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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	07/31/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0191
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: A New Leaf, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0256667

	c. Organizational DUNS:	611923640	**PLUS 4**	

d. Address

Street 1: 868 E. University Dr.

Street 2:

City: Mesa

County:

State: Arizona

Country: United States

Zip / Postal Code: 85203

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Ms.

First Name: Beth

Middle Name:

Last Name: Noble

Suffix:

Title: Grants and Contracts Manager

Organizational Affiliation: A New Leaf, Inc.

Telephone Number: (480) 969-4024

Extension: 4039
Fax Number: (480) 969-0039
Email: bnoble@turnanewleaf.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	A New Leaf Transitional Housing & Rapid Rehousing Program
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-005, AZ-007, AZ-009
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-007, AZ-008, AZ-006, AZ-009
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Michael
Middle Name:	T.
Last Name:	Hughes
Suffix:	
Title:	CEO
Telephone Number: (Format: 123-456-7890)	(480) 969-4024
Fax Number: (Format: 123-456-7890)	(480) 969-0039
Email:	mhughes@turnanewleaf.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/31/2018

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:	A New Leaf, Inc.
Prefix:	Mr.
First Name:	Michael
Middle Name:	T.
Last Name:	Hughes
Suffix:	
Title:	CEO
Organizational Affiliation:	A New Leaf, Inc.
Telephone Number:	(480) 969-4024
Extension:	
Email:	mhughes@turnanewleaf.org
City:	Mesa
County:	
State:	Arizona
Country:	United States
Zip/Postal Code:	85203

2. Employer ID Number (EIN):	86-0256667
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$347,990.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: A New Leaf Transitional Housing & Rapid Rehousing Program 868 E. University Dr. Mesa 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? (For further information, see 24 CFR Sec. 4.3). Yes

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
Arizona Department of Economic Security	Grant	$862,936.00	Program Operations
City of Glendale	Grant	120000.0	Program Operations
City of Mesa	Grant	$55,000.00	Program Operations
Arizona Department of Housing	Grant	$1,000,000.00	Program Operations
Victims of Crime Act	Grant	$297,593.00	Program Operations

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$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: X

Name / Title of Authorized Official: Michael Hughes, CEO

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

Date Signed: 07/25/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: A New Leaf, Inc.

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:	Michael
Middle Name	T.
Last Name:	Hughes
Suffix:	
Title:	CEO
Telephone Number: (Format: 123-456-7890)	(480) 969-4024
Fax Number: (Format: 123-456-7890)	(480) 969-0039
Email:	mhughes@turnanewleaf.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/31/2018

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

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: A New Leaf, Inc.

Name / Title of Authorized Official: Michael Hughes, CEO

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

Date Signed: 07/31/2018

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:	A New Leaf, Inc.
Street 1:	868 E. University Dr.
Street 2:	
City:	Mesa
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85203

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:	Mr.
First Name:	Michael
Middle Name:	T.
Last Name:	Hughes
Suffix:	
Title:	CEO
Telephone Number: (Format: 123-456-7890)	(480) 969-4024
Fax Number: (Format: 123-456-7890)	(480) 969-0039
Email:	mhughes@turnanewleaf.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	07/31/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

This is a first time project renewal for A New Leaf's FY17 award; the grant term has not yet expired for this FY17 project.

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

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? No

Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.

This is a first time project renewal for A New Leaf's FY17 award; less than one quarter of this FY17 project has been completed.

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

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $0

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

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0191
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	A New Leaf Transitional Housing & Rapid Rehousing Program
4. Project Status:	Standard
5. Component Type:	Joint TH & PH-RRH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

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

The Arizona Department of Economic Security documented 7,920 victims of domestic violence receiving services in 2017, an 11% increase from 2016. The requested CoC Program funding will allow A New Leaf's Transitional and Rapid Re-Housing Program to provide assistance to 210 domestic violence victims in Maricopa County over the term of the FY18 renewal grant.

A New Leaf's CoC program follows a Housing First approach through the provision of basic needs, voluntary supportive services, and assistance with more permanent housing options. Program participants are referred by Maricopa County's Coordinated Entry Systems. A New Leaf's CoC clients are homeless victims of domestic violence who select the housing intervention that best suits their safety needs.

Clients choosing transitional housing are placed at A New Leaf's Faith House. The 72-bed facility provides 5 units (20 beds) of transitional housing for the program. Clients generally participate in transitional housing for 2 months. Rapid re-housing candidates are referred to HOM Inc., for rental property search, leasing services, and Housing Quality Standards inspections. They are eligible for rental assistance based on the HUD CoC guidelines.

Participants in A New Leaf's CoC program work with experienced case managers to assess their needs, strengths, and weaknesses. Clients are then referred for appropriate community services, including: housing, healthcare, mental healthcare, substance abuse treatment, social services, employment, child care, transportation, education, landlord/tenant mediation, legal services, financial coaching, and credit repair.

Partnership with Maricopa County Workforce Connections allows clients to participate in resume development, career counseling, job readiness, job search, and job skills training. As a Maricopa Workforce Access Point, A New Leaf's CoC program also offers employable women access to GED preparation, housing and employment specialists, and job-specific training. Bus passes are available and parents are referred to child care services.

A New Leaf employs two SOAR Specialists to assist clients in applying for appropriate mainstream benefits (Social Security Income, Social Security Disability Income, Supplemental Nutrition Assistance Program, Arizona Health Care Cost Containment System health insurance, and others that apply). A New Leaf's staff conduct at least annual follow-ups to ensure that applicable mainstream benefits are received and renewed.

A New Leaf anticipates that 120 individuals will benefit from transitional housing and another 90 from rapid re-housing over the term of the grant. Case management/exit surveys will be used to track and report program measurements, including:
•80% of employable clients will secure and/or improve employment before time

of exit
•80% of clients will improve levels of self-sufficiency and stability
•80% of clients will report an increased knowledge of community services available

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

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

Chronic Homeless		**Domestic Violence**	X
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

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

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

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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

Failure to participate in supportive services	X

Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

4A. Supportive Services for Participants

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

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

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

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

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

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

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

4B. Housing Type and Location

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

	TH	RRH	Total
Total Units:	5	25	30
Total Beds:	20	55	75

Housing Type	Housing Type (JOINT)	Units	Beds
---	Dormitory, shared...	5	20
---	Scattered-site ap...	25	55

4B. Housing Type and Location Detail

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

1. Is this housing type for the TH or RRH portion of the project?	TH
1a. Does this TH portion of the project have private rooms per household?	Yes
1b. Is this a private or semi private rooms?	Yes
2. Housing Type:	Dormitory, shared or private rooms
3. What is the funding source for these units and beds? (If multiple sources, select "Mixed" from the dropdown menu)	Mixed Funding
Other Funding Source:	VOCA

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

a. Units: 5

b. Beds: 20

5. Address:

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

Street 1:	8581 N. 61st Ave. Building B
Street 2:	
City:	Glendale

State: Arizona

ZIP Code: 85302

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

040186 Glendale

4B. Housing Type and Location Detail

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

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

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

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

Other Funding Source: Arizona Department of Economic Security, City of Glendale, Arizona Department of Housing

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

a. Units: 25

b. Beds: 55

5. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration

office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 868 E. University Drive

Street 2:

City: Mesa

State: Arizona

ZIP Code: 85203

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

049013 Maricopa County

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	45	30	0	75

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	30	20		50
Adults ages 18-24	15	10		25
Accompanied Children under age 18	135		0	135
Unaccompanied Children under age 18			0	0
Total Persons	180	30	0	210

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							30			
Adults ages 18-24							15			
Children under age 18							135			
Total Persons	0	0	0	0	0	0	180	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							20			
Adults ages 18-24							10			
Total Persons	0	0	0	0	0	0	30	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	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

	Directly from the street or other locations not meant for human habitation.
40%	**Directly from emergency shelters.**
	Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (TH and SSO Pojects Only)
	Directly from safe havens.
10%	**Persons fleeing domestic violence.**
50%	**Directly from transitional housing.**
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	**Total of above percentages**

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	Yes
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

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

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	
HMIS	

6C. 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:	$249,540
Total Units:	25

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	25	$249,540

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$468	$468	x	12		=	$0
0 Bedroom		x	$624	$624	x	12		=	$0
1 Bedroom	15	x	$757	$757	x	12		=	$136,260
2 Bedrooms	10	x	$944	$944	x	12		=	$113,280
3 Bedrooms		x	$1,374	$1,374	x	12		=	$0
4 Bedrooms		x	$1,594	$1,594	x	12		=	$0
5 Bedrooms		x	$1,833	$1,833	x	12		=	$0
6 Bedrooms		x	$2,072	$2,072	x	12		=	$0
7 Bedrooms		x	$2,311	$2,311	x	12		=	$0
8 Bedrooms		x	$2,550	$2,550	x	12		=	$0
9 Bedrooms		x	$2,790	$2,790	x	12		=	$0
Total Units and Annual Assistance Requested	25								$249,540
Grant Term									1 Year
Total Request for Grant Term									$249,540

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	$86,998
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$86,998

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	A New Leaf Founda...	07/25/2018	$86,998

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	A New Leaf Foundation
5. Date of Written Commitment:	07/25/2018
6. Value of Written Commitment:	$86,998

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$249,540
3. Supportive Services	$67,542
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$317,082
7. Admin (Up to 10%)	$30,908
8. Total Assistance plus Admin Requested	$347,990
9. Cash Match	$86,998
10. In-Kind Match	$0
11. Total Match	$86,998
12. Total Budget	$434,988

7A. Attachment(s)

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

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Michael Hughes

Date: 07/31/2018

Title: CEO

Applicant Organization: A New Leaf, Inc.

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.	Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
Part 4 - Housing Services and HMIS	
4A. Services	X
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	X
6C. Rental Assistance	X
6D. Match	X

6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

This is a first time renewal of a project awarded in FY17; based on its renewal status, submitting this proposed project without selecting "Make Changes" was not possible.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/25/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	07/31/2018

1E. SF-424 Compliance	07/25/2018
1F. SF-424 Declaration	07/25/2018
1G. HUD-2880	07/25/2018
1H. HUD-50070	07/25/2018
1I. Cert. Lobbying	07/25/2018
1J. SF-LLL	07/25/2018
Recipient Performance	07/30/2018
Renewal Grant Consolidation	07/25/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/25/2018
3B. Description	07/31/2018
4A. Services	07/26/2018
4B. Housing Type	07/25/2018
5A. Households	07/25/2018
5B. Subpopulations	No Input Required
5C. Outreach	07/25/2018
6A. Funding Request	07/25/2018
6C. Rental Assistance	07/25/2018
6D. Match	07/25/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7B. Certification	07/25/2018
Submission Without Changes	07/30/2018

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	07/27/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0052
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Arizona Behavioral Health Corporation

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0888064

	c. Organizational DUNS:	038087149	**PLUS 4**	

d. Address

Street 1: 501 E. Thomas Rd.

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85012

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Mr.

First Name: Charles

Middle Name:

Last Name: Sullivan

Suffix:

Title: Director of Housing

Organizational Affiliation: Arizona Behavioral Health Corporation

Telephone Number: (602) 712-9200

Extension: 214
Fax Number: (602) 712-9222
Email: charless@azabc.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	Another Chance
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-007
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-004, AZ-003, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
17. Proposed Project	
a. Start Date:	06/01/2019
b. End Date:	05/31/2020
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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

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:	Arizona Behavioral Health Corporation
Prefix:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Organizational Affiliation:	Arizona Behavioral Health Corporation
Telephone Number:	(602) 712-9200
Extension:	209
Email:	tedw@azabc.org
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85012

2. Employer ID Number (EIN):	86-0888064
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$1,244,995.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Another Chance 501 E. Thomas Rd. 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? (For further information, see 24 CFR Sec. 4.3). Yes

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$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: X

Name / Title of Authorized Official: Ted Williams, President/CEO

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

Date Signed: 07/18/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Arizona Behavioral Health Corporation

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:	Ted
Middle Name	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

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

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: Arizona Behavioral Health Corporation

Name / Title of Authorized Official: Ted Williams, President/CEO

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

Date Signed: 07/27/2018

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:	Arizona Behavioral Health Corporation
Street 1:	501 E. Thomas Rd.
Street 2:	
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85012

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:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

ABC cannot budget specific amounts for individual units because of the unpredictable factors involved in housing individuals in the grants ABC manages. ABC has no barriers regarding family size, sobriety, correctional records, or disabilities. ABC also supports family reunification once an individual is housed and stabilized and works closely with the individuals assigned service provider to successfully rehouse individuals when evictions occur. Therefore the housing of individuals in ABC managed grants is a dynamic environment based upon funds spent versus remaining funds available and requires constant monitoring that status to determine the number of individuals to be housed as vacancies occur. ABC works diligently to minimize the funds reverted to HUD to be recaptured, and always houses more people than established in the application based on FMR amounts. For the expired grant period, the reversion percentage was 0.78% which would have been adequate to fund only one additional unit that grant period. ABC housed an average of 194 people in 140 units, compared to 129 people in 118 units in the application, for average bed and unit utilization rates of 150% and 119% respectively.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: $0

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

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0052
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	Another Chance
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

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

This is a permanent housing project that will serve approximately 118 homeless individuals and families with chronic substance use and mental health challenges who are enrolled in the Regional Behavioral Health Authority of Maricopa County (RBHA). The project will use a scattered sites Tenant Based Rental Assistance model utilizing private market units. Individuals will receive supportive services from the RBHA. The RBHA provides services including case management, rehabilitation services, medication, counseling, crisis and psychiatric services. The case manager assists the recipient, prioritizes their needs and identifies the resources to assist the participant obtain the goals in their individual service plan.

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

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

Chronic Homeless		**Domestic Violence**	
Veterans		**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

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

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

Having too little or little income	X

Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section lll.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section lll.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section lll.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	N/A

4A. Supportive Services for Participants

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

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

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

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

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

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

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

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: 118

Total Beds: 129

Total Dedicated CH Beds: 9

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	118	129

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: 118

b. Beds: 129

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 9

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. 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: 501 E. Thomas Rd.

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85012

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

049013 Maricopa County

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	9	109	0	118

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	9	114		123
Adults ages 18-24	3	4		7
Accompanied Children under age 18	12		0	12
Unaccompanied Children under age 18			0	0
Total Persons	24	118	0	142

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	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	0	0	5	0	7	2	1	0	2
Adults ages 18-24	0	0	0	1	0	2	0	0	0	1
Children under age 18	0			0	0	0	0	0	0	12
Total Persons	1	0	0	6	0	9	2	1	0	15

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	9	0	0	57	4	114	10	5	8	0
Adults ages 18-24	0	1	0	2	2	4	4	4	4	0
Total Persons	9	1	0	59	6	118	14	9	12	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	0

Describe the unlisted subpopulations referred to above:

The unlisted sub-populations are additional household members without disabilities or history of domestic violence.

