

## **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:

- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2018 CoC Program grant competition.
- 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 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 Continuum of Care (CoC) Program Competition. For more information see the FY 2018 CoC Program NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA, including the General Section Technical Correction, and all requirements and criteria met.
- 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 the instructions found on each individual screen
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2018 CoC Program NOFA.

## 1A. SF-424 Application Type

**1. Type of Submission:**

**2. Type of Application:** CoC Planning Project Application

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

**If "Other", specify:**

**3. Date Received:** 09/13/2018

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** Maricopa Association of Governments

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 23-7151608

<b>c. Organizational DUNS:</b>	149111213	PLUS 4	
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### d. Address

**Street 1:** 302 N. 1st Avenue Ste. 300

**Street 2:**

**City:** Phoenix

**County:** Maricopa

**State:** Arizona

**Country:** United States

**Zip / Postal Code:** 85003

### e. Organizational Unit (optional)

**Department Name:** Human Services

**Division Name:**

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

**Prefix:** Ms.

**First Name:** Anne

**Middle Name:**

**Last Name:** Scott

**Suffix:**

**Title:** Human Services Planner III

**Organizational Affiliation:** Maricopa Association of Governments

**Telephone Number:** (602) 254-6300

**Extension:**

**Fax Number:** (602) 254-6490

**Email:** [ascott@azmag.gov](mailto:ascott@azmag.gov)

## 1C. SF-424 Application Details

**9. Type of Applicant:** N. Nonprofit without 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-6200-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):** Arizona  
(for multiple selections hold CTRL+Key)

**15. Descriptive Title of Applicant's Project:** AZ-502 CoC Planning Application FY2018

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

- a. Applicant:** AZ-005, AZ-004, AZ-003, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
  - b. Project:** AZ-005, AZ-004, AZ-003, AZ-007, AZ-008, AZ-006, AZ-009, AZ-001
- (for multiple selections hold CTRL+Key)

**17. Proposed Project**

- a. Start Date:** 10/01/2019
- b. End Date:** 09/30/2020

**18. Estimated Funding (\$)**

- a. Federal:**
- b. Applicant:**
- c. State:**
- d. Local:**
- e. Other:**
- f. Program Income:**
- g. Total:**

## 1E. SF-424 Compliance

**19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

**If "YES", enter the date this application was made available to the State for review:**

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

**If "YES," provide an explanation:**

## 1F. SF-424 Declaration

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

I AGREE:

### 21. Authorized Representative

**Prefix:** Mr.

**First Name:** Eric

**Middle Name:**

**Last Name:** Anderson

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (602) 254-6300  
**(Format: 123-456-7890)**

**Fax Number:** (602) 254-6490  
**(Format: 123-456-7890)**

**Email:** eanderson@azmag.gov

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

**Date Signed:** 09/13/2018

# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - Form 2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2510-0011 (exp.11/30/2018)**

## Applicant/Recipient Information

### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** Maricopa Association of Governments

**Prefix:** Mr.

**First Name:** Eric

**Middle Name:**

**Last Name:** Anderson

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:** Maricopa Association of Governments

**Telephone Number:** (602) 254-6300

**Extension:**

**Email:** eanderson@azmag.gov

**City:** Phoenix

**County:** Maricopa

**State:** Arizona

**Country:** United States

**Zip/Postal Code:** 85003

**2. Employer ID Number (EIN):** 23-7151608

**3. HUD Program:** Continuum of Care Program

**4. Amount of HUD Assistance Requested/Received:** \$760,405

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, city and state) of the project or activity:** AZ-502 CoC Planning Application FY2018 302 N. 1st Avenue Ste. 300 Phoenix Arizona

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

**Part I Threshold Determinations**

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
N/A	N/A	\$0.00	N/A
N/A	N/A	\$0.00	N/A
N/A	N/A	\$0.00	N/A
N/A	N/A	\$0.00	N/A
N/A	N/A	\$0.00	N/A

**Part III Interested Parties**

You must disclose:

- 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
- 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		Financial Interest	Financial Interest
FY2018 CoC Planning Project Application	Page 10		09/13/2018

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	in Project/Activity (\$)	in Project/Activity (%)
N/A	N/A	N/A	\$0.00	0%
N/A	N/A	N/A	\$0.00	0%
N/A	N/A	N/A	\$0.00	0%
N/A	N/A	N/A	\$0.00	0%
N/A	N/A	N/A	\$0.00	0%

**Certification**

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

I certify that this information is true and complete.

