

## 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:** 09/26/2019

**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

	<b>c. Organizational DUNS:</b>	120359559	<b>PLUS 4:</b>	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 DV RRH Program

177644

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**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 DV RRH Program

**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: 09/26/2019

## 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:** \$55,534.00

(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:** 09/26/2019

# 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:** 09/26/2019

## **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:** 09/26/2019

## 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:** 09/26/2019

## 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 DV RRH Program

**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 provide rapid rehousing in partnership with our local DV shelter, to at least 4 homeless households (singles and/or families) fleeing domestic violence, 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 domestic violence shelter as a means to locate potential participants for this program. By definition, eligible participants will be literally homeless. CAA will follow our communities coordinated entry plan for placement of eligible participants into the program, by completing an initial assessment utilizing the Service Prioritization Decision Assessment Tool (SPDAT) in order to prioritize need for services. Once in program SPDAT scores 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 recognizes that these participants may have high experiences of trauma and we will take a trauma informed approach to our case management. Along with housing stability and life skills we will also work with our partnering DV agency to build trauma informed safety plans, rebuild natural and social supports and identify potential triggers as well as seeking needed services for their trauma. CAA staff will work with community partners such as the local DV provider, 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

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

**5. Housing First**

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

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

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

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

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

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

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

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

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

## **3C. Project Expansion Information**

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

## 4A. Supportive Services for Participants

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

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

X

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

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 project 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. Case managers will also assist participants in connection to benefits and/or connect them to a SOAR provider in order to work through the process if applicable; referrals to

our local workforce agency and Michigan Rehabilitation Services when possible and appropriate. Referrals will also be made to local service providers for mental health and general health services and to the VA when needed.

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

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	As needed
Assistance with Moving Costs		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	Monthly
Mental Health Services		Non-Partner	As needed
Outpatient Health Services		Non-Partner	As needed
Outreach Services		Applicant	Weekly
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** Yes

**training in the past 24 months.**

## 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:** 4

**Total Beds:** 7

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	4	7

## 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:** 4

**b. Beds:** 7

### 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	2	2	0	4
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	1	1		2
Accompanied Children under age 18	3		0	3
Unaccompanied Children under age 18			0	0
Total Persons	5	2	0	7

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

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

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24							1			
Persons ages 18-24							1			
Children under age 18							3			
Total Persons	0	0	0	0	0	0	5	0	0	0

Click Save to automatically calculate totals

### Persons in Households without Children

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

Click Save to automatically calculate totals

### Persons in Households with Only Children

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

## 6A. Funding Request

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

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

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

3. Does this project propose to allocate funds according to an indirect cost rate? 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%	15752

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** ☐

**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:			\$35,796
Total Units:			4
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MI - Jackson, MI MSA (2607599999)	4	\$35,796

## 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	1	x	\$989	x	12	=	\$11,868
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	4						\$35,796
Grant Term							1 Year
Total Request for Grant Term							\$35,796

**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 @ \$989)	\$2,983
3. Case Management	.15FTE Housing Advocates (\$3,881); plus fringe (\$2596); cell (\$548); travel \$450 (1,000@\$.45 a mile);	\$7,475
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills	.03FTE Housing Advocates (\$1,273); plus fringe (\$866)	\$2,139
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	.03FTE Housing Advocates (\$1275); plus fringe (\$866)	\$2,141
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$14,738
Grant Term		1 Year
Total Request for Grant Term		\$14,738

Click the 'Save' button to automatically calculate totals.

## 6I. Sources of Match

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

### Summary for Match

Total Value of Cash Commitments:	\$0
Total Value of In-Kind Commitments:	\$13,884
Total Value of All Commitments:	\$13,884

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

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Government	Community Action ...	08/14/2019	\$13,884

## Sources of Match Detail

**1. Will this commitment be used towards match ?** Yes

**2. Type of commitment:** In-Kind

**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:** 08/14/2019

**6. Value of Written Commitment:** \$13,884

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

## 6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$35,796	1 Year	\$35,796
4. Supportive Services	\$14,738	1 Year	\$14,738
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$50,534
8. Admin (Up to 10%)			\$5,000
9. Total Assistance Plus Admin Requested			\$55,534
10. Cash Match			\$0
11. In-Kind Match			\$13,884
12. Total Match			\$13,884
13. Total Budget			\$69,418

Click the 'Save' button to automatically calculate totals.

## 7A. Attachment(s)

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

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## 7A. In-Kind MOU Attachment

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

## Attachment Details

### Document Description:

## 7D. Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

#### **Additional for Rental Assistance Projects:**

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

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

##### **15-Year Operation Rule.**

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

##### **1-Year Operation Rule.**

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

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

**Name of Authorized Certifying Official:** Toby Berry

**Date:** 09/26/2019

**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.**

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

Page		Last Updated
New Project Application FY2019	Page 49	09/26/2019

<b>1A. SF-424 Application Type</b>	No Input Required
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	08/16/2019
<b>1E. SF-424 Compliance</b>	08/14/2019
<b>1F. SF-424 Declaration</b>	08/14/2019
<b>1G. HUD 2880</b>	08/14/2019
<b>1H. HUD 50070</b>	08/14/2019
<b>1I. Cert. Lobbying</b>	08/14/2019
<b>1J. SF-LLL</b>	08/14/2019
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Experience</b>	08/16/2019
<b>3A. Project Detail</b>	08/16/2019
<b>3B. Description</b>	08/16/2019
<b>3C. Expansion</b>	08/14/2019
<b>4A. Services</b>	08/16/2019
<b>4B. Housing Type</b>	08/14/2019
<b>5A. Households</b>	08/14/2019
<b>5B. Subpopulations</b>	No Input Required
<b>6A. Funding Request</b>	08/14/2019
<b>6E. Rental Assistance</b>	08/14/2019
<b>6F. Supp Srvcs Budget</b>	08/16/2019
<b>6I. Match</b>	09/26/2019
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	No Input Required
<b>7A. In-Kind MOU Attachment</b>	No Input Required
<b>7D. Certification</b>	08/16/2019