5C. Outreach for Participants

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	Directly from the street or other locations not meant for human habitation.
50%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
0%	Directly from transitional housing.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

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

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

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

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	
HMIS	

6C. 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:	$1,089,936
Total Units:	118

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	118	$1,089,936

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO	0	x	$468	$468	x			=	$0
0 Bedroom	6	x	$624	$624	x			=	$44,928
1 Bedroom	102	x	$757	$757	x			=	$926,568
2 Bedrooms	9	x	$944	$944	x			=	$101,952
3 Bedrooms	1	x	$1,374	$1,374	x			=	$16,488
4 Bedrooms	0	x	$1,594	$1,594	x			=	$0
5 Bedrooms	0	x	$1,833	$1,833	x			=	$0
6 Bedrooms	0	x	$2,072	$2,072	x			=	$0
7 Bedrooms	0	x	$2,311	$2,311	x			=	$0
8 Bedrooms	0	x	$2,550	$2,550	x			=	$0
9 Bedrooms	0	x	$2,790	$2,790	x			=	$0
Total Units and Annual Assistance Requested	118								$1,089,936
Grant Term									1 Year
Total Request for Grant Term									$1,089,936

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	$622,498
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$622,498

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Mercy Care	07/25/2018	$622,498

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Mercy Care
5. Date of Written Commitment:	07/25/2018
6. Value of Written Commitment:	$622,498

6E. Summary Budget

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

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$1,089,936
3. Supportive Services	$70,000
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$1,159,936
7. Admin (Up to 10%)	$85,059
8. Total Assistance plus Admin Requested	$1,244,995
9. Cash Match	$622,498
10. In-Kind Match	$0
11. Total Match	$622,498
12. Total Budget	$1,867,493

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	2018 Mercy Care M...	07/25/2018
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: 2018 Mercy Care Match Letter

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Ted Williams

Date: 07/27/2018

Title: President/CEO

Applicant Organization: Arizona Behavioral Health Corporation

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	
Part 6 - Budget Information	
6A. Funding Request	
6C. Rental Assistance	X

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Changes made to 3B to check box under "Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area" that did not carry over from previous application and is necessary to establish project as Housing First. Changes made to 6D to increase match amount from source from previous application. Changes made to 6C to remove an empty record that carried over from the previous application. Changes were made to 4B to update applicant address.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/18/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	07/24/2018
1E. SF-424 Compliance	07/18/2018
1F. SF-424 Declaration	07/18/2018
1G. HUD-2880	07/18/2018
1H. HUD-50070	07/18/2018
1I. Cert. Lobbying	07/18/2018
1J. SF-LLL	07/25/2018
Recipient Performance	07/26/2018
Renewal Grant Consolidation	07/18/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/18/2018
3B. Description	07/19/2018
3C. Dedicated Plus	07/18/2018
4A. Services	07/18/2018
4B. Housing Type	08/16/2018
5A. Households	07/18/2018
5B. Subpopulations	07/18/2018
5C. Outreach	07/18/2018
6A. Funding Request	07/18/2018
6C. Rental Assistance	07/18/2018
6D. Match	07/25/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/25/2018
7B. Certification	07/27/2018
Submission Without Changes	07/26/2018

mercy care

July 25, 2018

Ted Williams
President & CEO
Arizona Behavioral Health Corporation (ABC)
1406 N. Second Street
Phoenix, Arizona 85004

RE: 2018 – Mercy Care Match Letter

Dear Mr. Williams:

Mercy Care is pleased to participate in ABC's application for the U.S. Department of Housing and Urban Development (HUD) Continuum of Care projects to provide permanent housing under the Maricopa County Continuum of Care Program.

This letter serves as our commitment to ABC that as the designated Regional Behavioral Health Authority (RBHA) for Maricopa County, Mercy Care will provide the funding support indicated for the terms identified for the following grants:

Grant	Term of Commitment	Match	Leverage
Another Chance	June 2019 to May 2020	$ 622,498	$ 622,498
Casa de Luz	Oct. 2019 to Sep. 2020	$ 279,424	$ 279,424
Casa de Paz	July 2019 to June 2020	$ 196,729	$ 196,729
Casa Mia	July 2019 to June 2020	$ 361,659	$ 361,659
HUD 3024	July 2019 to June 2020	$ 273,722	$ 273,722
HUD 3084	July 2019 to June 2020	$ 495,827	$ 495,827
PSH 2009	June 2019 to May 2020	$ 229,728	$ 229,728
PSH 2016	Jan 2020 to Dec. 2020	$ 503,209	$ 503,209
PSH 3106	July 2019 to June 2020	$ 365,904	$ 365,904
PSH 3109	Sep. 2019 to Aug. 2020	$ 365,904	$ 365,904
SPC 151	March 2019 to Feb. 2020	$ 811,039	$ 811,039
SPC 189	July 2019 to June 2020	$ 1,023,472	$ 1,023,472
SPC 293	July 2019 to June 2020	$ 1,578,761	$ 1,578,761
Village	Feb. 2019 to Jan. 2020	$ 955,092	$ 955,092

Mercy Care is aware that ABC is applying for two consolidated renewal grants. If funded as consolidated renewal grants, the following Match and Leverage is not in addition to, but will replace the Match and Leverage listed for Casa de Paz, Casa Mia, PSH 3106, HUD 3024 and HUD 3084.

Grant	Term of Commitment	Match	Leverage
Casa Mia de	July 2019 to June 2020	$ 924,292	$ 924,292
HUD 6108	July 2019 to June 2020	$ 769,548	$ 769,548

The funding will be provided in the form of service delivery to members RBHA members housed by ABC through the identified grants.

Mercy Care looks forward to working with you in implementing the subject grants and in our coordinated efforts to serve homeless persons in Maricopa County. Please feel free to contact Andrea Bell at (480) 202-0729 if you need anything further.

Sincerely,

Andrea Bell
Housing Administrator

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	07/27/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0111
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Arizona Behavioral Health Corporation

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0888064

	c. Organizational DUNS:	038087149	**PLUS 4**	

d. Address

Street 1: 501 E. Thomas Rd.

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85012

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Mr.

First Name: Charles

Middle Name:

Last Name: Sullivan

Suffix:

Title: Director of Housing

Organizational Affiliation: Arizona Behavioral Health Corporation

Telephone Number: (602) 712-9200

Extension: 214
Fax Number: (602) 712-9222
Email: charless@azabc.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	Casa de Luz
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-007
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-004, AZ-003, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

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:	Arizona Behavioral Health Corporation
Prefix:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Organizational Affiliation:	Arizona Behavioral Health Corporation
Telephone Number:	(602) 712-9200
Extension:	209
Email:	tedw@azabc.org
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85012

2. Employer ID Number (EIN):	86-0888064
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$558,847.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Casa de Luz 501 E. Thomas Rd. 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? (For further information, see 24 CFR Sec. 4.3). Yes

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$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: X

Name / Title of Authorized Official: Ted Williams, President/CEO

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

Date Signed: 07/19/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Arizona Behavioral Health Corporation

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:	Ted
Middle Name	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

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

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: Arizona Behavioral Health Corporation

Name / Title of Authorized Official: Ted Williams, President/CEO

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

Date Signed: 07/27/2018

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:	Arizona Behavioral Health Corporation
Street 1:	501 E. Thomas Rd.
Street 2:	
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85012

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:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

ABC cannot budget specific amounts for individual units because of the unpredictable factors involved in housing individuals in the grants ABC manages. ABC has no barriers regarding family size, sobriety, correctional records, or disabilities. ABC also supports family reunification once an individual is housed and stabilized and works closely with the individuals assigned service provider to successfully rehouse individuals when evictions occur. Therefore the housing of individuals in ABC managed grants is a dynamic environment based upon funds spent versus remaining funds available and requires constant monitoring that status to determine the number of individuals to be housed as vacancies occur. ABC works diligently to minimize the funds reverted to HUD to be recaptured, and always houses more people than established in the application based on FMR amounts. For the expired grant period, the reversion percentage was 0.52% which would have been inadequate to fund any additional units that grant period. ABC housed an average of 72 people in 57 units, compared to 72 people in 54 units in the application, for average bed and unit utilization rates of 100% and 106% respectively.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: $0

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

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0111
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	Casa de Luz
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

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

This is a permanent housing project that will serve approximately 54 homeless individuals and families with a target of 25% (14) chronically homeless individuals and families. These people will have a diagnosis of serious mental illness who are enrolled in the Regional Behavioral Health Authority of Maricopa County (RBHA). The project will use a scattered sites Tenant Based Rental Assistance model utilizing private market units. Individuals will receive supportive services from the RBHA. The RBHA provides services including case management, rehabilitation services, medication, counseling, crisis and psychiatric services. The case manager assists the recipient, prioritizes their needs and identifies the resources to assist the participant obtain the goals in their individual service plan.

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

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

Chronic Homeless		**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

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

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

Having too little or little income	

	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section lll.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section lll.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section lll.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	N/A

4A. Supportive Services for Participants

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

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

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

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

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

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

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

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: 54

Total Beds: 72

Total Dedicated CH Beds: 22

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	54	72

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: 54

b. Beds: 72

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 22

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. 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: 501 E. Thomas Rd.

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85012

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

049013 Maricopa County

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	10	44	0	54

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	11	47		58
Adults ages 18-24	2	4		6
Accompanied Children under age 18	18		0	18
Unaccompanied Children under age 18			0	0
Total Persons	31	51	0	82

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	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	2	0	1	0	0	8	1	0	0	3
Adults ages 18-24	0	0	0	0	0	2	0	0	0	0
Children under age 18	0			0	0	0	2	0	0	16
Total Persons	2	0	1	0	0	10	3	0	0	19

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	19	1	2	5	0	40	10	0	0	7
Adults ages 18-24	0	0	0	0	0	4	0	0	0	0
Total Persons	19	1	2	5	0	44	10	0	0	7

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	0

Describe the unlisted subpopulations referred to above:

These are additional household members with no disability or history of domestic violence.

5C. Outreach for Participants

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	Directly from the street or other locations not meant for human habitation.
50%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
0%	Directly from transitional housing.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
0%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

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

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	Yes
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

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

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	
Operating	
HMIS	

6C. Rental Assistance Budget

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

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

Total Request for Grant Term:	$520,800
Total Units:	54

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	54	$520,800

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO	0	x	$468	$468	x			=	$0
0 Bedroom	10	x	$624	$624	x			=	$74,880
1 Bedroom	28	x	$757	$757	x			=	$254,352
2 Bedrooms	14	x	$944	$944	x			=	$158,592
3 Bedrooms	2	x	$1,374	$1,374	x			=	$32,976
4 Bedrooms	0	x	$1,594	$1,594	x			=	$0
5 Bedrooms	0	x	$1,833	$1,833	x			=	$0
6 Bedrooms	0	x	$2,072	$2,072	x			=	$0
7 Bedrooms	0	x	$2,311	$2,311	x			=	$0
8 Bedrooms	0	x	$2,550	$2,550	x			=	$0
9 Bedrooms	0	x	$2,790	$2,790	x			=	$0
Total Units and Annual Assistance Requested	54								$520,800
Grant Term									1 Year
Total Request for Grant Term									$520,800

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	$279,424
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$279,424

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Mercy Care	07/25/2018	$279,424

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Mercy Care
5. Date of Written Commitment:	07/25/2018
6. Value of Written Commitment:	$279,424

6E. Summary Budget

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

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$520,800
3. Supportive Services	$0
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$520,800
7. Admin (Up to 10%)	$38,047
8. Total Assistance plus Admin Requested	$558,847
9. Cash Match	$279,424
10. In-Kind Match	$0
11. Total Match	$279,424
12. Total Budget	$838,271

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	2018 Mercy Care M...	07/25/2018
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: 2018 Mercy Care Match Letter

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Ted Williams
Date: 07/27/2018
Title: President/CEO
Applicant Organization: Arizona Behavioral Health Corporation

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
5C. Outreach	☐
Part 6 - Budget Information	
6A. Funding Request	☐
6C. Rental Assistance	☐

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Changes were made to 3B to check the box under "Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area" as it did not carry over from the previous application and is necessary to establish the project as Housing First. Changes were made to 6D to increase the amount of match from the source that carried over from the previous application. Changes were made to 4B to update applicant address.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/19/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	07/24/2018
1E. SF-424 Compliance	07/19/2018
1F. SF-424 Declaration	07/19/2018
1G. HUD-2880	07/19/2018
1H. HUD-50070	07/19/2018
1I. Cert. Lobbying	07/19/2018
1J. SF-LLL	07/25/2018
Recipient Performance	07/19/2018
Renewal Grant Consolidation	07/19/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/19/2018
3B. Description	07/19/2018
3C. Dedicated Plus	07/19/2018
4A. Services	07/19/2018
4B. Housing Type	07/26/2018
5A. Households	07/19/2018
5B. Subpopulations	07/19/2018
5C. Outreach	07/19/2018
6A. Funding Request	07/19/2018
6C. Rental Assistance	07/19/2018
6D. Match	07/25/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/25/2018
7B. Certification	07/27/2018
Submission Without Changes	07/26/2018

mercy care

July 25, 2018

Ted Williams
President & CEO
Arizona Behavioral Health Corporation (ABC)
1406 N. Second Street
Phoenix, Arizona 85004

RE: 2018 – Mercy Care Match Letter

Dear Mr. Williams:

Mercy Care is pleased to participate in ABC's application for the U.S. Department of Housing and Urban Development (HUD) Continuum of Care projects to provide permanent housing under the Maricopa County Continuum of Care Program.

This letter serves as our commitment to ABC that as the designated Regional Behavioral Health Authority (RBHA) for Maricopa County, Mercy Care will provide the funding support indicated for the terms identified for the following grants:

Grant	Term of Commitment	Match	Leverage
Another Chance	June 2019 to May 2020	$ 622,498	$ 622,498
Casa de Luz	Oct. 2019 to Sep. 2020	$ 279,424	$ 279,424
Casa de Paz	July 2019 to June 2020	$ 196,729	$ 196,729
Casa Mia	July 2019 to June 2020	$ 361,659	$ 361,659
HUD 3024	July 2019 to June 2020	$ 273,722	$ 273,722
HUD 3084	July 2019 to June 2020	$ 495,827	$ 495,827
PSH 2009	June 2019 to May 2020	$ 229,728	$ 229,728
PSH 2016	Jan 2020 to Dec. 2020	$ 503,209	$ 503,209
PSH 3106	July 2019 to June 2020	$ 365,904	$ 365,904
PSH 3109	Sep. 2019 to Aug. 2020	$ 365,904	$ 365,904
SPC 151	March 2019 to Feb. 2020	$ 811,039	$ 811,039
SPC 189	July 2019 to June 2020	$ 1,023,472	$ 1,023,472
SPC 293	July 2019 to June 2020	$ 1,578,761	$ 1,578,761
Village	Feb. 2019 to Jan. 2020	$ 955,092	$ 955,092

Mercy Care is aware that ABC is applying for two consolidated renewal grants. If funded as consolidated renewal grants, the following Match and Leverage is not in addition to, but will replace the Match and Leverage listed for Casa de Paz, Casa Mia, PSH 3106, HUD 3024 and HUD 3084.

Grant	Term of Commitment	Match	Leverage
Casa Mia de	July 2019 to June 2020	$ 924,292	$ 924,292
HUD 6108	July 2019 to June 2020	$ 769,548	$ 769,548

The funding will be provided in the form of service delivery to members RBHA members housed by ABC through the identified grants.

Mercy Care looks forward to working with you in implementing the subject grants and in our coordinated efforts to serve homeless persons in Maricopa County. Please feel free to contact Andrea Bell at (480) 202-0729 if you need anything further.

Sincerely,

Andrea Bell
Housing Administrator

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	07/27/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0055
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Arizona Behavioral Health Corporation

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0888064

	c. Organizational DUNS:	038087149	**PLUS 4**	

d. Address

Street 1: 501 E. Thomas Rd.

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85012

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Mr.

First Name: Charles

Middle Name:

Last Name: Sullivan

Suffix:

Title: Director of Housing

Organizational Affiliation: Arizona Behavioral Health Corporation

Telephone Number: (602) 712-9200

Extension: 214
Fax Number: (602) 712-9222
Email: charless@azabc.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	Casa de Paz
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-007
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-004, AZ-003, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

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:	Arizona Behavioral Health Corporation
Prefix:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Organizational Affiliation:	Arizona Behavioral Health Corporation
Telephone Number:	(602) 712-9200
Extension:	209
Email:	tedw@azabc.org
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85012

2. Employer ID Number (EIN):	86-0888064
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$393,458.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Casa de Paz 501 E. Thomas Rd. 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? (For further information, see 24 CFR Sec. 4.3). Yes

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$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: X

Name / Title of Authorized Official: Ted Williams, President/CEO

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

Date Signed: 07/19/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Arizona Behavioral Health Corporation

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:	Ted
Middle Name	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

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

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: Arizona Behavioral Health Corporation

Name / Title of Authorized Official: Ted Williams, President/CEO

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

Date Signed: 07/27/2018

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:	Arizona Behavioral Health Corporation
Street 1:	501 E. Thomas Rd.
Street 2:	
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85012

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:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

ABC cannot budget specific amounts for individual units because of the unpredictable factors involved in housing individuals in the grants ABC manages. ABC has no barriers regarding family size, sobriety, correctional records, or disabilities. ABC also supports family reunification once an individual is housed and stabilized and works closely with the individuals assigned service provider to successfully rehouse individuals when evictions occur. Therefore the housing of individuals in ABC managed grants is a dynamic environment based upon funds spent versus remaining funds available and requires constant monitoring that status to determine the number of individuals to be housed as vacancies occur. ABC works diligently to minimize the funds reverted to HUD to be recaptured, and always houses more people than established in the application based on FMR amounts. For the expired grant period, the reversion percentage was 0.58% which was inadequate to fund any additional units that grant period. ABC housed an average of 53 people in 45 units, compared to 45 people in 40 units in the application, for average bed and unit utilization rates of 118% and 113% respectively.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	Yes
2. Is this an individual project application or a fully consolidated project application?	Individual

Click on "Save & Next" to continue completing the remainder of this project application as if the consolidation will be denied by HUD and this individual project application will be assessed for FY 2018 funding.