**I AGREE:**

**Name / Title of Authorized Official:** Eric Anderson, Executive Director

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

**Date Signed:** 05/02/2018

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Maricopa Association of Governments

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

X

**accurate.**

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:** Mr.

**First Name:** Eric

**Middle Name**

**Last Name:** Anderson

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (602) 254-6300  
**(Format: 123-456-7890)**

**Fax Number:** (602) 254-6490  
**(Format: 123-456-7890)**

**Email:** eanderson@azmag.gov

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

**Date Signed:** 09/13/2018

## **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
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**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:** Maricopa Association of Governments

**Name / Title of Authorized Official:** Eric Anderson, Executive Director

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

**Date Signed:** 09/13/2018

# 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:** Maricopa Association of Governments  
**Street 1:** 302 N. 1st Avenue Ste. 300  
**Street 2:**  
**City:** Phoenix  
**County:** Maricopa  
**State:** Arizona  
**Country:** United States  
**Zip / Postal Code:** 85003

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

I certify that this information is true and complete.

**Authorized Representative**

**Prefix:** Mr.

**First Name:** Eric

**Middle Name:**

**Last Name:** Anderson

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (602) 254-6300  
**(Format: 123-456-7890)**

**Fax Number:** (602) 254-6490  
**(Format: 123-456-7890)**

**Email:** eanderson@azmag.gov

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

**Date Signed:** 09/13/2018

## 2A. Project Detail

**1a. CoC Number and Name:** AZ-502 - Phoenix, Mesa/Maricopa County CoC  
**1b. Collaborative Applicant Name:** Maricopa Association of Governments

**2. Project Name:** AZ-502 CoC Planning Application FY2018

**3. Component Type:** CoC Planning Project Application

## **2B. Project Description**

### **1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7.**

The CA is requesting funds to maintain and grow our capacity for meeting the provisions of 24 CRF 578.7. With the requested funds, the CA will have 4 full-time dedicated CoC staff and engage consultants to complete prioritized projects identified by the CoC Board. The CoC staff will be responsible for meeting the requirements of the HEARTH Act, including but not limited to: CoC coordination activities, project evaluation, project monitoring activities, participation in the consolidated plan, CoC application activities, and HUD compliance activities. In addition, staff are responsible for planning, implementing, and analyzing the results of an annual PIT homeless count; coordinating with ESG and other funders; coordinating efforts to ensure connection with mainstream resources; developing, implementing and overseeing a regional Coordinated Entry System; developing, implementing and monitoring the progress of a Regional Plan to End Homelessness; identifying and providing technical assistance opportunities to improve system and program performance; and other coordination activities identified by the CoC Board. In addition to staff and related costs (including printing, supplies, conference expenses, and conference travel), funding will be used to hire consultants to complete projects to ensure full compliance with HEARTH. These may include TA to CoC funded programs to: improve performance, ensure compliance with housing first, increase income for program participants, Outreach Services and Rapid Re-Housing. This funding will allow staff to complete all CoC application activities. In addition, funding will allow for evaluation of project performance. This funding request includes labor for 4 full-time dedicated staff, overhead, materials, meeting room space, copies, equipment, and training and educational opportunities necessary to comply with the HEARTH Act. The funding request will ensure the CA has the capacity to meet the goals to end homelessness in the region.

### **2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.**

During the 1st quarter of 2019, the CoC will develop a scope of work for consulting projects, monitor low scoring projects, conduct compliance activities, perform coordination activities, and complete project evaluation activities. The Board will identify projects for completion by consultants. The Collaborative Applicant will begin the process of hiring consultants. 1st quarter activities will also include debriefing stakeholders on the results of application process, the rank and review process, and performance evaluation tools. The PIT and HIC count will be completed in the 2nd quarter and analysis of the results will begin. 3rd and 4th quarter activities include continuation of 1st quarter activities, implementing consulting projects, conducting monitoring and data analysis, further coordinating a plan to end homelessness, participating in consolidated plan activities, and ensuring compliance with HUD policies and

regulations.

