compliance with the Administration for Children and Families Program Instruction (ACF PI HS 08 -03) dated 5/12/2008, which precludes using any Head Start grant funds to pay any part of the compensation of an individual either as a direct cost or any pro ration as an indirect cost if that individual's compensation exceeds the rate payable of an Executive Level II. As of January, 2015 the rate of compensation for an Executive Level II is \$183,300 per year.

The next Indirect Cost Proposal, based on actual costs for the fiscal year ending 09/30/2017, is due in our office by 03/31/2018.

ORGANIZATION: Community Action Agency, Jackson, Michigan

AGREEMENT DATE: 3/30/2017

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

Community Action Agency, Jackson, Michigan

(INSTITUTION)

(SIGNATURE)

(NAME)

(TITLE)

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Darryl W. Mayes -A

Digitally signed by Darryl W. Mayes -A
DN: cn=US, o=U.S. Government, ou=HHS, ou=PSC,
ou=People, 0.9.2342.19200300.100.1.1=2000131669,
cn=Darryl W. Mayes -A
Date: 2017.04.05 11:40:26 -0400

(SIGNATURE)

Arif Karim

(NAME)

Director, Cost Allocation Services

(TITLE)

3/30/2017

(DATE) 5631

HHS REPRESENTATIVE:

Wheatford Ashby

Telephone:

(214) 767-3261

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: 08/16/2019

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 Action Agency

b. Employer/Taxpayer Identification Number (EIN/TIN): 38-1803599

	c. Organizational DUNS:	120359559	PLUS 4:	0000
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d. Address

Street 1: 1214 Greenwood Avenue

Street 2:

City: Jackson

County: Jackson

State: Michigan

Country: United States

Zip / Postal Code: 49203

e. Organizational Unit (optional)

Department Name: Community Development

Division Name: Housing Programs

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

Prefix: Ms.

First Name: Laura

Middle Name:

Last Name: Reaume

Suffix:

Title: Program Operations Mgr

Organizational Affiliation: Community Action Agency

Telephone Number: (517) 784-4800

Applicant: Community Action Agency
Project: Jackson RRH Program Expansion

120359559
177643

Extension:
Fax Number: (517) 784-5188
Email: lreaume@caajlh.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: Jackson RRH Program Expansion

16. Congressional District(s):

a. Applicant: MI-007
b. Project: MI-007
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 05/01/2020
b. End Date: 04/30/2021

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: 09/30/2019

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

1F. SF-424 Declaration

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

I AGREE: ☒

21. Authorized Representative

Prefix: Mrs.

First Name: Toby

Middle Name: L

Last Name: Berry

Suffix:

Title: Chief Executive Officer

Telephone Number: (517) 784-4800
(Format: 123-456-7890)

Fax Number: (517) 784-5188
(Format: 123-456-7890)

Email: tberry@caajlh.org

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

Date Signed: 08/16/2019

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 Action Agency

Prefix: Mrs.

First Name: Toby

Middle Name: L

Last Name: Berry

Suffix:

Title: Chief Executive Officer

Organizational Affiliation: Community Action Agency

Telephone Number: (517) 784-4800

Extension:

Email: tberry@caajlh.org

City: Jackson

County: Jackson

State: Michigan

Country: United States

Zip/Postal Code: 49203

2. Employer ID Number (EIN): 38-1803599

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$41,202.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HUD, Detroit, MI	grant	\$733,266.00	housing

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

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

Certification

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

I certify that 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: Toby Berry, Chief Executive Officer

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

Date Signed: 08/16/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Community Action Agency

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: Toby

Middle Name L

Last Name: Berry

Suffix:

Title: Chief Executive Officer

Telephone Number: (517) 784-4800
(Format: 123-456-7890)

Fax Number: (517) 784-5188
(Format: 123-456-7890)

Email: tberry@caajlh.org

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

Date Signed: 08/16/2019

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 Action Agency

Name / Title of Authorized Official: Toby Berry, Chief Executive Officer

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

Date Signed: 08/16/2019

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 Action Agency

Street 1: 1214 Greenwood Avenue

Street 2:

City: Jackson

County: Jackson

State: Michigan

Country: United States

Zip / Postal Code: 49203

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: Toby

Middle Name: L

Last Name: Berry

Suffix:

Title: Chief Executive Officer

Telephone Number: (517) 784-4800
(Format: 123-456-7890)

Fax Number: (517) 784-5188
(Format: 123-456-7890)