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: $0

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

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0055
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	Casa de Paz
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

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

This project serves approximately 40 chronically homeless individuals and families with substance abuse or co-occurring disorders who are enrolled in the Regional Behavioral Health Authority of Maricopa County (RBHA). The project will use a scattered sites Tenant Based Rental Assistance model utilizing private market units. Individuals will receive supportive services from the RBHA. The RBHA provides services including case management, rehabilitation services, medication, counseling, crisis and psychiatric services. The case manager assists the recipient, prioritizes their needs and identifies the resources to assist the participant obtain the goals in their individual service plan.

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

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

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

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

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

Having too little or little income	X

Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section lll.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section lll.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section lll.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	DedicatedPLUS

4A. Supportive Services for Participants

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

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

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

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

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

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

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

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: 40

Total Beds: 45

Total Dedicated CH Beds: 45

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	40	45

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: 40

b. Beds: 45

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 45

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. 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: 501 E. Thomas Rd.

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85012

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

049013 Maricopa County

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	2	38	0	40

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	3	42		45
Adults ages 18-24	0	0		0
Accompanied Children under age 18	4		0	4
Unaccompanied Children under age 18			0	0
Total Persons	7	42	0	49

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	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	3	0	0	2	0	3	2	0	0	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Children under age 18	4			0	0	0	0	0	0	0
Total Persons	7	0	0	2	0	3	2	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	37	5	0	38	0	38	7	16	2	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	37	5	0	38	0	38	7	16	2	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	0

5C. Outreach for Participants

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

48%	Directly from the street or other locations not meant for human habitation.
48%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
0%	Directly from transitional housing eliminated in a previous CoC Program Competition.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
4%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

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

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	Yes
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

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

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	
Operating	
HMIS	

6C. Rental Assistance Budget

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

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

Total Request for Grant Term:	$366,324
Total Units:	40

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	40	$366,324

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO	0	x	$468	$468	x			=	$0
0 Bedroom	7	x	$624	$624	x			=	$52,416
1 Bedroom	29	x	$757	$757	x			=	$263,436
2 Bedrooms	3	x	$944	$944	x			=	$33,984
3 Bedrooms	1	x	$1,374	$1,374	x			=	$16,488
4 Bedrooms	0	x	$1,594	$1,594	x			=	$0
5 Bedrooms	0	x	$1,833	$1,833	x			=	$0
6 Bedrooms	0	x	$2,072	$2,072	x			=	$0
7 Bedrooms	0	x	$2,311	$2,311	x			=	$0
8 Bedrooms	0	x	$2,550	$2,550	x			=	$0
9 Bedrooms	0	x	$2,790	$2,790	x			=	$0
Total Units and Annual Assistance Requested	40								$366,324
Grant Term									1 Year
Total Request for Grant Term									$366,324

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	$196,729
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$196,729

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Mercy Care	07/25/2018	$196,729

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Mercy Care
5. Date of Written Commitment:	07/25/2018
6. Value of Written Commitment:	$196,729

6E. Summary Budget

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

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$366,324
3. Supportive Services	$0
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$366,324
7. Admin (Up to 10%)	$27,134
8. Total Assistance plus Admin Requested	$393,458
9. Cash Match	$196,729
10. In-Kind Match	$0
11. Total Match	$196,729
12. Total Budget	$590,187

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	2018 Mercy Care M...	07/25/2018
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: 2018 Mercy Care Match Letter

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Ted Williams

Date: 07/27/2018

Title: President/CEO

Applicant Organization: Arizona Behavioral Health Corporation

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
5C. Outreach	☐
Part 6 - Budget Information	
6A. Funding Request	☐
6C. Rental Assistance	☐

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Changes were made to 3B to check the box under "Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area" as it did not carry over from the previous application and is necessary to establish the project as Housing First. Changes were made to 6D to increase the amount of match from the source that carried over from the previous application. Changes were made to 4B to update applicant address.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/19/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	07/24/2018
1E. SF-424 Compliance	07/19/2018
1F. SF-424 Declaration	07/19/2018
1G. HUD-2880	07/19/2018
1H. HUD-50070	07/19/2018
1I. Cert. Lobbying	07/19/2018
1J. SF-LLL	07/25/2018
Recipient Performance	07/19/2018
Renewal Grant Consolidation	07/19/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/19/2018
3B. Description	07/24/2018
3C. Dedicated Plus	07/19/2018
4A. Services	07/19/2018
4B. Housing Type	07/26/2018
5A. Households	07/19/2018
5B. Subpopulations	No Input Required
5C. Outreach	07/19/2018
6A. Funding Request	07/19/2018
6C. Rental Assistance	07/19/2018
6D. Match	07/25/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/25/2018
7B. Certification	07/27/2018
Submission Without Changes	07/26/2018

mercy care

July 25, 2018

Ted Williams
President & CEO
Arizona Behavioral Health Corporation (ABC)
1406 N. Second Street
Phoenix, Arizona 85004

RE: 2018 – Mercy Care Match Letter

Dear Mr. Williams:

Mercy Care is pleased to participate in ABC's application for the U.S. Department of Housing and Urban Development (HUD) Continuum of Care projects to provide permanent housing under the Maricopa County Continuum of Care Program.

This letter serves as our commitment to ABC that as the designated Regional Behavioral Health Authority (RBHA) for Maricopa County, Mercy Care will provide the funding support indicated for the terms identified for the following grants:

Grant	Term of Commitment	Match	Leverage
Another Chance	June 2019 to May 2020	$ 622,498	$ 622,498
Casa de Luz	Oct. 2019 to Sep. 2020	$ 279,424	$ 279,424
Casa de Paz	July 2019 to June 2020	$ 196,729	$ 196,729
Casa Mia	July 2019 to June 2020	$ 361,659	$ 361,659
HUD 3024	July 2019 to June 2020	$ 273,722	$ 273,722
HUD 3084	July 2019 to June 2020	$ 495,827	$ 495,827
PSH 2009	June 2019 to May 2020	$ 229,728	$ 229,728
PSH 2016	Jan 2020 to Dec. 2020	$ 503,209	$ 503,209
PSH 3106	July 2019 to June 2020	$ 365,904	$ 365,904
PSH 3109	Sep. 2019 to Aug. 2020	$ 365,904	$ 365,904
SPC 151	March 2019 to Feb. 2020	$ 811,039	$ 811,039
SPC 189	July 2019 to June 2020	$ 1,023,472	$ 1,023,472
SPC 293	July 2019 to June 2020	$ 1,578,761	$ 1,578,761
Village	Feb. 2019 to Jan. 2020	$ 955,092	$ 955,092

Mercy Care is aware that ABC is applying for two consolidated renewal grants. If funded as consolidated renewal grants, the following Match and Leverage is not in addition to, but will replace the Match and Leverage listed for Casa de Paz, Casa Mia, PSH 3106, HUD 3024 and HUD 3084.

Grant	Term of Commitment	Match	Leverage
Casa Mia de	July 2019 to June 2020	$ 924,292	$ 924,292
HUD 6108	July 2019 to June 2020	$ 769,548	$ 769,548

The funding will be provided in the form of service delivery to members RBHA members housed by ABC through the identified grants.

Mercy Care looks forward to working with you in implementing the subject grants and in our coordinated efforts to serve homeless persons in Maricopa County. Please feel free to contact Andrea Bell at (480) 202-0729 if you need anything further.

Sincerely,

Andrea Bell
Housing Administrator

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	07/27/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0056
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Arizona Behavioral Health Corporation

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0888064

	c. Organizational DUNS:	038087149	**PLUS 4**	

d. Address

Street 1: 501 E. Thomas Rd.

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85012

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Mr.

First Name: Charles

Middle Name:

Last Name: Sullivan

Suffix:

Title: Director of Housing

Organizational Affiliation: Arizona Behavioral Health Corporation

Telephone Number: (602) 712-9200

Extension: 214
Fax Number: (602) 712-9222
Email: charless@azabc.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	Casa Mia
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-007
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-004, AZ-003, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

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:	Arizona Behavioral Health Corporation
Prefix:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Organizational Affiliation:	Arizona Behavioral Health Corporation
Telephone Number:	(602) 712-9200
Extension:	209
Email:	tedw@azabc.org
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85012

2. Employer ID Number (EIN):	86-0888064
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$723,318.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Casa Mia 501 E. Thomas Rd. 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? (For further information, see 24 CFR Sec. 4.3). Yes

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$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: X

Name / Title of Authorized Official: Ted Williams, President/CEO

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

Date Signed: 07/19/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Arizona Behavioral Health Corporation

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:	Ted
Middle Name	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

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

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: Arizona Behavioral Health Corporation

Name / Title of Authorized Official: Ted Williams, President/CEO

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

Date Signed: 07/27/2018

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:	Arizona Behavioral Health Corporation
Street 1:	501 E. Thomas Rd.
Street 2:	
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85012

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:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

ABC cannot budget specific amounts for individual units because of the unpredictable factors involved in housing individuals in the grants ABC manages. ABC has no barriers regarding family size, sobriety, correctional records, or disabilities. ABC also supports family reunification once an individual is housed and stabilized and works closely with the individuals assigned service provider to successfully rehouse individuals when evictions occur. Therefore the housing of individuals in ABC managed grants is a dynamic environment based upon funds spent versus remaining funds available and requires constant monitoring that status to determine the number of individuals to be housed as vacancies occur. ABC works diligently to minimize the funds reverted to HUD to be recaptured, and always houses more people than established in the application based on FMR amounts. For the expired grant period, the reversion percentage was 1% which would only be adequate to fund one additional unit that grant period. ABC housed an average of 101 people in 79 units, compared to 84 people in 72 units in the application, for average bed and unit utilization rates of 120% and 110% respectively.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	Yes
2. Is this an individual project application or a fully consolidated project application?	Individual

Click on "Save & Next" to continue completing the remainder of this project application as if the consolidation will be denied by HUD and this individual project application will be assessed for FY 2018 funding.

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: $0

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

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0056
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	Casa Mia
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

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

This is a permanent housing project that will serve approximately 72 chronically homeless individuals and families. These people will have a diagnosis of serious mental illness who are enrolled in the Regional Behavioral Health Authority of Maricopa County (RBHA). The project will use a scattered sites Tenant Based Rental Assistance model utilizing private market units. Individuals will receive supportive services from the RBHA. The RBHA provides services including case management, rehabilitation services, medication, counseling, crisis and psychiatric services. The case manager assists the recipient, prioritizes their needs and identifies the resources to assist the participant obtain the goals in their individual service plan.

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

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

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

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

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

Having too little or little income	X

Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section lll.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section lll.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section lll.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	DedicatedPLUS

4A. Supportive Services for Participants

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

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

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

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

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

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

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

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: 72

Total Beds: 84

Total Dedicated CH Beds: 84

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	72	84

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: 72

b. Beds: 84

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 84

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. 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: 501 E. Thomas Rd.

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85012

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

049013 Maricopa County

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	5	67	0	72

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	9	67		76
Adults ages 18-24	0	4		4
Accompanied Children under age 18	10		0	10
Unaccompanied Children under age 18			0	0
Total Persons	19	71	0	90

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	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	8	1	0	1	0	5	3	0	0	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Children under age 18	4			0	0	0	6	0	0	0
Total Persons	12	1	0	1	0	5	9	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	63	4	0	23	0	63	15	15	3	0
Adults ages 18-24	4	0	0	0	0	2	0	0	0	0
Total Persons	67	4	0	23	0	65	15	15	3	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	0

5C. Outreach for Participants

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

60%	Directly from the street or other locations not meant for human habitation.
36%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
0%	Directly from transitional housing eliminated in a previous CoC Program Competition.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
4%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

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

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	Yes
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

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

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	
Operating	
HMIS	

6C. Rental Assistance Budget

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

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

Total Request for Grant Term:	$674,040
Total Units:	72

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	72	$674,040

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO	0	x	$468	$468	x			=	$0
0 Bedroom	8	x	$624	$624	x			=	$59,904
1 Bedroom	54	x	$757	$757	x			=	$490,536
2 Bedrooms	8	x	$944	$944	x			=	$90,624
3 Bedrooms	2	x	$1,374	$1,374	x			=	$32,976
4 Bedrooms	0	x	$1,594	$1,594	x			=	$0
5 Bedrooms	0	x	$1,833	$1,833	x			=	$0
6 Bedrooms	0	x	$2,072	$2,072	x			=	$0
7 Bedrooms	0	x	$2,311	$2,311	x			=	$0
8 Bedrooms	0	x	$2,550	$2,550	x			=	$0
9 Bedrooms	0	x	$2,790	$2,790	x			=	$0
Total Units and Annual Assistance Requested	72								$674,040
Grant Term									1 Year
Total Request for Grant Term									$674,040

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	$361,659
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$361,659

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Mercy Care	07/25/2018	$361,659

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Mercy Care
5. Date of Written Commitment:	07/25/2018
6. Value of Written Commitment:	$361,659

6E. Summary Budget

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

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$674,040
3. Supportive Services	$0
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$674,040
7. Admin (Up to 10%)	$49,278
8. Total Assistance plus Admin Requested	$723,318
9. Cash Match	$361,659
10. In-Kind Match	$0
11. Total Match	$361,659
12. Total Budget	$1,084,977

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	2018 Mercy Care M...	07/25/2018
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: 2018 Mercy Care Match Letter

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Ted Williams

Date: 07/27/2018

Title: President/CEO

Applicant Organization: Arizona Behavioral Health Corporation

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
5C. Outreach	☐
Part 6 - Budget Information	
6A. Funding Request	☐
6C. Rental Assistance	☐

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Changes were made to 3B to check the box under "Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area" as it did not carry over from the previous application and is necessary to establish the project as Housing First. Changes were made to 6D to increase the amount of match from the source that carried over from the previous application. Changes were made to 4B to update applicant address.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/19/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	07/24/2018
1E. SF-424 Compliance	07/19/2018
1F. SF-424 Declaration	07/19/2018
1G. HUD-2880	07/19/2018
1H. HUD-50070	07/19/2018
1I. Cert. Lobbying	07/19/2018
1J. SF-LLL	07/25/2018
Recipient Performance	07/19/2018
Renewal Grant Consolidation	07/19/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/19/2018
3B. Description	07/19/2018
3C. Dedicated Plus	07/19/2018
4A. Services	07/19/2018
4B. Housing Type	07/26/2018
5A. Households	07/19/2018
5B. Subpopulations	No Input Required
5C. Outreach	07/19/2018
6A. Funding Request	07/19/2018
6C. Rental Assistance	07/19/2018
6D. Match	07/25/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/25/2018
7B. Certification	07/27/2018
Submission Without Changes	07/26/2018

mercy care

July 25, 2018

Ted Williams
President & CEO
Arizona Behavioral Health Corporation (ABC)
1406 N. Second Street
Phoenix, Arizona 85004

RE: 2018 – Mercy Care Match Letter

Dear Mr. Williams:

Mercy Care is pleased to participate in ABC's application for the U.S. Department of Housing and Urban Development (HUD) Continuum of Care projects to provide permanent housing under the Maricopa County Continuum of Care Program.

This letter serves as our commitment to ABC that as the designated Regional Behavioral Health Authority (RBHA) for Maricopa County, Mercy Care will provide the funding support indicated for the terms identified for the following grants:

Grant	Term of Commitment	Match	Leverage
Another Chance	June 2019 to May 2020	$ 622,498	$ 622,498
Casa de Luz	Oct. 2019 to Sep. 2020	$ 279,424	$ 279,424
Casa de Paz	July 2019 to June 2020	$ 196,729	$ 196,729
Casa Mia	July 2019 to June 2020	$ 361,659	$ 361,659
HUD 3024	July 2019 to June 2020	$ 273,722	$ 273,722
HUD 3084	July 2019 to June 2020	$ 495,827	$ 495,827
PSH 2009	June 2019 to May 2020	$ 229,728	$ 229,728
PSH 2016	Jan 2020 to Dec. 2020	$ 503,209	$ 503,209
PSH 3106	July 2019 to June 2020	$ 365,904	$ 365,904
PSH 3109	Sep. 2019 to Aug. 2020	$ 365,904	$ 365,904
SPC 151	March 2019 to Feb. 2020	$ 811,039	$ 811,039
SPC 189	July 2019 to June 2020	$ 1,023,472	$ 1,023,472
SPC 293	July 2019 to June 2020	$ 1,578,761	$ 1,578,761
Village	Feb. 2019 to Jan. 2020	$ 955,092	$ 955,092

Mercy Care is aware that ABC is applying for two consolidated renewal grants. If funded as consolidated renewal grants, the following Match and Leverage is not in addition to, but will replace the Match and Leverage listed for Casa de Paz, Casa Mia, PSH 3106, HUD 3024 and HUD 3084.