4th quarter activities include completing consulting projects, completing compliance activities outlined for the year, completing annual program evaluation and monitoring activities, continuing coordination efforts, planning for the annual PIT count, completing the NOFA application, and evaluating system-wide performance measures. The CoC Board will receive reports on the progress made by the Collaborative Applicant to complete tasks. The Collaborative Applicant oversees the management of staff dedicated to the CoC funded by this project. The staff offers reports to the CoC Board and takes items to the Board for review and approval. Overall direction for the improvement of system wide performance measures is provided by the CoC Board.

**3. How will the requested funds improve or maintain the CoC's ability to evaluate the outcome of CoC and ESG projects?**

The requested funds will allow the CoC to maintain staffing and dedicate one full-time staff that will be responsible for outcome evaluation and monitoring of programs funded by the CoC in coordination with ESG recipients in the community. We currently have an ESG Subcommittee that meets on a monthly basis and funds will be used to further staff the work of that group with a goal of coordinating on the evaluation of CoC and ESG funded programs. ESG recipients will collaborate on outcome measurements and common scopes of work. Currently, three of the five ESG recipients share a common scope of work. The other two recipients are working to align their contracts with the region; however, differing funding cycles require phased implementation of the strategy. A common ESG performance evaluation report is in development within HMIS as the foundation for this effort. Last year, the group agreed to Regional Financial Assistance Standards for Rapid Re-Housing programs. This year the group is ensuring ESG subrecipients and CoC-funded RRH programs adhere to those standards.

The group worked with local governments and the United Way to adopt the RRH Financial Assistance Standards as well. This funding will increase our capacity to delve deeper into the coordination of the CoC Program, ESG funding and other funders, which will allow us to align outcome measurement efforts and ultimately improve the performance of programs to better meet the needs of those being served and the priorities of the region. The performance and monitoring staff will work closely with the ESG jurisdictions as well as other stakeholders to identify the gaps and develop solutions to meet the needs of homeless individuals and families in the CoC. The requested funds provide resources to staff the ESG Subcommittee, which is responsible for convening to align the ESG outcome evaluation protocol, coordinate funding goals and performance standards, and monitor projects.

**4. How will the planning activities continue beyond the expiration of HUD financial assistance?**

The CoC planning activities take place year round and will continue beyond the expiration of the financial assistance provided by HUD. Planning activities are supported by the jurisdictions in the CoC as well as leveraged by the CoC stakeholders throughout the region including the CoC Board. The Maricopa Association of Governments has been the Lead Agency for the CoC since 1999 and is a dedicated partner to this effort. The Collaborative Applicant has been

able to successfully coordinate the competition for new and renewal projects over the years and will continue to prioritize this work. These CoC Planning Funds will allow us to increase our capacity so that we can continue to be a successful CoC, meet the goals of the Regional Plan to End Homelessness, provide educational and training opportunities for staff and CoC funded providers and ensure compliance with the HEARTH Act. The Collaborative Applicant, in coordination with the CoC Board, will ensure that the region has an effective homeless system that meets the needs of the homeless men, women and children in our CoC community.

### 3A. Governance and Operations

**1. How often does the CoC conduct meetings of the full CoC membership?** Monthly

**2. Does the CoC include membership of a homeless or formerly homeless person?** Yes

**2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)**

Participates in CoC meetings:	<input checked="" type="checkbox"/>
Votes, including electing Coc Board:	<input checked="" type="checkbox"/>
Sits on CoC Board:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**3. Does the CoC's governance charter incorporate written policies and procedures for each of the following**

- a. **Written agendas of CoC meetings?** Yes
- b. **Coordinated Entry? (Also known as centralized or coordinated assessment)** No

**Please explain why written policies and procedures for Coordinated Entry have not been incorporated into the CoC's governance charter?**

The Coordinated Entry policies and procedures have been adopted by the CoC Board of Directors and are available on the Collaborative Applicant's website along with the Governance Charter as a related document. The policies and procedures are in compliance with the HUD Notice CPD-17-01.