Email: tberry@caajlh.org

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

Date Signed: 08/16/2019

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:

Organization	Type	Sub-Award Amount
This list contains no items		

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 Action Agency (CAA) is a 501c3 nonprofit corporation operating for over 50 years in Jackson, Lenawee and Hillsdale counties in Michigan. The agency's mission throughout the years has been to assist low-income families to achieve self-sufficiency, initially as an organization chartered in the OEO War on Poverty, and now as a collaborative partner in assisting clients who are moving from welfare to work through a mix of federal, state, local and private funding. This year, services will be provided to clients through over 50 programs across the three counties ranging from Head Start to Youth Build. Services are provided in a holistic manner, integrating new programs into CAA's overall structure to ensure that all program resources are available to clients. Our annual budget of over \$15 million dollars is overseen by a professional management team including a finance department, personnel department and is led by a CEO who has been with the agency for over 15 years, beginning her tenure as a case worker for homeless families in the first funded HUD supportive housing program. Community Action Agency has been providing assistance to the homeless through HUD Supportive Housing Grants for over 15 years. The grants include a permanent supportive housing grant dedicated to those that are chronically homeless, one HMIS grant, one SSO grant with a coordinated entry focus, and one Rapid Rehousing Grant. CAA has been identified by the Jackson City/County Continuum of Care as the Housing Assessment and Resource Agency (HARA) or the county's one stop service center for all homeless prevention and rehousing services. CAA, as the HARA, provides Emergency Solutions Grant (ESG) services to homeless families and individuals in Jackson and is the fiduciary for the Jackson Continuum of Care ESG funding through the Michigan State Housing Development Authority, providing funds and oversight to one sub recipient agency. CAA has an existing staff structure that will allow for quick start up of a new program with four housing advocates, two housing specialists and one community resource specialist who are experienced with HUD regulations and are licensed for and regularly use HMIS. The staff participates with the Continuum of Care and has a deep understanding of the issues affecting those facing homelessness.

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

Community Action Agency has a long history of leveraging funds from multiple sources in order to supplement programming for departments. As opportunities become available, program managers complete grant applications for services that will augment programs and meet the mission of CAA by moving participants to self-sufficiency. Further, CAA is a prominent agency in the community and will seek out opportunities to partner with community

organizations to meet the needs of participants and provide the best possible services. This year the agency's budget is \$15.4 million, of this 77.1% was federal funding, 18.9% was state funding, and 4.0% was private funding.

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.

Community Action Agency is a 501c3 non-profit with over 200 employees. CAA provides services in three counties in southern lower Michigan. The Jackson County homeless programs are organized under the Community Development Department and managed by a Tri-County Program Manager. The manager has direct oversight of programmatic outcomes and ensures that HUD regulations are being met. In order to ensure compliance, managers meet regularly with case management staff to complete file review and case reviews. At this time, the Tri-County Program Manager reports to the CEO who has over 15 years of experience with HUD homeless programs. Financial regulations and reporting are the responsibility of the Financial Grants Manager. The agency employs two Financial Grants Managers, one having the responsibility of oversight for HUD programs. This oversight includes creation and monitoring of budgets to ensure timely and accurate expenditures. The Financial Grants Manager works closely with the Program Operations Manager, meeting regularly to evaluate program expenses and budget targets. CAA's accounting system is in accordance with the American Institute of Certified Public Accountants' Auditing Standards. Our financial statements are audited annually by an independent CPA and are available for other grant audit purposes. All expenses are paid pursuant to written financial procedures, which ensure adequate documentation for all expenses. CAA maintains its financial records for a minimum of seven years, and will retain them for the period specified by the Continuum of Care program. CAA finance staff completes an internal budget outlining how funds will be expended by line item. Budgets are monitored to ensure that funds are not under or over spent monthly by program managers.

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-517 - Jackson City & County CoC

1b. CoC Collaborative Applicant Name: Community Action Agency

2. Project Name: Jackson RRH Program Expansion

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? 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?