Grant	Term of Commitment	Match	Leverage
Casa Mia de	July 2019 to June 2020	$ 924,292	$ 924,292
HUD 6108	July 2019 to June 2020	$ 769,548	$ 769,548

The funding will be provided in the form of service delivery to members RBHA members housed by ABC through the identified grants.

Mercy Care looks forward to working with you in implementing the subject grants and in our coordinated efforts to serve homeless persons in Maricopa County. Please feel free to contact Andrea Bell at (480) 202-0729 if you need anything further.

Sincerely,

Andrea Bell
Housing Administrator

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	07/27/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0055
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Arizona Behavioral Health Corporation

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0888064

	c. Organizational DUNS:	038087149	**PLUS 4**	

d. Address

Street 1: 501 E. Thomas Rd.

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85012

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Mr.

First Name: Charles

Middle Name:

Last Name: Sullivan

Suffix:

Title: Director of Housing

Organizational Affiliation: Arizona Behavioral Health Corporation

Telephone Number: (602) 712-9200

Extension: 214
Fax Number: (602) 712-9222
Email: charless@azabc.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	Casa Mia de Paz
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-007
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-004, AZ-003, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

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:	Arizona Behavioral Health Corporation
Prefix:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Organizational Affiliation:	Arizona Behavioral Health Corporation
Telephone Number:	(602) 712-9200
Extension:	209
Email:	tedw@azabc.org
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85012

2. Employer ID Number (EIN):	86-0888064
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$1,848,583.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Casa Mia de Paz 501 E. Thomas Rd. 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? (For further information, see 24 CFR Sec. 4.3). Yes

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$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: X

Name / Title of Authorized Official: Ted Williams, President/CEO

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

Date Signed: 07/24/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Arizona Behavioral Health Corporation

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:	Ted
Middle Name	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

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

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: Arizona Behavioral Health Corporation

Name / Title of Authorized Official: Ted Williams, President/CEO

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

Date Signed: 07/27/2018

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:	Arizona Behavioral Health Corporation
Street 1:	501 E. Thomas Rd.
Street 2:	
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85012

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:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

ABC cannot budget specific amounts for individual units because of the unpredictable factors involved in housing individuals in the grants ABC manages. ABC has no barriers regarding family size, sobriety, correctional records, or disabilities. ABC also supports family reunification once an individual is housed and stabilized and works closely with the individuals assigned service provider to successfully rehouse individuals when evictions occur. Therefore the housing of individuals in ABC managed grants is a dynamic environment based upon funds spent versus remaining funds available and requires constant monitoring that status to determine the number of individuals to be housed as vacancies occur. ABC works diligently to minimize the funds reverted to HUD to be recaptured, and always houses more people than established in the application based on FMR amounts. For the expired grants period, the average reversion percentage was 0.77% which would have been only adequate to fund one additional unit per grant that grant period. ABC housed an average of 246 people in 207 units, compared to 215 people in 184 units in the application, for average bed and unit utilization rates of 114% and 113% respectively.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen. Yes

2. Is this an individual project application or a fully consolidated project application? Fully Consolidated

Renewal Grant Consolidation Table

Project Identification Number PIN	Total Requested Amount	Surviving PIN or Terminating PIN	Operating Start Date	Expiration Date
AZ0055	$393,458	Survivng PIN	07/01/2019	06/30/2020
AZ0056	$723,318	Terminating PIN	07/01/2019	06/30/2020
AZ0082	$731,807	Terminating PIN	07/01/2019	06/30/2020

***The surviving PIN must have the earliest operating start date.**

Renewal Grant Consolidation Summary

Total Number of Grants in Consolidation	3
Total Requested Amount in Consolidation	$1,848,583

I hereby confirm that I have reviewed the accuracy and submitted all the renewal project applications related to this consolidation request into esnaps. X

Click on "Save & Next" to continue completing the remainder of this project application combining all the project application data for all the

projects listed above into a single fully consolidated project application.

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: $0

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

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0055
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	Casa Mia de Paz
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

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

This is a permanent housing project that will serve approximately 184 chronically homeless individuals and families. These people will have a diagnosis of Serious Mental Illness who are enrolled in the Regional Behavioral Health Authority of Maricopa County (RBHA). The project will use a scattered sites Tenant Based Rental Assistance model utilizing private market units. Individuals will receive supportive services from the RBHA. The RBHA provides services including case management, rehabilitation services, medication, counseling, crisis and psychiatric services. The case manager assists the recipient, prioritizes their needs and identifies the resources to assist the participant obtain the goals in their individual service plan.

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

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

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

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

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

Having too little or little income	X

Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section lll.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section lll.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section lll.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	DedicatedPLUS

4A. Supportive Services for Participants

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

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

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

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

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

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

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

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: 184

Total Beds: 215

Total Dedicated CH Beds: 215

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	184	215

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: 184

b. Beds: 215

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 215

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. 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: 501 E. Thomas Rd.

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85012

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

049013 Maricopa County

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	17	167	0	184

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	26	175		201
Adults ages 18-24	2	6		8
Accompanied Children under age 18	32		0	32
Unaccompanied Children under age 18			0	0
Total Persons	60	181	0	241

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	19	1	0	4	0	16	7	0	0	6
Adults ages 18-24	2	0	0	0	0	2	0	0	0	0
Children under age 18	24			0	0	0	8	0	0	0
Total Persons	45	1	0	4	0	18	15	0	0	6

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	152	17	0	72	0	161	32	36	7	0
Adults ages 18-24	6	0	0	1	0	4	1	1	0	0
Total Persons	158	17	0	73	0	165	33	37	7	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	0

Describe the unlisted subpopulations referred to above:

These are additional household members that are not disabled or victims of domestic violence.

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

60%	**Directly from the street or other locations not meant for human habitation.**
36%	**Directly from emergency shelters.**
0%	**Directly from safe havens.**
0%	**Persons fleeing domestic violence.**
0%	**Directly from transitional housing eliminated in a previous CoC Program Competition.**
0%	**Directly from the TH Portion of a Joint TH and PH-RRH Component project.**
4%	**Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.**
100%	**Total of above percentages**

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	Yes
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

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

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	
Operating	
HMIS	

6C. 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:	$1,722,084
Total Units:	184

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	184	$1,722,084

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO	0	x	$468	$468	x			=	$0
0 Bedroom	21	x	$624	$624	x			=	$157,248
1 Bedroom	137	x	$757	$757	x			=	$1,244,508
2 Bedrooms	21	x	$944	$944	x			=	$237,888
3 Bedrooms	5	x	$1,374	$1,374	x			=	$82,440
4 Bedrooms	0	x	$1,594	$1,594	x			=	$0
5 Bedrooms	0	x	$1,833	$1,833	x			=	$0
6 Bedrooms	0	x	$2,072	$2,072	x			=	$0
7 Bedrooms	0	x	$2,311	$2,311	x			=	$0
8 Bedrooms	0	x	$2,550	$2,550	x			=	$0
9 Bedrooms	0	x	$2,790	$2,790	x			=	$0
Total Units and Annual Assistance Requested	184								$1,722,084
Grant Term									1 Year
Total Request for Grant Term									$1,722,084

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	$924,292
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$924,292

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Mercy Care	07/25/2018	$924,292

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Mercy Care
5. Date of Written Commitment:	07/25/2018
6. Value of Written Commitment:	$924,292

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$1,722,084
3. Supportive Services	$0
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$1,722,084
7. Admin (Up to 10%)	$126,499
8. Total Assistance plus Admin Requested	$1,848,583
9. Cash Match	$924,292
10. In-Kind Match	$0
11. Total Match	$924,292
12. Total Budget	$2,772,875

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	2018 Mercy Care M...	07/25/2018
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: 2018 Mercy Care Match Letter

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Ted Williams

Date: 07/27/2018

Title: President/CEO

Applicant Organization: Arizona Behavioral Health Corporation

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	X
6C. Rental Assistance	X

6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

All changes are made to combine grants into a consolidation grant.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/24/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	07/24/2018
1E. SF-424 Compliance	07/24/2018
1F. SF-424 Declaration	07/24/2018
1G. HUD-2880	07/24/2018
1H. HUD-50070	07/24/2018
1I. Cert. Lobbying	07/24/2018
1J. SF-LLL	07/25/2018
Recipient Performance	07/24/2018
Renewal Grant Consolidation	07/24/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/24/2018
3B. Description	07/24/2018
3C. Dedicated Plus	07/24/2018
4A. Services	07/24/2018
4B. Housing Type	07/26/2018
5A. Households	07/24/2018
5B. Subpopulations	07/24/2018
5C. Outreach	07/24/2018
6A. Funding Request	07/24/2018
6C. Rental Assistance	07/24/2018
6D. Match	07/25/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/25/2018
7B. Certification	07/27/2018
Submission Without Changes	07/24/2018

mercy care

July 25, 2018

Ted Williams
President & CEO
Arizona Behavioral Health Corporation (ABC)
1406 N. Second Street
Phoenix, Arizona 85004

RE: 2018 – Mercy Care Match Letter

Dear Mr. Williams:

Mercy Care is pleased to participate in ABC's application for the U.S. Department of Housing and Urban Development (HUD) Continuum of Care projects to provide permanent housing under the Maricopa County Continuum of Care Program.

This letter serves as our commitment to ABC that as the designated Regional Behavioral Health Authority (RBHA) for Maricopa County, Mercy Care will provide the funding support indicated for the terms identified for the following grants:

Grant	Term of Commitment	Match	Leverage
Another Chance	June 2019 to May 2020	$ 622,498	$ 622,498
Casa de Luz	Oct. 2019 to Sep. 2020	$ 279,424	$ 279,424
Casa de Paz	July 2019 to June 2020	$ 196,729	$ 196,729
Casa Mia	July 2019 to June 2020	$ 361,659	$ 361,659
HUD 3024	July 2019 to June 2020	$ 273,722	$ 273,722
HUD 3084	July 2019 to June 2020	$ 495,827	$ 495,827
PSH 2009	June 2019 to May 2020	$ 229,728	$ 229,728
PSH 2016	Jan 2020 to Dec. 2020	$ 503,209	$ 503,209
PSH 3106	July 2019 to June 2020	$ 365,904	$ 365,904
PSH 3109	Sep. 2019 to Aug. 2020	$ 365,904	$ 365,904
SPC 151	March 2019 to Feb. 2020	$ 811,039	$ 811,039
SPC 189	July 2019 to June 2020	$ 1,023,472	$ 1,023,472
SPC 293	July 2019 to June 2020	$ 1,578,761	$ 1,578,761
Village	Feb. 2019 to Jan. 2020	$ 955,092	$ 955,092

Mercy Care is aware that ABC is applying for two consolidated renewal grants. If funded as consolidated renewal grants, the following Match and Leverage is not in addition to, but will replace the Match and Leverage listed for Casa de Paz, Casa Mia, PSH 3106, HUD 3024 and HUD 3084.

Grant	Term of Commitment	Match	Leverage
Casa Mia de	July 2019 to June 2020	$ 924,292	$ 924,292
HUD 6108	July 2019 to June 2020	$ 769,548	$ 769,548

The funding will be provided in the form of service delivery to members RBHA members housed by ABC through the identified grants.

Mercy Care looks forward to working with you in implementing the subject grants and in our coordinated efforts to serve homeless persons in Maricopa County. Please feel free to contact Andrea Bell at (480) 202-0729 if you need anything further.

Sincerely,

Andrea Bell
Housing Administrator

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	07/27/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0071
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Arizona Behavioral Health Corporation

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0888064

	c. Organizational DUNS:	038087149	**PLUS 4**	

d. Address

Street 1: 501 E. Thomas Rd.

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85012

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Mr.

First Name: Charles

Middle Name:

Last Name: Sullivan

Suffix:

Title: Director of Housing

Organizational Affiliation: Arizona Behavioral Health Corporation

Telephone Number: (602) 712-9200

Extension: 214
Fax Number: (602) 712-9222
Email: charless@azabc.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	HUD 3024
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-007
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-004, AZ-003, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

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:	Arizona Behavioral Health Corporation
Prefix:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Organizational Affiliation:	Arizona Behavioral Health Corporation
Telephone Number:	(602) 712-9200
Extension:	209
Email:	tedw@azabc.org
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85012

2. Employer ID Number (EIN):	86-0888064
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$547,443.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: HUD 3024 501 E. Thomas Rd. 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? (For further information, see 24 CFR Sec. 4.3). Yes

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$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: X

Name / Title of Authorized Official: Ted Williams, President/CEO

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

Date Signed: 07/19/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Arizona Behavioral Health Corporation

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:	Ted
Middle Name	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

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

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:	Arizona Behavioral Health Corporation
Name / Title of Authorized Official:	Ted Williams, President/CEO
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

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:	Arizona Behavioral Health Corporation
Street 1:	501 E. Thomas Rd.
Street 2:	
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85012

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:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

ABC cannot budget specific amounts for individual units because of the unpredictable factors involved in housing individuals in the grants ABC manages. ABC has no barriers regarding family size, sobriety, correctional records, or disabilities. ABC also supports family reunification once an individual is housed and stabilized and works closely with the individuals assigned service provider to successfully rehouse individuals when evictions occur. Therefore the housing of individuals in ABC managed grants is a dynamic environment based upon funds spent versus remaining funds available and requires constant monitoring that status to determine the number of individuals to be housed as vacancies occur. ABC works diligently to minimize the funds reverted to HUD to be recaptured, and always houses more people than established in the application based on FMR amounts. For the expired grant period, the reversion percentage was 0.93% which was only adequate to fund one additional unit that grant period. ABC housed an average of 92 people in 62 units, compared to 65 people in 54 units in the application, for average bed and unit utilization rates of 142% and 115% respectively.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	Yes
2. Is this an individual project application or a fully consolidated project application?	Individual

Click on "Save & Next" to continue completing the remainder of this project application as if the consolidation will be denied by HUD and this individual project application will be assessed for FY 2018 funding.

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: $0

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

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0071
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	HUD 3024
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

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

This is a permanent housing project that will serve approximately 54 homeless individuals and families. The target population will be homeless individuals and families, with a diagnosis of serious mental illness who are enrolled in the Regional Behavioral Health Authority of Maricopa County (RBHA). The project will use a scattered sites Tenant Based Rental Assistance model utilizing private market units. Individuals will receive supportive services from the RBHA.

The RBHA provides services including case management, rehabilitation services, medication, counseling, crisis and psychiatric services. The case manager assists the recipient, prioritizes their needs and identifies the resources to assist the participant obtain the goals in their individual service plan.

100% of turnover in the grant will be prioritized for the Chronically Homeless.

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

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

Chronic Homeless		**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

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

3b. Does the project ensure that participants are not screened out based

on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section lll.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section lll.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section lll.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	N/A

4A. Supportive Services for Participants

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

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

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

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

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

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

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

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: 54

Total Beds: 65

Total Dedicated CH Beds: 6

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	54	65

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: 54

b. Beds: 65

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 6

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. 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: 501 E. Thomas Rd.

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85012

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

049013 Maricopa County

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	12	42	0	54

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	18	45		63
Adults ages 18-24	2	0		2
Accompanied Children under age 18	14		0	14
Unaccompanied Children under age 18			0	0
Total Persons	34	45	0	79

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	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	0	0	0	1	0	10	2	0	0	8
Adults ages 18-24	0	0	0	0	0	2	0	0	0	0
Children under age 18	0			0	0	0	2	0	0	12
Total Persons	0	0	0	1	0	12	4	0	0	20

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	6	0	4	6	3	42	7	0	0	3
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	6	0	4	6	3	42	7	0	0	3

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	0

Describe the unlisted subpopulations referred to above:

These are additional household members that are not disabled or victims of domestic violence.