- c. **Process for monitoring outcomes of ESG recipients?** Yes
- d. **CoC policies and procedures?** Yes
- e. **Written process for board selection?** Yes
- f. **Code of Conduct for board members that includes a recusal process?** Yes
- g. **Written standards for administering assistance?** Yes

**4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months?** No

### 3B. Committees

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, to address homeless needs in the CoC's geographic area that recommend and set policy priorities for the CoC, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

Name of Group	Role of the Group (max 750 characters)	Meeting Frequency	Name of Individuals and/or Organizations Represented
Maricopa Regional CoC Board	The Board is the policy setting & decision-making body for CoC. Roles & responsibilities include, but are not limited to: 1) hold meetings; 2) invite new members; 3) adopt process to select Board, 4) establish additional committees & subcommittees, as necessary, & ensure appropriate membership representation; 5) develop, follow, & annually update governance charter in consultation with MAG staff & HMIS lead; 6) designate a single HMIS for the region; 7) designate an eligible applicant to manage HMIS; 8) recognize accomplishments, provide support to & take appropriate action on the performance of CoC funded projects; and, 9) make strategic planning and policy decisions for the CoC.	Monthly	City of Chandler, AZ Coal. to End Sexual & DV, formerly homeless ind., County Human Serv. Dept., UMOM, Dept. of Veterans Affairs, County Jails, Human Services Campus, Native American Connections, Tempe PD, AZ Head Start Association, Mercy Care
Maricopa Regional CoC Committee	The Committee is a collaborative of cross-sector stakeholders providing housing & services to people experiencing homelessness. Roles & responsibilities include: 1) provide input on systems level data dashboard to identify areas of success & need; 2) update annually written standards for providing HUD assistance; 3) provide input on the coordination of the housing service system; 4) contribute content & feedback to the regional plan to end homelessness; 5) guide the scope of the working groups, based on the regional plan; 6) propose clarification to definitions so that a common set of terms are used; 7) support participation in HMIS; 8) support transparency of data; and 9) contribute feedback on evaluation tools.	Monthly	Please refer to the attached membership roster. The CoC Committee includes a robust membership roster, not all organizations will fit in this space.

Data Subcommittee	The CoC Data Subcommittee provides input to the Board on policies related to HMIS. Roles & responsibilities include: 1) ensure programmatic areas are measured using HMIS for dashboards; 2) recommend approval of a privacy, security & data quality plan for HMIS, which includes HUD-covered coordinated entry processes; 3) recommend HMIS policies and procedures, which includes HUD covered coordinated entry processes & a data sharing policy; 4) support data transparency for peer review purposes; 5) establish common definitions for data elements (example, entry and exit); 6) provide feedback to staff on data dashboard for presentation to the Board & HMIS evaluation tool; and, 8) provide feedback to staff on the feasibility of scorecard metrics.	Monthly	City of Glendale, Corporation for Supportive Housing, Save the Family, Arizona Behavioral Health Corp., Mercy Care, Central AZ Shelter Services, Crisis Response Network, UMOM, Native American Connections, Human Services Campus & Community Bridges
Coordinated Entry Subcommittee	The Coordinated Entry Subcommittee makes recommendations to the Board on guidelines for the Coordinated Entry System. Roles & responsibilities include: 1) recommend to the Board written standards for determining & prioritizing eligibility criteria for individuals & families; 2) recommend policies to comply with HUD notices on coordinated entry; 3) facilitate the integration of other systems of care, such as veterans, justice system, healthcare / behavioral health (including substance abuse), & domestic violence system; 4) use data to inform policy changes; and, 5) provide feedback to staff on monitoring & evaluation.	Monthly	Central AZ Shelter Service, AHCCCS, Community Bridges, A New Leaf, County Correctional Health Services, Crisis Response Network, UMOM, Human Services Campus, Save the Family, Dept. of Veterans Affairs
Rank and Review Subcommittee	The Review and Rank Subcommittee will review and evaluate all CoC project applications submitted in the local competition. Roles & responsibilities include: 1) meet to discuss each application and conduct short, voluntary interviews with applicants either in person, by phone, or video conference; 2) present one or more options to the CoC Board in a public meeting & articulate the potential pros, cons, & impact of each recommendation; and, 3) give feedback to applicants on quality of application & ways to strengthen the application before submission to HUD.	Annually	City of Phoenix, AZ Department of Economic Security, Mercy Care, City of Glendale, Nationwide Foundation