X

3B. Project Description

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

The proposed project will expand our current rapid rehousing project by allowing us to serve at least 3 additional homeless households through a scattered-site leasing model. CAA anticipates, through experience offering rapid rehousing, that not all of these households built into the grant will need a full 12 months of assistance. Participants need for continued financial assistance will be evaluated on a monthly basis as a measure to ensure proper level of care and use of funds. Case managers will complete outreach with our local homeless shelter, domestic violence shelter, youth providers, and street outreach groups as a means to locate potential participants for this program. CAA will follow our communities coordinated entry plan for placement of eligible participants into the program. By definition, eligible participants will be literally homeless. CAA will complete an initial assessment utilizing the CoC's chosen assessment tool for coordinated entry, currently the VI-SPDAT, in order to prioritize need for services. The SPDAT will also be used to assist with setting participant housing stability goals, and will continue to be utilized as a reference tool to measure both improvement and decline by the participant on these goals as well as setting new goals as needed. In home case management will occur monthly at a minimum and case managers will ensure that all participants will be seen at a level that will move them towards greater self-sufficiency. During home visits life skills will be offered to address areas of needed improvement and assist with maintaining stable housing. CAA staff will work with community partners such as DHHS, the Social Security Administration, the Veterans Administration, Community Mental Health, Jackson Public Housing Commission, Michigan Works!, and Jackson Area Transportation Authority to ensure program participants are connected to needed resources such as cash and non-cash benefits, health insurance, Primary Care Physicians, mental health services, employment opportunities, and educational resources for all in the home. Participants will additionally be offered community life skills classes such as budgeting basics, landlord/tenant education, or credit repair that CAA provides regularly. Participants will pay 30% of their income towards their rent and CAA will subsidize the remaining balance. All participant units will meet HUD Housing Quality Standards prior to move in and will receive, at a minimum, annual inspections.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who

are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	0			
Participant enrollment in project begins?	30			
Participants begin to occupy leased units or structure(s), and supportive services begin?	60			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	90			
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 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.

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? Yes

Enter the PIN number (first 6 numbers of the grant number) and Project Name for the renewal project application applying for renewal in this year's CoC Program Competition.

1a. Eligible Renewal Grant PIN Number: MI0545

1b. Eligible Renewal Grant Project Name: Jackson RRH Program

2. Will this expansion project Increase the number of homeless persons served? Yes

2a. Indicate how the project is proposing to "increase the number of homeless persons served."

Current level of effort	
# of persons served at a point-in-time	24
# of units	10
# of beds	24
New effort	
# of additional persons served at a point in time that this project will provide	4
# of additional units this project will provide	3
# of additional beds this project will provide	4

3. Will this Expansion Project bring additional supportive services to homeless persons? Yes

3a. Indicate how the project is proposing to "provide additional supportive services to the homeless persons served."

Increase number of and/or expand variety of supportive services provided	<input type="checkbox"/>
Increase frequency and/or intensity of supportive services	<input type="checkbox"/>

4. Will this expansion project bring existing facilities up to government health and safety standards? 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.

CAA housing staff will assist with housing search; assessment to identify needs that may create barriers to permanent housing; assistance and referrals to organizations to address these needs; and also crisis management. At a minimum monthly case management will take a trauma informed approach, with a housing focus to assist households with resolving barriers to maintaining permanent housing on their own. Case managers will assist participants by connecting them to mainstream benefits, helping to fill out applications and to navigate systems. They will also look at what needed life skills can be offered both one on one and in a group setting.

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?

CAA case managers will work closely with other providers through our work with the STate Innovation Model projects for clinical and community linkages. With this funding our community has put together an electronic referral system for social service providers and clinical providers to make screenings for services based off of social determinants of health screenings. This process will be a closed loop system where those referring will be able to see what happened with the referral. They system will allow those working with multiple case management providers to see that information in the system and share needed information and collaborate as needed to assist the clients overall health.

**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	Monthly
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	Weekly
Child Care		Non-Partner	As needed
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Non-Partner	As needed
Food		Non-Partner	As needed
Housing Search and Counseling Services		Applicant	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Applicant	Weekly
Mental Health Services		Non-Partner	As needed
Outpatient Health Services		Non-Partner	As needed
Outreach Services		Applicant	As needed
Substance Abuse Treatment Services		Non-Partner	As needed
Transportation		Applicant	As needed
Utility Deposits		Non-Partner	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.

Total Units: 3

Total Beds: 4

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	3	4

4B. Housing Type and Location Detail

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

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

a. Units: 3

b. Beds: 4

3. 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: 1214 Greenwood Ave.