5C. Outreach for Participants

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	Directly from the street or other locations not meant for human habitation.
50%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
0%	Directly from transitional housing.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
0%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

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

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

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

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	
Operating	
HMIS	

6C. Rental Assistance Budget

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

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

Total Request for Grant Term:	$509,880
Total Units:	54

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	54	$509,880

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO	0	x	$468	$468	x			=	$0
0 Bedroom	7	x	$624	$624	x			=	$52,416
1 Bedroom	38	x	$757	$757	x			=	$345,192
2 Bedrooms	7	x	$944	$944	x			=	$79,296
3 Bedrooms	2	x	$1,374	$1,374	x			=	$32,976
4 Bedrooms	0	x	$1,594	$1,594	x			=	$0
5 Bedrooms	0	x	$1,833	$1,833	x			=	$0
6 Bedrooms	0	x	$2,072	$2,072	x			=	$0
7 Bedrooms	0	x	$2,311	$2,311	x			=	$0
8 Bedrooms	0	x	$2,550	$2,550	x			=	$0
9 Bedrooms	0	x	$2,790	$2,790	x			=	$0
Total Units and Annual Assistance Requested	54								$509,880
Grant Term									1 Year
Total Request for Grant Term									$509,880

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	$273,722
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$273,722

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Mercy Care	07/25/2018	$273,722

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Mercy Care
5. Date of Written Commitment:	07/25/2018
6. Value of Written Commitment:	$273,722

6E. Summary Budget

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

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$509,880
3. Supportive Services	$0
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$509,880
7. Admin (Up to 10%)	$37,563
8. Total Assistance plus Admin Requested	$547,443
9. Cash Match	$273,722
10. In-Kind Match	$0
11. Total Match	$273,722
12. Total Budget	$821,165

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	2018 Mercy Care M...	07/25/2018
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: 2018 Mercy Care Match Letter

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Ted Williams

Date: 07/27/2018

Title: President/CEO

Applicant Organization: Arizona Behavioral Health Corporation

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
5C. Outreach	☐
Part 6 - Budget Information	
6A. Funding Request	☐
6C. Rental Assistance	☐

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Changes were made to 3B to check the box under "Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area" as it did not carry over from the previous application and is necessary to establish the project as Housing First. Changes were made to 6D to increase the amount of match from the source that carried over from the previous application. Changes were made to 4B to update applicant address.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/19/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	07/24/2018
1E. SF-424 Compliance	07/19/2018
1F. SF-424 Declaration	07/19/2018
1G. HUD-2880	07/19/2018
1H. HUD-50070	07/19/2018
1I. Cert. Lobbying	07/19/2018
1J. SF-LLL	07/25/2018
Recipient Performance	07/19/2018
Renewal Grant Consolidation	07/19/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/19/2018
3B. Description	07/19/2018
3C. Dedicated Plus	07/19/2018
4A. Services	07/19/2018
4B. Housing Type	07/26/2018
5A. Households	07/19/2018
5B. Subpopulations	07/19/2018
5C. Outreach	07/19/2018
6A. Funding Request	07/19/2018
6C. Rental Assistance	07/19/2018
6D. Match	07/25/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/25/2018
7B. Certification	07/27/2018
Submission Without Changes	07/26/2018

mercy care

July 25, 2018

Ted Williams
President & CEO
Arizona Behavioral Health Corporation (ABC)
1406 N. Second Street
Phoenix, Arizona 85004

RE: 2018 – Mercy Care Match Letter

Dear Mr. Williams:

Mercy Care is pleased to participate in ABC's application for the U.S. Department of Housing and Urban Development (HUD) Continuum of Care projects to provide permanent housing under the Maricopa County Continuum of Care Program.

This letter serves as our commitment to ABC that as the designated Regional Behavioral Health Authority (RBHA) for Maricopa County, Mercy Care will provide the funding support indicated for the terms identified for the following grants:

Grant	Term of Commitment	Match	Leverage
Another Chance	June 2019 to May 2020	$ 622,498	$ 622,498
Casa de Luz	Oct. 2019 to Sep. 2020	$ 279,424	$ 279,424
Casa de Paz	July 2019 to June 2020	$ 196,729	$ 196,729
Casa Mia	July 2019 to June 2020	$ 361,659	$ 361,659
HUD 3024	July 2019 to June 2020	$ 273,722	$ 273,722
HUD 3084	July 2019 to June 2020	$ 495,827	$ 495,827
PSH 2009	June 2019 to May 2020	$ 229,728	$ 229,728
PSH 2016	Jan 2020 to Dec. 2020	$ 503,209	$ 503,209
PSH 3106	July 2019 to June 2020	$ 365,904	$ 365,904
PSH 3109	Sep. 2019 to Aug. 2020	$ 365,904	$ 365,904
SPC 151	March 2019 to Feb. 2020	$ 811,039	$ 811,039
SPC 189	July 2019 to June 2020	$ 1,023,472	$ 1,023,472
SPC 293	July 2019 to June 2020	$ 1,578,761	$ 1,578,761
Village	Feb. 2019 to Jan. 2020	$ 955,092	$ 955,092

Mercy Care is aware that ABC is applying for two consolidated renewal grants. If funded as consolidated renewal grants, the following Match and Leverage is not in addition to, but will replace the Match and Leverage listed for Casa de Paz, Casa Mia, PSH 3106, HUD 3024 and HUD 3084.

Grant	Term of Commitment	Match	Leverage
Casa Mia de	July 2019 to June 2020	$ 924,292	$ 924,292
HUD 6108	July 2019 to June 2020	$ 769,548	$ 769,548

The funding will be provided in the form of service delivery to members RBHA members housed by ABC through the identified grants.

Mercy Care looks forward to working with you in implementing the subject grants and in our coordinated efforts to serve homeless persons in Maricopa County. Please feel free to contact Andrea Bell at (480) 202-0729 if you need anything further.

Sincerely,

Andrea Bell
Housing Administrator

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/16/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0072
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Arizona Behavioral Health Corporation

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0888064

	c. Organizational DUNS:	038087149	**PLUS 4**	

d. Address

Street 1: 501 E. Thomas Rd.

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85012

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Mr.

First Name: Charles

Middle Name:

Last Name: Sullivan

Suffix:

Title: Director of Housing

Organizational Affiliation: Arizona Behavioral Health Corporation

Telephone Number: (602) 712-9200

Extension: 214
Fax Number: (602) 712-9222
Email: charless@azabc.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	HUD 3084
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-007
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-004, AZ-003, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

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:	Arizona Behavioral Health Corporation
Prefix:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Organizational Affiliation:	Arizona Behavioral Health Corporation
Telephone Number:	(602) 712-9200
Extension:	209
Email:	tedw@azabc.org
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85012

2. Employer ID Number (EIN):	86-0888064
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$991,653.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: HUD 3084 501 E. Thomas Rd. 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? (For further information, see 24 CFR Sec. 4.3). Yes

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$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: X

Name / Title of Authorized Official: Ted Williams, President/CEO

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

Date Signed: 07/19/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Arizona Behavioral Health Corporation

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:	Ted
Middle Name	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

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

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:	Arizona Behavioral Health Corporation
Name / Title of Authorized Official:	Ted Williams, President/CEO
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

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:	Arizona Behavioral Health Corporation
Street 1:	501 E. Thomas Rd.
Street 2:	
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85012

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:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

ABC cannot budget specific amounts for individual units because of the unpredictable factors involved in housing individuals in the grants ABC manages. ABC has no barriers regarding family size, sobriety, correctional records, or disabilities. ABC also supports family reunification once an individual is housed and stabilized and works closely with the individuals assigned service provider to successfully rehouse individuals when evictions occur. Therefore the housing of individuals in ABC managed grants is a dynamic environment based upon funds spent versus remaining funds available and requires constant monitoring that status to determine the number of individuals to be housed as vacancies occur. ABC works diligently to minimize the funds reverted to HUD to be recaptured, and always houses more people than established in the application based on FMR amounts. For the expired grant period, the reversion percentage was 1.04% which was only adequate to fund one additional unit that grant period. ABC housed an average of 184 people in 115 units, compared to 119 people in 94 units in the application, for average bed and unit utilization rates of 155% and 122% respectively.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	Yes
2. Is this an individual project application or a fully consolidated project application?	Individual

Click on "Save & Next" to continue completing the remainder of this project application as if the consolidation will be denied by HUD and this individual project application will be assessed for FY 2018 funding.

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: $0

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

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0072
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	HUD 3084
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

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

This is a permanent housing project that will serve approximately 94 homeless individuals and families. The target population will be homeless individuals and families, with a diagnosis of serious mental illness who are enrolled in the Regional Behavioral Health Authority of Maricopa County (RBHA). The project will use a scattered sites Tenant Based Rental Assistance model utilizing private market units. Individuals will receive supportive services from the RBHA. The RBHA provides services including case management, rehabilitation services, medication, counseling, crisis and psychiatric services. The case manager assists the recipient, prioritizes their needs and identifies the resources to assist the participant obtain the goals in their individual service plan.

100% of turnover in the grant will be prioritized for the Chronically Homeless.

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

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

Chronic Homeless		**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

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

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

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section lll.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section lll.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section lll.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	N/A

4A. Supportive Services for Participants

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

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

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

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

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

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

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

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: 94

Total Beds: 119

Total Dedicated CH Beds: 32

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	94	119

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: 94

b. Beds: 119

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 32

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. 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: 501 E. Thomas Rd.

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85012

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

049013 Maricopa County

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	14	80	0	94

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	17	82		99
Adults ages 18-24	2	3		5
Accompanied Children under age 18	30		0	30
Unaccompanied Children under age 18			0	0
Total Persons	49	85	0	134

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	6	0	0	0	0	12	3	0	0	5
Adults ages 18-24	2	0	0	0	0	2	0	0	0	0
Children under age 18	0			0	0	0	3	0	0	27
Total Persons	8	0	0	0	0	14	6	0	0	32

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	22	1	1	8	2	77	9	15	0	5
Adults ages 18-24	1	0	0	0	0	3	1	0	0	0
Total Persons	23	1	1	8	2	80	10	15	0	5

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	0

Describe the unlisted subpopulations referred to above:

These are additional household members that are not disabled or victims of domestic violence.

5C. Outreach for Participants

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	Directly from the street or other locations not meant for human habitation.
50%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
0%	Directly from transitional housing.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
0%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

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

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

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

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	
Operating	
HMIS	

6C. Rental Assistance Budget

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

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

Total Request for Grant Term:			$924,024
Total Units:			94
Type of Rental Assistance	**FMR Area**	**Total Units Requested**	**Total Request**
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	94	$924,024

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO	0	x	$468	$468	x			=	$0
0 Bedroom	4	x	$624	$624	x			=	$29,952
1 Bedroom	72	x	$757	$757	x			=	$654,048
2 Bedrooms	11	x	$944	$944	x			=	$124,608
3 Bedrooms	7	x	$1,374	$1,374	x			=	$115,416
4 Bedrooms	0	x	$1,594	$1,594	x			=	$0
5 Bedrooms	0	x	$1,833	$1,833	x			=	$0
6 Bedrooms	0	x	$2,072	$2,072	x			=	$0
7 Bedrooms	0	x	$2,311	$2,311	x			=	$0
8 Bedrooms	0	x	$2,550	$2,550	x			=	$0
9 Bedrooms	0	x	$2,790	$2,790	x			=	$0
Total Units and Annual Assistance Requested	94								$924,024
Grant Term									1 Year
Total Request for Grant Term									$924,024

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	$495,827
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$495,827

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Mercy Care	07/25/2018	$495,827

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Mercy Care
5. Date of Written Commitment:	07/25/2018
6. Value of Written Commitment:	$495,827

6E. Summary Budget

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

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$924,024
3. Supportive Services	$0
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$924,024
7. Admin (Up to 10%)	$67,629
8. Total Assistance plus Admin Requested	$991,653
9. Cash Match	$495,827
10. In-Kind Match	$0
11. Total Match	$495,827
12. Total Budget	$1,487,480

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	2018 Mercy Care M...	07/25/2018
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: 2018 Mercy Care Match Letter

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Ted Williams

Date: 08/16/2018

Title: President/CEO

Applicant Organization: Arizona Behavioral Health Corporation

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	X
5C. Outreach	☐
Part 6 - Budget Information	
6A. Funding Request	☐
6C. Rental Assistance	☐

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Changes made to 3B to check the box under "Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area" as it did not carry over from the previous application and is necessary to establish the project as Housing First. Changes made to 6D to increase the amount of match from the source that carried over from the previous application. Changes made to 4B to update applicant address and CH beds. Changes made to 5B to match 4B CH beds.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/19/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	07/24/2018
1E. SF-424 Compliance	07/19/2018
1F. SF-424 Declaration	07/19/2018
1G. HUD-2880	07/19/2018
1H. HUD-50070	07/19/2018
1I. Cert. Lobbying	07/19/2018
1J. SF-LLL	07/25/2018
Recipient Performance	07/19/2018
Renewal Grant Consolidation	07/19/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/19/2018
3B. Description	07/19/2018
3C. Dedicated Plus	07/19/2018
4A. Services	07/19/2018
4B. Housing Type	08/16/2018
5A. Households	07/19/2018
5B. Subpopulations	07/19/2018
5C. Outreach	07/19/2018
6A. Funding Request	07/19/2018
6C. Rental Assistance	07/19/2018
6D. Match	07/25/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/25/2018
7B. Certification	07/27/2018
Submission Without Changes	08/16/2018

mercy care

July 25, 2018

Ted Williams
President & CEO
Arizona Behavioral Health Corporation (ABC)
1406 N. Second Street
Phoenix, Arizona 85004

RE: 2018 – Mercy Care Match Letter

Dear Mr. Williams:

Mercy Care is pleased to participate in ABC's application for the U.S. Department of Housing and Urban Development (HUD) Continuum of Care projects to provide permanent housing under the Maricopa County Continuum of Care Program.

This letter serves as our commitment to ABC that as the designated Regional Behavioral Health Authority (RBHA) for Maricopa County, Mercy Care will provide the funding support indicated for the terms identified for the following grants:

Grant	Term of Commitment	Match	Leverage
Another Chance	June 2019 to May 2020	$ 622,498	$ 622,498
Casa de Luz	Oct. 2019 to Sep. 2020	$ 279,424	$ 279,424
Casa de Paz	July 2019 to June 2020	$ 196,729	$ 196,729
Casa Mia	July 2019 to June 2020	$ 361,659	$ 361,659
HUD 3024	July 2019 to June 2020	$ 273,722	$ 273,722
HUD 3084	July 2019 to June 2020	$ 495,827	$ 495,827
PSH 2009	June 2019 to May 2020	$ 229,728	$ 229,728
PSH 2016	Jan 2020 to Dec. 2020	$ 503,209	$ 503,209
PSH 3106	July 2019 to June 2020	$ 365,904	$ 365,904
PSH 3109	Sep. 2019 to Aug. 2020	$ 365,904	$ 365,904
SPC 151	March 2019 to Feb. 2020	$ 811,039	$ 811,039
SPC 189	July 2019 to June 2020	$ 1,023,472	$ 1,023,472
SPC 293	July 2019 to June 2020	$ 1,578,761	$ 1,578,761
Village	Feb. 2019 to Jan. 2020	$ 955,092	$ 955,092

Mercy Care is aware that ABC is applying for two consolidated renewal grants. If funded as consolidated renewal grants, the following Match and Leverage is not in addition to, but will replace the Match and Leverage listed for Casa de Paz, Casa Mia, PSH 3106, HUD 3024 and HUD 3084.

Grant	Term of Commitment	Match	Leverage
Casa Mia de	July 2019 to June 2020	$ 924,292	$ 924,292
HUD 6108	July 2019 to June 2020	$ 769,548	$ 769,548

The funding will be provided in the form of service delivery to members RBHA members housed by ABC through the identified grants.

Mercy Care looks forward to working with you in implementing the subject grants and in our coordinated efforts to serve homeless persons in Maricopa County. Please feel free to contact Andrea Bell at (480) 202-0729 if you need anything further.

Sincerely,

Andrea Bell
Housing Administrator

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/16/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0071
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Arizona Behavioral Health Corporation

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0888064

	c. Organizational DUNS:	038087149	**PLUS 4**	

d. Address

Street 1: 501 E. Thomas Rd.

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85012

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Mr.