## 4A. 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:	\$190,101
Total Value of All Commitments:	\$190,101

**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	In-Kind	Government	Maricopa County	08/31/2018	\$120,000
Yes	In-Kind	Government	City of Phoenix	09/05/2018	\$70,101

## Sources of Match Details

- 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: Maricopa County  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/31/2018
- 6. Value of Written Commitment: \$120,000

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.

## Sources of Match Details

- 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: City of Phoenix  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 09/05/2018
- 6. Value of Written Commitment: \$70,101

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.

## 4B. Funding Request

**1. Will it be feasible for the project to be under grant agreement by September 30, 2020?**    Yes

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

**3. Select a grant term:**    1 Year

**A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.**

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
<b>1. Coordination Activities</b>	2.26 FTE hours, benefits and overhead for CoC dedicated staff, printing, supplies, conference expenses, conference travel, and consulting.	\$384,342
<b>2. Project Evaluation</b>	.66 FTE hours, benefits and overhead for CoC dedicated staff, printing, supplies, conference expenses, conference travel, and consulting.	\$136,671
<b>3. Project Monitoring Activities</b>	.49 FTE hours, benefits and overhead for CoC dedicated staff, printing, supplies, travel, and consulting.	\$109,882
<b>4. Participation in the Consolidated Plan</b>	.19 FTE hours, benefits and overhead for CoC dedicated staff, printing, supplies, and consulting.	\$30,889
<b>5. CoC Application Activities</b>	.1 FTE hours, benefits and overhead for CoC dedicated staff, printing, supplies, and consulting.	\$52,242
<b>6. Determining Geographical Area to Be Served by the CoC</b>		
<b>7. Developing a CoC System</b>	.15 FTE hours, benefits and overhead for CoC dedicated staff, printing, supplies, conference expenses, conference travel, and consulting.	\$25,863
<b>8. HUD Compliance Activities</b>	.15 FTE hours, benefits and overhead for CoC dedicated staff, printing, supplies, conference expenses, conference travel, and consulting.	\$20,516
<b>Total Costs Requested</b>		\$760,405
<b>Cash Match</b>		\$0
<b>In-Kind Match</b>		\$190,101
<b>Total Match</b>		\$190,101
<b>Total Budget</b>		\$950,506

**Click the 'Save' button to automatically calculate the Total Assistance**

## 5A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No	MRCoC Planning Gr...	09/11/2018
2. Other Attachment(s)	No	MRCoC Committee R...	09/11/2018

## **Attachment Details**

**Document Description:** MRCoC Planning Grant Match Letters

## **Attachment Details**

**Document Description:** MRCoC Committee Roster

## 5A. In-Kind MOU Attachment

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

## Attachment Details

### Document Description:

## 5B. 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.

**1-Year Operation Rule.**

For applicants receiving assistance for CoC planning: the project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**D. Explanation.**

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

**Name of Authorized Certifying Official:** Eric Anderson

**Date:** 09/13/2018

**Title:** Executive Director

**Applicant Organization:** Maricopa Association of Governments

**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).**

## 6A. Submission Summary

Page	Last Updated
<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>	09/11/2018
<b>1E. SF-424 Compliance</b>	08/30/2018
<b>1F. SF-424 Declaration</b>	08/30/2018
<b>1G. HUD 2880</b>	08/30/2018
<b>1H. HUD 50070</b>	08/30/2018
<b>1I. Cert. Lobbying</b>	08/30/2018
<b>1J. SF-LLL</b>	08/30/2018

<b>2A. Project Detail</b>	08/30/2018
<b>2B. Description</b>	09/12/2018
<b>3A. Governance and Operations</b>	09/11/2018
<b>3B. Committees</b>	09/11/2018
<b>4A. Match</b>	09/11/2018
<b>4B. Funding Request</b>	09/11/2018
<b>5A. Attachment(s)</b>	09/11/2018
<b>5A. In-Kind MOU Attachment</b>	No Input Required
<b>5B. Certification</b>	Please Complete