Street 2:

City: Jackson

State: Michigan

ZIP Code: 49203

***4. 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)**

269075 Jackson County, 263174 Jackson

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	1	2	0	3
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	1	1		2
Persons ages 18-24	0	1		1
Accompanied Children under age 18	1		0	1
Unaccompanied Children under age 18			0	0
Total Persons	2	2	0	4

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Adults over age 24							1			
Persons ages 18-24										
Children under age 18							1			
Total Persons	0	0	0	0	0	0	2	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Adults over age 24										1
Persons ages 18-24							1			
Total Persons	0	0	0	0	0	0	1	0	0	1

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

Describe the unlisted subpopulations referred to above:

There may be households that are eligible for assistance that do not have meet

one of the subpopulation categories.

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? CoC Bonus

3. Does this project propose to allocate funds according to an indirect cost rate? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

a. Please complete the indirect cost rate schedule below

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
U.S. Department of Health and Human Services	15%	

Please enter all values for at least one line item.

b. Has this rate been approved by your cognizant agency? Yes

c. Do you plan to use the 10% de minimis rate? No



4. Select a grant term: 1 Year

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

Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

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

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:			\$23,928
Total Units:			3
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MI - Jackson, MI MSA (2607599999)	3	\$23,928

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

Metropolitan or non-metropolitan fair market rent area: MI - Jackson, MI MSA (2607599999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	\$421	x	12		=	\$0
0 Bedroom		x	\$561	x	12		=	\$0
1 Bedroom	2	x	\$612	x	12		=	\$14,688

2 Bedrooms	1	x	\$770	x	12	=	\$9,240
3 Bedrooms		x	\$989	x	12	=	\$0
4 Bedrooms		x	\$1,061	x	12	=	\$0
5 Bedrooms		x	\$1,220	x	12	=	\$0
6 Bedrooms		x	\$1,379	x	12	=	\$0
7 Bedrooms		x	\$1,538	x	12	=	\$0
8 Bedrooms		x	\$1,698	x	12	=	\$0
9 Bedrooms		x	\$1,857	x	12	=	\$0
Total Units and Annual Assistance Requested	3						\$23,928
Grant Term							1 Year
Total Request for Grant Term							\$23,928

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		
2. Assistance with Moving Costs	Security Deposits (2 @ \$612, 1 @ \$770)	\$1,994
3. Case Management	.14FTE Housing Advocates (\$5,521); plus fringe (\$4,056); cell (\$360); travel \$450 (1,000@\$.45 a mile);	\$10,387
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills	.02FTE Housing Advocates (\$860); plus fringe (\$585)	\$1,445
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	.02FTE Housing Advocates (\$862); plus fringe (\$586)	\$1,448
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$15,274
Grant Term		1 Year
Total Request for Grant Term		\$15,274

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:	\$10,301
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$10,301

1. Will 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	Government	Community Action ...	08/16/2019	\$10,301

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: Cash
3. Type of source: Government
4. Name the source of the commitment:
(Be as specific as possible and include the office or grant program as applicable) Community Action Agency
5. Date of Written Commitment: 08/16/2019
6. Value of Written Commitment: \$10,301

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	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$23,928	1 Year	\$23,928
4. Supportive Services	\$15,274	1 Year	\$15,274
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$39,202
8. Admin (Up to 10%)			\$2,000
9. Total Assistance Plus Admin Requested			\$41,202
10. Cash Match			\$10,301
11. In-Kind Match			\$0
12. Total Match			\$10,301
13. Total Budget			\$51,503

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:

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: Toby Berry

Date: 08/16/2019

Title: Chief Executive Officer

Applicant Organization: Community Action Agency

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.

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8B. Submission Summary

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

Page		Last Updated
1A. SF-424 Application Type		No Input Required
1B. SF-424 Legal Applicant		No Input Required
New Project Application FY2019		Page 47
		08/16/2019

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/16/2019
1E. SF-424 Compliance	08/14/2019
1F. SF-424 Declaration	08/14/2019
1G. HUD 2880	08/14/2019
1H. HUD 50070	08/14/2019
1I. Cert. Lobbying	08/14/2019
1J. SF-LLL	08/14/2019
2A. Subrecipients	No Input Required
2B. Experience	08/16/2019
3A. Project Detail	08/16/2019
3B. Description	08/16/2019
3C. Expansion	08/16/2019
4A. Services	08/16/2019
4B. Housing Type	08/16/2019
5A. Households	08/16/2019
5B. Subpopulations	08/16/2019
6A. Funding Request	08/16/2019
6E. Rental Assistance	08/14/2019
6F. Supp Srvcs Budget	08/16/2019
6I. Match	08/16/2019
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7D. Certification	08/16/2019