First Name: Charles

Middle Name:

Last Name: Sullivan

Suffix:

Title: Director of Housing

Organizational Affiliation: Arizona Behavioral Health Corporation

Telephone Number: (602) 712-9200

Extension: 214
Fax Number: (602) 712-9222
Email: charless@azabc.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	HUD 6108
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-007
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-004, AZ-003, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

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:	Arizona Behavioral Health Corporation
Prefix:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Organizational Affiliation:	Arizona Behavioral Health Corporation
Telephone Number:	(602) 712-9200
Extension:	209
Email:	tedw@azabc.org
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85012

2. Employer ID Number (EIN):	86-0888064
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$1,539,096.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: HUD 6108 501 E. Thomas Rd. 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? (For further information, see 24 CFR Sec. 4.3). Yes

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$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: X

Name / Title of Authorized Official: Ted Williams, President/CEO

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

Date Signed: 07/24/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Arizona Behavioral Health Corporation

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:	Ted
Middle Name	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

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

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:	Arizona Behavioral Health Corporation
Name / Title of Authorized Official:	Ted Williams, President/CEO
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

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:	Arizona Behavioral Health Corporation
Street 1:	501 E. Thomas Rd.
Street 2:	
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85012

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:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

ABC cannot budget specific amounts for individual units because of the unpredictable factors involved in housing individuals in the grants ABC manages. ABC has no barriers regarding family size, sobriety, correctional records, or disabilities. ABC also supports family reunification once an individual is housed and stabilized and works closely with the individuals assigned service provider to successfully rehouse individuals when evictions occur. Therefore the housing of individuals in ABC managed grants is a dynamic environment based upon funds spent versus remaining funds available and requires constant monitoring that status to determine the number of individuals to be housed as vacancies occur. ABC works diligently to minimize the funds reverted to HUD to be recaptured, and always houses more people than established in the application based on FMR amounts. For the expired grant period, the average reversion percentage for the combined grants was 0.99% which was only adequate to fund one additional unit per grant that grant period. ABC housed an average of 276 people in 177 units, compared to 184 people in 148 units in the application, for average bed and unit utilization rates of 150% and 120% respectively.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen. Yes

2. Is this an individual project application or a fully consolidated project application? Fully Consolidated

Renewal Grant Consolidation Table

Project Identification Number PIN	Total Requested Amount	Surviving PIN or Terminating PIN	Operating Start Date	Expiration Date
AZ0071	$547,443	Survivng PIN	07/01/2019	06/30/2020
AZ0072	$991,653	Terminating PIN	07/01/2019	06/30/2020

***The surviving PIN must have the earliest operating start date.**

Renewal Grant Consolidation Summary

Total Number of Grants in Consolidation	2
Total Requested Amount in Consolidation	$1,539,096

I hereby confirm that I have reviewed the accuracy and submitted all the renewal project applications related to this consolidation request into esnaps. X

Click on "Save & Next" to continue completing the remainder of this project application combining all the project application data for all the

projects listed above into a single fully consolidated project application.

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: $0

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

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0071
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	HUD 6108
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

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

This is a permanent housing project that will serve approximately 148 homeless individuals and families. The target population will be homeless individuals and families, with a diagnosis of Serious Mental Illness who are enrolled in the Regional Behavioral Health Authority of Maricopa County (RBHA). The project will use a scattered sites Tenant Based Rental Assistance model utilizing private market units. Individuals will receive supportive services from the RBHA.

The RBHA provides services including case management, rehabilitation services, medication, counseling, crisis and psychiatric services. The case manager assists the recipient, prioritizes their needs and identifies the resources to assist the participant obtain the goals in their individual service plan.

100% of turnover in the grant will be prioritized for the Chronically Homeless.

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

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

Chronic Homeless		**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

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

3b. Does the project ensure that participants are not screened out based

on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section lll.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section lll.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section lll.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	N/A

4A. Supportive Services for Participants

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

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

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

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

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

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

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

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: 148

Total Beds: 184

Total Dedicated CH Beds: 38

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	148	184

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: 148

b. Beds: 184

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 38

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. 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: 501 E. Thomas Rd.

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85012

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

049013 Maricopa County

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	26	122	0	148

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	35	127		162
Adults ages 18-24	4	3		7
Accompanied Children under age 18	44		0	44
Unaccompanied Children under age 18			0	0
Total Persons	83	130	0	213

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	6	0	0	1		22	5	0	0	13
Adults ages 18-24	2	0	0	0	0	4	0	0	0	0
Children under age 18	0			0	0	0	5	0	0	39
Total Persons	8	0	0	1	0	26	10	0	0	52

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	28	1	5	14	5	119	16	15	0	8
Adults ages 18-24	1	0	0	0	0	3	1	0	0	0
Total Persons	29	1	5	14	5	122	17	15	0	8

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	0

Describe the unlisted subpopulations referred to above:

These are additional household members that are not disabled or victims of domestic violence.

5C. Outreach for Participants

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	Directly from the street or other locations not meant for human habitation.
50%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
0%	Directly from transitional housing.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
0%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

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

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	
Operating	
HMIS	

6C. 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:	$1,433,904
Total Units:	148

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	148	$1,433,904

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO	0	x	$468	$468	x			=	$0
0 Bedroom	11	x	$624	$624	x			=	$82,368
1 Bedroom	110	x	$757	$757	x			=	$999,240
2 Bedrooms	18	x	$944	$944	x			=	$203,904
3 Bedrooms	9	x	$1,374	$1,374	x			=	$148,392
4 Bedrooms	0	x	$1,594	$1,594	x			=	$0
5 Bedrooms	0	x	$1,833	$1,833	x			=	$0
6 Bedrooms	0	x	$2,072	$2,072	x			=	$0
7 Bedrooms	0	x	$2,311	$2,311	x			=	$0
8 Bedrooms	0	x	$2,550	$2,550	x			=	$0
9 Bedrooms	0	x	$2,790	$2,790	x			=	$0
Total Units and Annual Assistance Requested	148								$1,433,904
Grant Term									1 Year
Total Request for Grant Term									$1,433,904

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	$769,548
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$769,548

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Mercy Care	07/25/2018	$769,548

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Mercy Care
5. Date of Written Commitment:	07/25/2018
6. Value of Written Commitment:	$769,548

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$1,433,904
3. Supportive Services	$0
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$1,433,904
7. Admin (Up to 10%)	$105,192
8. Total Assistance plus Admin Requested	$1,539,096
9. Cash Match	$769,548
10. In-Kind Match	$0
11. Total Match	$769,548
12. Total Budget	$2,308,644

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	2018 Mercy Care M...	07/25/2018
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: 2018 Mercy Care Match Letter

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Ted Williams

Date: 08/16/2018

Title: President/CEO

Applicant Organization: Arizona Behavioral Health Corporation

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.	Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
5C. Outreach	
Part 6 - Budget Information	
6A. Funding Request	X
6C. Rental Assistance	X

6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

All sections are being updated to combine information for a consolidated grant.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/24/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	07/24/2018
1E. SF-424 Compliance	07/24/2018
1F. SF-424 Declaration	07/24/2018
1G. HUD-2880	07/24/2018
1H. HUD-50070	07/24/2018
1I. Cert. Lobbying	07/24/2018
1J. SF-LLL	07/25/2018
Recipient Performance	07/24/2018
Renewal Grant Consolidation	07/24/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/24/2018
3B. Description	07/24/2018
3C. Dedicated Plus	07/24/2018
4A. Services	07/24/2018
4B. Housing Type	08/16/2018
5A. Households	07/24/2018
5B. Subpopulations	07/24/2018
5C. Outreach	07/24/2018
6A. Funding Request	07/24/2018
6C. Rental Assistance	07/24/2018
6D. Match	07/25/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/25/2018
7B. Certification	07/27/2018
Submission Without Changes	07/24/2018

mercy care

July 25, 2018

Ted Williams
President & CEO
Arizona Behavioral Health Corporation (ABC)
1406 N. Second Street
Phoenix, Arizona 85004

RE: 2018 – Mercy Care Match Letter

Dear Mr. Williams:

Mercy Care is pleased to participate in ABC's application for the U.S. Department of Housing and Urban Development (HUD) Continuum of Care projects to provide permanent housing under the Maricopa County Continuum of Care Program.

This letter serves as our commitment to ABC that as the designated Regional Behavioral Health Authority (RBHA) for Maricopa County, Mercy Care will provide the funding support indicated for the terms identified for the following grants:

Grant	Term of Commitment	Match	Leverage
Another Chance	June 2019 to May 2020	$ 622,498	$ 622,498
Casa de Luz	Oct. 2019 to Sep. 2020	$ 279,424	$ 279,424
Casa de Paz	July 2019 to June 2020	$ 196,729	$ 196,729
Casa Mia	July 2019 to June 2020	$ 361,659	$ 361,659
HUD 3024	July 2019 to June 2020	$ 273,722	$ 273,722
HUD 3084	July 2019 to June 2020	$ 495,827	$ 495,827
PSH 2009	June 2019 to May 2020	$ 229,728	$ 229,728
PSH 2016	Jan 2020 to Dec. 2020	$ 503,209	$ 503,209
PSH 3106	July 2019 to June 2020	$ 365,904	$ 365,904
PSH 3109	Sep. 2019 to Aug. 2020	$ 365,904	$ 365,904
SPC 151	March 2019 to Feb. 2020	$ 811,039	$ 811,039
SPC 189	July 2019 to June 2020	$ 1,023,472	$ 1,023,472
SPC 293	July 2019 to June 2020	$ 1,578,761	$ 1,578,761
Village	Feb. 2019 to Jan. 2020	$ 955,092	$ 955,092

Mercy Care is aware that ABC is applying for two consolidated renewal grants. If funded as consolidated renewal grants, the following Match and Leverage is not in addition to, but will replace the Match and Leverage listed for Casa de Paz, Casa Mia, PSH 3106, HUD 3024 and HUD 3084.

Grant	Term of Commitment	Match	Leverage
Casa Mia de	July 2019 to June 2020	$ 924,292	$ 924,292
HUD 6108	July 2019 to June 2020	$ 769,548	$ 769,548

The funding will be provided in the form of service delivery to members RBHA members housed by ABC through the identified grants.

Mercy Care looks forward to working with you in implementing the subject grants and in our coordinated efforts to serve homeless persons in Maricopa County. Please feel free to contact Andrea Bell at (480) 202-0729 if you need anything further.

Sincerely,

Andrea Bell
Housing Administrator

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	07/27/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0050
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Arizona Behavioral Health Corporation

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0888064

	c. Organizational DUNS:	038087149	**PLUS 4**	

d. Address

Street 1: 501 E. Thomas Rd.

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85012

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Mr.

First Name: Charles

Middle Name:

Last Name: Sullivan

Suffix:

Title: Director of Housing

Organizational Affiliation: Arizona Behavioral Health Corporation

Telephone Number: (602) 712-9200

Extension: 214
Fax Number: (602) 712-9222
Email: charless@azabc.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	PSH 2009
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-007
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-004, AZ-003, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
17. Proposed Project	
a. Start Date:	06/01/2019
b. End Date:	05/31/2020
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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

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:	Arizona Behavioral Health Corporation
Prefix:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Organizational Affiliation:	Arizona Behavioral Health Corporation
Telephone Number:	(602) 712-9200
Extension:	209
Email:	tedw@azabc.org
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85012

2. Employer ID Number (EIN):	86-0888064
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$459,455.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: PSH 2009 501 E. Thomas Rd. 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? (For further information, see 24 CFR Sec. 4.3). Yes

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$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: X

Name / Title of Authorized Official: Ted Williams, President/CEO

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

Date Signed: 07/19/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Arizona Behavioral Health Corporation

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:	Ted
Middle Name	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

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

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: Arizona Behavioral Health Corporation

Name / Title of Authorized Official: Ted Williams, President/CEO

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

Date Signed: 07/27/2018

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:	Arizona Behavioral Health Corporation
Street 1:	501 E. Thomas Rd.
Street 2:	
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85012

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:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

ABC cannot budget specific amounts for individual units because of the unpredictable factors involved in housing individuals in the grants ABC manages. ABC has no barriers regarding family size, sobriety, correctional records, or disabilities. ABC also supports family reunification once an individual is housed and stabilized and works closely with the individuals assigned service provider to successfully rehouse individuals when evictions occur. Therefore the housing of individuals in ABC managed grants is a dynamic environment based upon funds spent versus remaining funds available and requires constant monitoring that status to determine the number of individuals to be housed as vacancies occur. ABC works diligently to minimize the funds reverted to HUD to be recaptured, and always houses more people than established in the application based on FMR amounts. For the expired grant period, the reversion percentage was 1.10% which was inadequate to fund any additional units that grant period. ABC housed an average of 68 people in 57 units, compared to 55 people in 46 units in the application, for average bed and unit utilization rates of 124% and 124% respectively.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: $0

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

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0050
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	PSH 2009
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

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

This is a permanent housing project that will serve approximately 46 chronically homeless individuals and families. These people will have a diagnosis of serious mental illness who are enrolled in the Regional Behavioral Health Authority of Maricopa County (RBHA). The project will use a scattered sites Tenant Based Rental Assistance model utilizing private market units. Individuals will receive supportive services from the RBHA. The RBHA provides services including case management, rehabilitation services, medication, counseling, crisis and psychiatric services. The case manager assists the recipient, prioritizes their needs and identifies the resources to assist the participant obtain the goals in their individual service plan.

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

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

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

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

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

Having too little or little income	X

Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	DedicatedPLUS

4A. Supportive Services for Participants

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

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

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

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

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

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

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

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: 46

Total Beds: 55

Total Dedicated CH Beds: 55

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	46	55

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: 46

b. Beds: 55

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 55

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. 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: 501 E. Thomas Rd.

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85012

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

049013 Maricopa County

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	5	41	0	46

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	6	42		48
Adults ages 18-24	1	4		5
Accompanied Children under age 18	10		0	10
Unaccompanied Children under age 18			0	0
Total Persons	17	46	0	63

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	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	4	0	0	0	0	4	3	0	0	2
Adults ages 18-24	1	0	0	0	0	1	0	0	0	0
Children under age 18	5			0	0	0	5	0	0	0
Total Persons	10	0	0	0	0	5	8	0	0	2

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	39	2	0	6	1	37	8	5	0	0
Adults ages 18-24	4	0	0	1	0	4	1	0	0	0
Total Persons	43	2	0	7	1	41	9	5	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	0

Describe the unlisted subpopulations referred to above:

These are additional household members that are not disabled or victims of domestic violence.

5C. Outreach for Participants

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

49%	Directly from the street or other locations not meant for human habitation.
49%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
0%	Directly from transitional housing eliminated in a previous CoC Program Competition.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
2%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

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

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	Yes
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

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

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	
Operating	
HMIS	

6C. Rental Assistance Budget

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

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

Total Request for Grant Term:			$428,208
Total Units:			46
Type of Rental Assistance	**FMR Area**	**Total Units Requested**	**Total Request**
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	46	$428,208

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO	0	x	$468	$468	x			=	$0
0 Bedroom	8	x	$624	$624	x			=	$59,904
1 Bedroom	30	x	$757	$757	x			=	$272,520
2 Bedrooms	7	x	$944	$944	x			=	$79,296
3 Bedrooms	1	x	$1,374	$1,374	x			=	$16,488
4 Bedrooms	0	x	$1,594	$1,594	x			=	$0
5 Bedrooms	0	x	$1,833	$1,833	x			=	$0
6 Bedrooms	0	x	$2,072	$2,072	x			=	$0
7 Bedrooms	0	x	$2,311	$2,311	x			=	$0
8 Bedrooms	0	x	$2,550	$2,550	x			=	$0
9 Bedrooms	0	x	$2,790	$2,790	x			=	$0
Total Units and Annual Assistance Requested	46								$428,208
Grant Term									1 Year
Total Request for Grant Term									$428,208

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	$229,728
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$229,728

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Mercy Care	07/25/2018	$229,728

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Mercy Care
5. Date of Written Commitment:	07/25/2018
6. Value of Written Commitment:	$229,728

6E. Summary Budget

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

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$428,208
3. Supportive Services	$0
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$428,208
7. Admin (Up to 10%)	$31,247
8. Total Assistance plus Admin Requested	$459,455
9. Cash Match	$229,728
10. In-Kind Match	$0
11. Total Match	$229,728
12. Total Budget	$689,183

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	2018 Mercy Care M...	07/25/2018
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: 2018 Mercy Care Match Letter

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Ted Williams

Date: 07/27/2018

Title: President/CEO

Applicant Organization: Arizona Behavioral Health Corporation

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	
Part 6 - Budget Information	
6A. Funding Request	
6C. Rental Assistance	

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Changes were made to 3B to check the box under "Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area" as it did not carry over from the previous application and is necessary to establish the project as Housing First. Changes were made to 6D to increase the amount of match from the source that carried over from the previous application. Changes were made to 4B to update applicant address.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/19/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	07/24/2018
1E. SF-424 Compliance	07/19/2018
1F. SF-424 Declaration	07/19/2018
1G. HUD-2880	07/19/2018
1H. HUD-50070	07/19/2018
1I. Cert. Lobbying	07/19/2018
1J. SF-LLL	07/25/2018
Recipient Performance	07/19/2018
Renewal Grant Consolidation	07/19/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/19/2018
3B. Description	07/19/2018
3C. Dedicated Plus	07/19/2018
4A. Services	07/19/2018
4B. Housing Type	07/26/2018
5A. Households	07/19/2018
5B. Subpopulations	07/19/2018
5C. Outreach	07/19/2018
6A. Funding Request	07/19/2018
6C. Rental Assistance	07/19/2018
6D. Match	07/25/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/25/2018
7B. Certification	07/27/2018
Submission Without Changes	07/26/2018

mercy care

July 25, 2018

Ted Williams
President & CEO
Arizona Behavioral Health Corporation (ABC)
1406 N. Second Street
Phoenix, Arizona 85004

RE: 2018 – Mercy Care Match Letter

Dear Mr. Williams:

Mercy Care is pleased to participate in ABC's application for the U.S. Department of Housing and Urban Development (HUD) Continuum of Care projects to provide permanent housing under the Maricopa County Continuum of Care Program.