**Maricopa County**  
**Human Services Department**  
Housing and Community Development Division

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August 31, 2018

Brande Mead, Human Services Manager  
Maricopa Regional Continuum of Care  
Maricopa Association of Governments  
302 N 1<sup>st</sup> Avenue, Suite 300  
Phoenix, AZ 85003

Re: Letter of Commitment for Matching Funds

Dear Mrs. Mead:

The Maricopa County Human Services Department is pleased to provide a commitment of in-kind matching funds in the amount of \$120,000 for the Maricopa Regional Continuum of Care Planning Grant. The source of these funds is the Maricopa County General Fund that are used to support our Homelessness Program in the Housing and Community Development Division.

We appreciate the continued partnership with the Maricopa Regional Continuum of Care towards our mutual goal of ending homelessness in the region. If you have any questions, please contact Rachel Milne, Assistant Director of Housing and Community Development, at 602-372-1528 or [Rachel.Milne@Maricopa.Gov](mailto:Rachel.Milne@Maricopa.Gov).

Sincerely,

A handwritten signature in cursive script that reads "Bruce Liggett".

Bruce Liggett  
Director  
Human Services Department

cc: Rachel Milne



## City of Phoenix

HUMAN SERVICES DEPARTMENT

September 5, 2018

Brande Mead, Human Services Manager  
Maricopa Regional Continuum of Care  
Maricopa Association of Governments  
302 N 1<sup>st</sup> Avenue, Suite 300  
Phoenix, AZ 85003

Re: Letter of Commitment for Matching Funds

Dear Mrs. Mead:

The City of Phoenix Human Services Department is pleased to provide a commitment of in-kind matching funds in the amount of \$70,101 for the Maricopa Regional Continuum of Care Planning Grant from October 1, 2019 through September 30, 2020. The source of these funds is from the Homeless Solutions Manager salary.

We appreciate the continued partnership with the Maricopa Regional Continuum of Care towards our mutual goal of ending homelessness in the region. If you have any questions, please contact Tamyra Spendley, Deputy Human Services Director, at 602-534-0576 or [tamyra.spendley@phoenix.gov](mailto:tamyra.spendley@phoenix.gov).

Sincerely,

Marchelle F. Franklin  
Human Services Director

CoC Committee 2017/2018

FullName	Title	Organization
Elizabeth da Costa	Director of Housing and Community Integration	Community Bridges, Inc.
Kathy Di Nolfi	Chief Program Officer	A New Leaf
Alfred Edwards	DES State Homeless Coordinator	Arizona Department of Economic Security
Blythe Fitzharris Ph.D., LCSW	Adult System of Care Coordinator	Mercy Maricopa Integrated Health
Shane Groen	Special Initiatives Director	Arizona Housing Coalition
Sheila Harris PhD	Principal	Sheila D Harris Consulting Services LLC
Michelle Jameson	Program Director	U.S. VETS - Phoenix
Laura Magruder M.Ed.	Chief Executive Officer, The Flat House	Maggie's Place
Linda Mushkatel	Board of Director	Lodestar Day Resource Center
Tyler Rosensteel	HMIS Director	Community Information and Referral
Chela Schuster	Senior Director, Housing	UMOM
Sara Sims	Local Education Association Liaison	Phoenix Elementary School District
Barbara A. Sloan	Executive Director, Phoenix Family Services	The Salvation Army
Stephanie Small	Director for Community Services	City of Glendale
Stefanie Smith	Supportive Housing Supervisor	Native American Connections
Charles Sullivan	Director of Housing	Arizona Behavioral Health Corporation
Jacki Taylor	Executive Director	Save the Family
Keith A. Thompson	Executive Director/CEO	Phoenix Shanti Group
Kim Van Nimwegen	Homeless Coordinator	City of Tempe
John Wall	Supportive Housing Director	Arizona Housing, Inc.
Andrew Wambach	Regional Coordinated Entry Systems Supervisor	Human Services Campus
Brandi Whisler	Director of Outpatient Services	Circle the City
Andrea Williams	Program Coordinator	Southwest Behavioral & Health Services