This letter serves as our commitment to ABC that as the designated Regional Behavioral Health Authority (RBHA) for Maricopa County, Mercy Care will provide the funding support indicated for the terms identified for the following grants:

Grant	Term of Commitment	Match	Leverage
Another Chance	June 2019 to May 2020	$ 622,498	$ 622,498
Casa de Luz	Oct. 2019 to Sep. 2020	$ 279,424	$ 279,424
Casa de Paz	July 2019 to June 2020	$ 196,729	$ 196,729
Casa Mia	July 2019 to June 2020	$ 361,659	$ 361,659
HUD 3024	July 2019 to June 2020	$ 273,722	$ 273,722
HUD 3084	July 2019 to June 2020	$ 495,827	$ 495,827
PSH 2009	June 2019 to May 2020	$ 229,728	$ 229,728
PSH 2016	Jan 2020 to Dec. 2020	$ 503,209	$ 503,209
PSH 3106	July 2019 to June 2020	$ 365,904	$ 365,904
PSH 3109	Sep. 2019 to Aug. 2020	$ 365,904	$ 365,904
SPC 151	March 2019 to Feb. 2020	$ 811,039	$ 811,039
SPC 189	July 2019 to June 2020	$ 1,023,472	$ 1,023,472
SPC 293	July 2019 to June 2020	$ 1,578,761	$ 1,578,761
Village	Feb. 2019 to Jan. 2020	$ 955,092	$ 955,092

Mercy Care is aware that ABC is applying for two consolidated renewal grants. If funded as consolidated renewal grants, the following Match and Leverage is not in addition to, but will replace the Match and Leverage listed for Casa de Paz, Casa Mia, PSH 3106, HUD 3024 and HUD 3084.

Grant	Term of Commitment	Match	Leverage
Casa Mia de	July 2019 to June 2020	$ 924,292	$ 924,292
HUD 6108	July 2019 to June 2020	$ 769,548	$ 769,548

The funding will be provided in the form of service delivery to members RBHA members housed by ABC through the identified grants.

Mercy Care looks forward to working with you in implementing the subject grants and in our coordinated efforts to serve homeless persons in Maricopa County. Please feel free to contact Andrea Bell at (480) 202-0729 if you need anything further.

Sincerely,

Andrea Bell
Housing Administrator

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	07/27/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0180
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Arizona Behavioral Health Corporation

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0888064

	c. Organizational DUNS:	038087149	**PLUS 4**	

d. Address

Street 1: 501 E. Thomas Rd.

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85012

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Mr.

First Name: Charles

Middle Name:

Last Name: Sullivan

Suffix:

Title: Director of Housing

Organizational Affiliation: Arizona Behavioral Health Corporation

Telephone Number: (602) 712-9200

Extension: 214
Fax Number: (602) 712-9222
Email: charless@azabc.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	PSH 2016
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-007
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-004, AZ-003, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
17. Proposed Project	
a. Start Date:	01/01/2020
b. End Date:	12/31/2020
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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

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:	Arizona Behavioral Health Corporation
Prefix:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Organizational Affiliation:	Arizona Behavioral Health Corporation
Telephone Number:	(602) 712-9200
Extension:	209
Email:	tedw@azabc.org
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85012

2. Employer ID Number (EIN):	86-0888064
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$1,006,418.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: PSH 2016 501 E. Thomas Rd. 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? (For further information, see 24 CFR Sec. 4.3). Yes

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$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: X

Name / Title of Authorized Official: Ted Williams, President/CEO

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

Date Signed: 07/19/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Arizona Behavioral Health Corporation

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:	Ted
Middle Name	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

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

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:	Arizona Behavioral Health Corporation
Name / Title of Authorized Official:	Ted Williams, President/CEO
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

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:	Arizona Behavioral Health Corporation
Street 1:	501 E. Thomas Rd.
Street 2:	
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85012

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:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

The initial grant term for this grant has not ended and therefore there is no APR to submit.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: $0

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

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0180
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	PSH 2016
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

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

This project will provide scattered site, tenant based rental assistance to approximately 100 chronically homeless households (individuals and families) living with disabilities throughout Maricopa County, utilizing a housing first approach. Program participants will be identified through the Maricopa County Coordinated Entry System (CES) in coordination with Correctional Health Services (CHS) which provides integrated health services in Maricopa County Jails. The Maricopa CES utilizes the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) as an assessment tool. This process will identify and prioritize chronically homeless clients most in need of PSH based on level of acuity on the VI-SPDAT with a high risk of recidivism. The CES utilizes two points of contact in the community, and is actively increasing the reach of this system to outreach teams, police, hospitals, fire departments, jails and crisis centers.

This project will improve coordination with service providers in the criminal justice system and those in the community. Maricopa County Sheriff's Office (MCSO) jails had 95,000 bookings in 2015, the fifth largest jail in the US. MCSO administers an evidence based screen to identify individuals risk for recidivism. Through an electronic health record system CHS is able to identify high needs individuals with high risk for recidivism and has a monthly report identifying homelessness, providing capability for targeted referral. Point in time data indicates between 6.5-7.2% of the jail population are designated Seriously Mentally Ill, 20% with General Mental Health disorders, 75-80% with substance use disorders, and 14% homeless. CHS is implementing SAMHSA developed SBIRT model to identify individuals in jail with severe substance abuse disorders.

The project participants will be some of the most challenging and difficult to house people in our community. Many participants struggle with the symptoms of their disabilities, lack of financial resources, criminal backgrounds and poor credit history. This program will employ a Housing First approach to housing program participants by not requiring that they are receiving any services, or being assessed as housing ready prior to entry into the program. Participants will be connected with a service provider upon identification as an eligible participant to assist in the housing search and lease up process. Once participants are housed, supportive services will be provided to individuals and families through case management provided through service provision managed by the Maricopa County Regional Behavioral Health Authority (RBHA) as match and leverage to this project. These additional services are provided as Medicaid services through third party service providers for participants currently enrolled as well as those who are not already enrolled in the RBHA but are connected to the RBHA once housed.

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

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

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

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

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

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	DedicatedPLUS

4A. Supportive Services for Participants

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

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

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

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

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

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

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

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: 100

Total Beds: 116

Total Dedicated CH Beds: 116

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	100	116

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: 100

b. Beds: 116

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 116

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. 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: 501 E. Thomas Rd.

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85012

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

049013 Maricopa County

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	2	98	0	100

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	4	96		100
Adults ages 18-24	0	16		16
Accompanied Children under age 18	6		0	6
Unaccompanied Children under age 18			0	0
Total Persons	10	112	0	122

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	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	2	0	0	1	0	1	1	0	0	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Children under age 18	0			0	0	0	0	0	0	6
Total Persons	2	0	0	1	0	1	1	0	0	6

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	92	4	0	55	1	42	8	8	8	0
Adults ages 18-24	15	1	0	8	0	8	0	0	0	0
Total Persons	107	5	0	63	1	50	8	8	8	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	0

Describe the unlisted subpopulations referred to above:

These are additional household members that are not disabled or victims of domestic violence.

5C. Outreach for Participants

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

49%	Directly from the street or other locations not meant for human habitation.
49%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
0%	Directly from transitional housing eliminated in a previous CoC Program Competition.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
2%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

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

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	Yes
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

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

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	
Operating	
HMIS	

6C. Rental Assistance Budget

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

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

Total Request for Grant Term:	$937,920
Total Units:	100

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	100	$937,920

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO	0	x	$468	$468	x			=	$0
0 Bedroom	4	x	$624	$624	x			=	$29,952
1 Bedroom	80	x	$757	$757	x			=	$726,720
2 Bedrooms	16	x	$944	$944	x			=	$181,248
3 Bedrooms	0	x	$1,374	$1,374	x			=	$0
4 Bedrooms	0	x	$1,594	$1,594	x			=	$0
5 Bedrooms	0	x	$1,833	$1,833	x			=	$0
6 Bedrooms	0	x	$2,072	$2,072	x			=	$0
7 Bedrooms	0	x	$2,311	$2,311	x			=	$0
8 Bedrooms	0	x	$2,550	$2,550	x			=	$0
9 Bedrooms	0	x	$2,790	$2,790	x			=	$0
Total Units and Annual Assistance Requested	100								$937,920
Grant Term									1 Year
Total Request for Grant Term									$937,920

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	$503,209
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$503,209

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Mercy Care	07/25/2018	$503,209

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Mercy Care
5. Date of Written Commitment:	07/25/2018
6. Value of Written Commitment:	$503,209

6E. Summary Budget

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

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$937,920
3. Supportive Services	$0
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$937,920
7. Admin (Up to 10%)	$68,498
8. Total Assistance plus Admin Requested	$1,006,418
9. Cash Match	$503,209
10. In-Kind Match	$0
11. Total Match	$503,209
12. Total Budget	$1,509,627

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	2018 Mercy Care M...	07/25/2018
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: 2018 Mercy Care Match Letter

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Ted Williams

Date: 07/27/2018

Title: President/CEO

Applicant Organization: Arizona Behavioral Health Corporation

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
5C. Outreach	☐
Part 6 - Budget Information	
6A. Funding Request	☐
6C. Rental Assistance	☐

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Changes were made to 3B to check the box under "Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area" as it did not carry over from the previous application and is necessary to establish the project as Housing First. Changes were made to 6D to increase the amount of match from the source that carried over from the previous application. Changes were made to 4B to update applicant address.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/19/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	07/25/2018
1E. SF-424 Compliance	07/19/2018
1F. SF-424 Declaration	07/19/2018
1G. HUD-2880	07/19/2018
1H. HUD-50070	07/19/2018
1I. Cert. Lobbying	07/19/2018
1J. SF-LLL	07/25/2018
Recipient Performance	07/25/2018
Renewal Grant Consolidation	07/19/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/19/2018
3B. Description	07/19/2018
3C. Dedicated Plus	07/19/2018
4A. Services	07/19/2018
4B. Housing Type	07/27/2018
5A. Households	07/19/2018
5B. Subpopulations	07/19/2018
5C. Outreach	07/19/2018
6A. Funding Request	07/19/2018
6C. Rental Assistance	07/19/2018
6D. Match	07/25/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/25/2018
7B. Certification	07/27/2018
Submission Without Changes	07/26/2018

mercy care

July 25, 2018

Ted Williams
President & CEO
Arizona Behavioral Health Corporation (ABC)
1406 N. Second Street
Phoenix, Arizona 85004

RE: 2018 – Mercy Care Match Letter

Dear Mr. Williams:

Mercy Care is pleased to participate in ABC's application for the U.S. Department of Housing and Urban Development (HUD) Continuum of Care projects to provide permanent housing under the Maricopa County Continuum of Care Program.

This letter serves as our commitment to ABC that as the designated Regional Behavioral Health Authority (RBHA) for Maricopa County, Mercy Care will provide the funding support indicated for the terms identified for the following grants:

Grant	Term of Commitment	Match	Leverage
Another Chance	June 2019 to May 2020	$ 622,498	$ 622,498
Casa de Luz	Oct. 2019 to Sep. 2020	$ 279,424	$ 279,424
Casa de Paz	July 2019 to June 2020	$ 196,729	$ 196,729
Casa Mia	July 2019 to June 2020	$ 361,659	$ 361,659
HUD 3024	July 2019 to June 2020	$ 273,722	$ 273,722
HUD 3084	July 2019 to June 2020	$ 495,827	$ 495,827
PSH 2009	June 2019 to May 2020	$ 229,728	$ 229,728
PSH 2016	Jan 2020 to Dec. 2020	$ 503,209	$ 503,209
PSH 3106	July 2019 to June 2020	$ 365,904	$ 365,904
PSH 3109	Sep. 2019 to Aug. 2020	$ 365,904	$ 365,904
SPC 151	March 2019 to Feb. 2020	$ 811,039	$ 811,039
SPC 189	July 2019 to June 2020	$ 1,023,472	$ 1,023,472
SPC 293	July 2019 to June 2020	$ 1,578,761	$ 1,578,761
Village	Feb. 2019 to Jan. 2020	$ 955,092	$ 955,092

Mercy Care is aware that ABC is applying for two consolidated renewal grants. If funded as consolidated renewal grants, the following Match and Leverage is not in addition to, but will replace the Match and Leverage listed for Casa de Paz, Casa Mia, PSH 3106, HUD 3024 and HUD 3084.

Grant	Term of Commitment	Match	Leverage
Casa Mia de	July 2019 to June 2020	$ 924,292	$ 924,292
HUD 6108	July 2019 to June 2020	$ 769,548	$ 769,548

The funding will be provided in the form of service delivery to members RBHA members housed by ABC through the identified grants.

Mercy Care looks forward to working with you in implementing the subject grants and in our coordinated efforts to serve homeless persons in Maricopa County. Please feel free to contact Andrea Bell at (480) 202-0729 if you need anything further.

Sincerely,

Andrea Bell
Housing Administrator

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	07/27/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0082
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Arizona Behavioral Health Corporation

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0888064

	c. Organizational DUNS:	038087149	**PLUS 4**	

d. Address

Street 1: 501 E. Thomas Rd.

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85012

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Mr.

First Name: Charles

Middle Name:

Last Name: Sullivan

Suffix:

Title: Director of Housing

Organizational Affiliation: Arizona Behavioral Health Corporation

Telephone Number: (602) 712-9200

Extension: 214
Fax Number: (602) 712-9222
Email: charless@azabc.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	PSH 3106
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-007
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-004, AZ-003, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

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:	Arizona Behavioral Health Corporation
Prefix:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Organizational Affiliation:	Arizona Behavioral Health Corporation
Telephone Number:	(602) 712-9200
Extension:	209
Email:	tedw@azabc.org
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85012

2. Employer ID Number (EIN):	86-0888064
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$731,807.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: PSH 3106 501 E. Thomas Rd. 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? (For further information, see 24 CFR Sec. 4.3). Yes

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$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: X

Name / Title of Authorized Official: Ted Williams, President/CEO

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

Date Signed: 07/19/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Arizona Behavioral Health Corporation

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:	Ted
Middle Name	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

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

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: Arizona Behavioral Health Corporation

Name / Title of Authorized Official: Ted Williams, President/CEO

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

Date Signed: 07/27/2018

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:	Arizona Behavioral Health Corporation
Street 1:	501 E. Thomas Rd.
Street 2:	
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85012

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:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

ABC cannot budget specific amounts for individual units because of the unpredictable factors involved in housing individuals in the grants ABC manages. ABC has no barriers regarding family size, sobriety, correctional records, or disabilities. ABC also supports family reunification once an individual is housed and stabilized and works closely with the individuals assigned service provider to successfully rehouse individuals when evictions occur. Therefore the housing of individuals in ABC managed grants is a dynamic environment based upon funds spent versus remaining funds available and requires constant monitoring that status to determine the number of individuals to be housed as vacancies occur. ABC works diligently to minimize the funds reverted to HUD to be recaptured, and always houses more people than established in the application based on FMR amounts. For the expired grant period, the reversion percentage was 0.74% which was only adequate to fund one additional unit that grant period. ABC housed an average of 92 people in 83 units, compared to 86 people in 72 units in the application, for average bed and unit utilization rates of 107% and 115% respectively.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	Yes
2. Is this an individual project application or a fully consolidated project application?	Individual

Click on "Save & Next" to continue completing the remainder of this project application as if the consolidation will be denied by HUD and this individual project application will be assessed for FY 2018 funding.

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: $0

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

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0082
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	PSH 3106
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

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

This is a permanent housing project that will serve approximately 72 chronically homeless individuals and families. These people will have a diagnosis of serious mental illness who are enrolled in the Regional Behavioral Health Authority of Maricopa County (RBHA). The project will use a scattered sites Tenant Based Rental Assistance model utilizing private market units. Individuals will receive supportive services from the RBHA. The RBHA provides services including case management, rehabilitation services, medication, counseling, crisis and psychiatric services. The case manager assists the recipient, prioritizes their needs and identifies the resources to assist the participant obtain the goals in their individual service plan.

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

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

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

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

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

Having too little or little income	X

Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	DedicatedPLUS

4A. Supportive Services for Participants

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

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

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

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

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

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

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

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: 72

Total Beds: 86

Total Dedicated CH Beds: 86

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	72	86

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: 72

b. Beds: 86

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 86

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. 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: 501 E. Thomas Rd.

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85012

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

049013 Maricopa County

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	10	62	0	72

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	14	66		80
Adults ages 18-24	2	2		4
Accompanied Children under age 18	18		0	18
Unaccompanied Children under age 18			0	0
Total Persons	34	68	0	102

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	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	8	0	0	1	0	8	2	0	0	6
Adults ages 18-24	2	0	0	0	0	2	0	0	0	0
Children under age 18	16				0	0	2	0	0	0
Total Persons	26	0	0	1	0	10	4	0	0	6

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	52	8	0	11	0	60	10	5	2	0
Adults ages 18-24	2	0	0	1	0	2	1	1	0	0
Total Persons	54	8	0	12	0	62	11	6	2	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	0

Describe the unlisted subpopulations referred to above:

These are additional household members that are not disabled or victims of domestic violence.

5C. Outreach for Participants

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

49%	Directly from the street or other locations not meant for human habitation.
49%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
0%	Directly from transitional housing eliminated in a previous CoC Program Competition.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
2%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

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

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	Yes
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

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

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	
Operating	
HMIS	

6C. Rental Assistance Budget

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

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

Total Request for Grant Term:	$681,720
Total Units:	72

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	72	$681,720

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO	0	x	$468	$468	x		=	$0
0 Bedroom	6	x	$624	$624	x		=	$44,928
1 Bedroom	54	x	$757	$757	x		=	$490,536
2 Bedrooms	10	x	$944	$944	x		=	$113,280
3 Bedrooms	2	x	$1,374	$1,374	x		=	$32,976
4 Bedrooms	0	x	$1,594	$1,594	x		=	$0
5 Bedrooms	0	x	$1,833	$1,833	x		=	$0
6 Bedrooms	0	x	$2,072	$2,072	x		=	$0
7 Bedrooms	0	x	$2,311	$2,311	x		=	$0
8 Bedrooms	0	x	$2,550	$2,550	x		=	$0
9 Bedrooms	0	x	$2,790	$2,790	x		=	$0
Total Units and Annual Assistance Requested	72							$681,720
Grant Term								1 Year
Total Request for Grant Term								$681,720

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	$365,904
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$365,904

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Mercy Care	07/25/2018	$365,904

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Mercy Care
5. Date of Written Commitment:	07/25/2018
6. Value of Written Commitment:	$365,904

6E. Summary Budget

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

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$681,720
3. Supportive Services	$0
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$681,720
7. Admin (Up to 10%)	$50,087
8. Total Assistance plus Admin Requested	$731,807
9. Cash Match	$365,904
10. In-Kind Match	$0
11. Total Match	$365,904
12. Total Budget	$1,097,711

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	2018 Mercy Care M...	07/25/2018
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: 2018 Mercy Care Match Letter

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Ted Williams

Date: 07/27/2018

Title: President/CEO

Applicant Organization: Arizona Behavioral Health Corporation

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
5C. Outreach	☐
Part 6 - Budget Information	
6A. Funding Request	☐
6C. Rental Assistance	☐

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Changes were made to 3B to check the box under "Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area" as it did not carry over from the previous application and is necessary to establish the project as Housing First. Changes were made to 6D to increase the amount of match from the source that carried over from the previous application. Changes were made to 4B to update applicant address.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/19/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	07/25/2018
1E. SF-424 Compliance	07/19/2018
1F. SF-424 Declaration	07/19/2018
1G. HUD-2880	07/19/2018
1H. HUD-50070	07/19/2018
1I. Cert. Lobbying	07/19/2018
1J. SF-LLL	07/25/2018
Recipient Performance	07/25/2018
Renewal Grant Consolidation	07/19/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/19/2018
3B. Description	07/19/2018
3C. Dedicated Plus	07/19/2018
4A. Services	07/19/2018
4B. Housing Type	07/26/2018
5A. Households	07/19/2018
5B. Subpopulations	07/19/2018
5C. Outreach	07/19/2018
6A. Funding Request	07/19/2018
6C. Rental Assistance	07/19/2018
6D. Match	07/25/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/25/2018
7B. Certification	07/27/2018
Submission Without Changes	07/26/2018

mercy care

July 25, 2018

Ted Williams
President & CEO
Arizona Behavioral Health Corporation (ABC)
1406 N. Second Street
Phoenix, Arizona 85004

RE: 2018 – Mercy Care Match Letter

Dear Mr. Williams:

Mercy Care is pleased to participate in ABC's application for the U.S. Department of Housing and Urban Development (HUD) Continuum of Care projects to provide permanent housing under the Maricopa County Continuum of Care Program.

This letter serves as our commitment to ABC that as the designated Regional Behavioral Health Authority (RBHA) for Maricopa County, Mercy Care will provide the funding support indicated for the terms identified for the following grants:

Grant	Term of Commitment	Match	Leverage
Another Chance	June 2019 to May 2020	$ 622,498	$ 622,498
Casa de Luz	Oct. 2019 to Sep. 2020	$ 279,424	$ 279,424
Casa de Paz	July 2019 to June 2020	$ 196,729	$ 196,729
Casa Mia	July 2019 to June 2020	$ 361,659	$ 361,659
HUD 3024	July 2019 to June 2020	$ 273,722	$ 273,722
HUD 3084	July 2019 to June 2020	$ 495,827	$ 495,827
PSH 2009	June 2019 to May 2020	$ 229,728	$ 229,728
PSH 2016	Jan 2020 to Dec. 2020	$ 503,209	$ 503,209
PSH 3106	July 2019 to June 2020	$ 365,904	$ 365,904
PSH 3109	Sep. 2019 to Aug. 2020	$ 365,904	$ 365,904
SPC 151	March 2019 to Feb. 2020	$ 811,039	$ 811,039
SPC 189	July 2019 to June 2020	$ 1,023,472	$ 1,023,472
SPC 293	July 2019 to June 2020	$ 1,578,761	$ 1,578,761
Village	Feb. 2019 to Jan. 2020	$ 955,092	$ 955,092

Mercy Care is aware that ABC is applying for two consolidated renewal grants. If funded as consolidated renewal grants, the following Match and Leverage is not in addition to, but will replace the Match and Leverage listed for Casa de Paz, Casa Mia, PSH 3106, HUD 3024 and HUD 3084.

Grant	Term of Commitment	Match	Leverage
Casa Mia de	July 2019 to June 2020	$ 924,292	$ 924,292
HUD 6108	July 2019 to June 2020	$ 769,548	$ 769,548

The funding will be provided in the form of service delivery to members RBHA members housed by ABC through the identified grants.

Mercy Care looks forward to working with you in implementing the subject grants and in our coordinated efforts to serve homeless persons in Maricopa County. Please feel free to contact Andrea Bell at (480) 202-0729 if you need anything further.

Sincerely,

Andrea Bell
Housing Administrator

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	07/27/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0107
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Arizona Behavioral Health Corporation

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0888064

	c. Organizational DUNS:	038087149	**PLUS 4**	

d. Address

Street 1: 501 E. Thomas Rd.

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85012

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Mr.

First Name: Charles

Middle Name:

Last Name: Sullivan

Suffix:

Title: Director of Housing

Organizational Affiliation: Arizona Behavioral Health Corporation

Telephone Number: (602) 712-9200

Extension: 214
Fax Number: (602) 712-9222
Email: charless@azabc.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	PSH 3109
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-007
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-004, AZ-003, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
17. Proposed Project	
a. Start Date:	09/01/2019
b. End Date:	08/31/2020
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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

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:	Arizona Behavioral Health Corporation
Prefix:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Organizational Affiliation:	Arizona Behavioral Health Corporation
Telephone Number:	(602) 712-9200
Extension:	209
Email:	tedw@azabc.org
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85012

2. Employer ID Number (EIN):	86-0888064
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$731,807.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: PSH 3109 501 E. Thomas Rd. 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? (For further information, see 24 CFR Sec. 4.3). Yes

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$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: X

Name / Title of Authorized Official: Ted Williams, President/CEO

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

Date Signed: 07/19/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Arizona Behavioral Health Corporation

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:	Ted
Middle Name	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

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

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: Arizona Behavioral Health Corporation

Name / Title of Authorized Official: Ted Williams, President/CEO

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

Date Signed: 07/27/2018

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:	Arizona Behavioral Health Corporation
Street 1:	501 E. Thomas Rd.
Street 2:	
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85012

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:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

ABC cannot budget specific amounts for individual units because of the unpredictable factors involved in housing individuals in the grants ABC manages. ABC has no barriers regarding family size, sobriety, correctional records, or disabilities. ABC also supports family reunification once an individual is housed and stabilized and works closely with the individuals assigned service provider to successfully rehouse individuals when evictions occur. Therefore the housing of individuals in ABC managed grants is a dynamic environment based upon funds spent versus remaining funds available and requires constant monitoring that status to determine the number of individuals to be housed as vacancies occur. ABC works diligently to minimize the funds reverted to HUD to be recaptured, and always houses more people than established in the application based on FMR amounts. For the expired grant period, the reversion percentage was 0.23% which was inadequate to fund any additional units that grant period. ABC housed an average of 99 people in 85 units, compared to 86 people in 72 units in the application, for average bed and unit utilization rates of 115% and 118% respectively.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: $0

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

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0107
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	PSH 3109
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

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

This is a permanent housing project that will serve approximately 72 chronically homeless individuals and families. These people will have a diagnosis of serious mental illness who are enrolled in the Regional Behavioral Health Authority of Maricopa County (RBHA). The project will use a scattered sites Tenant Based Rental Assistance model utilizing private market units. Individuals will receive supportive services from the RBHA. The RBHA provides services including case management, rehabilitation services, medication, counseling, crisis and psychiatric services. The case manager assists the recipient, prioritizes their needs and identifies the resources to assist the participant obtain the goals in their individual service plan.

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

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

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

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

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

Having too little or little income	X

Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section lll.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section lll.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section lll.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. DedicatedPLUS

4A. Supportive Services for Participants

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

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

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

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

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

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

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

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: 72

Total Beds: 86

Total Dedicated CH Beds: 86

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	72	86

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: 72

b. Beds: 86

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 86

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. 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: 501 E. Thomas Rd.

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85012

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

049013 Maricopa County

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	10	62	0	72

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	14	66		80
Adults ages 18-24	2	2		4
Accompanied Children under age 18	18		0	18
Unaccompanied Children under age 18			0	0
Total Persons	34	68	0	102

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	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	8	0	0	1	0	8	2	0	0	6
Adults ages 18-24	2	0	0	0	0	2	0	0	0	0
Children under age 18	15			0	0	0	3	0	0	0
Total Persons	25	0	0	1	0	10	5	0	0	6

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	55	5	0	11	0	60	10	12	2	6
Adults ages 18-24	2	0	0	1	0	2	0	0	0	0
Total Persons	57	5	0	12	0	62	10	12	2	6

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	0

Describe the unlisted subpopulations referred to above:

These are additional household members that are not disabled or victims of domestic violence.

5C. Outreach for Participants

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

49%	Directly from the street or other locations not meant for human habitation.
49%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
0%	Directly from transitional housing eliminated in a previous CoC Program Competition.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
2%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

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

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	Yes
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

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

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	
Operating	
HMIS	

6C. Rental Assistance Budget

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

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

Total Request for Grant Term:	$681,720
Total Units:	72

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	72	$681,720

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO	0	x	$468	$468	x			=	$0
0 Bedroom	6	x	$624	$624	x			=	$44,928
1 Bedroom	54	x	$757	$757	x			=	$490,536
2 Bedrooms	10	x	$944	$944	x			=	$113,280
3 Bedrooms	2	x	$1,374	$1,374	x			=	$32,976
4 Bedrooms	0	x	$1,594	$1,594	x			=	$0
5 Bedrooms	0	x	$1,833	$1,833	x			=	$0
6 Bedrooms	0	x	$2,072	$2,072	x			=	$0
7 Bedrooms	0	x	$2,311	$2,311	x			=	$0
8 Bedrooms	0	x	$2,550	$2,550	x			=	$0
9 Bedrooms	0	x	$2,790	$2,790	x			=	$0
Total Units and Annual Assistance Requested	72								$681,720
Grant Term									1 Year
Total Request for Grant Term									$681,720

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	$365,904
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$365,904

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Mercy Care	07/25/2018	$365,904

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Mercy Care
5. Date of Written Commitment:	07/25/2018
6. Value of Written Commitment:	$365,904

6E. Summary Budget

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

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$681,720
3. Supportive Services	$0
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$681,720
7. Admin (Up to 10%)	$50,087
8. Total Assistance plus Admin Requested	$731,807
9. Cash Match	$365,904
10. In-Kind Match	$0
11. Total Match	$365,904
12. Total Budget	$1,097,711

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	2018 Mercy Care M...	07/25/2018
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: 2018 Mercy Care Match Letter

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Ted Williams

Date: 07/27/2018

Title: President/CEO

Applicant Organization: Arizona Behavioral Health Corporation

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
5C. Outreach	☐
Part 6 - Budget Information	
6A. Funding Request	☐
6C. Rental Assistance	☐

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Changes were made to 3B to check the box under "Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area" as it did not carry over from the previous application and is necessary to establish the project as Housing First. Changes were made to 6D to increase the amount of match from the source that carried over from the previous application. Changes were made to 4B to update applicant address.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/19/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	07/25/2018
1E. SF-424 Compliance	07/19/2018
1F. SF-424 Declaration	07/19/2018
1G. HUD-2880	07/19/2018
1H. HUD-50070	07/19/2018
1I. Cert. Lobbying	07/19/2018
1J. SF-LLL	07/25/2018
Recipient Performance	07/19/2018
Renewal Grant Consolidation	07/19/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/19/2018
3B. Description	07/19/2018
3C. Dedicated Plus	07/19/2018
4A. Services	07/19/2018
4B. Housing Type	07/26/2018
5A. Households	07/19/2018
5B. Subpopulations	07/19/2018
5C. Outreach	07/19/2018
6A. Funding Request	07/19/2018
6C. Rental Assistance	07/19/2018
6D. Match	07/25/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/25/2018
7B. Certification	07/27/2018
Submission Without Changes	07/26/2018

mercy care

July 25, 2018

Ted Williams
President & CEO
Arizona Behavioral Health Corporation (ABC)
1406 N. Second Street
Phoenix, Arizona 85004

RE: 2018 – Mercy Care Match Letter

Dear Mr. Williams:

Mercy Care is pleased to participate in ABC's application for the U.S. Department of Housing and Urban Development (HUD) Continuum of Care projects to provide permanent housing under the Maricopa County Continuum of Care Program.

This letter serves as our commitment to ABC that as the designated Regional Behavioral Health Authority (RBHA) for Maricopa County, Mercy Care will provide the funding support indicated for the terms identified for the following grants:

Grant	Term of Commitment	Match	Leverage
Another Chance	June 2019 to May 2020	$ 622,498	$ 622,498
Casa de Luz	Oct. 2019 to Sep. 2020	$ 279,424	$ 279,424
Casa de Paz	July 2019 to June 2020	$ 196,729	$ 196,729
Casa Mia	July 2019 to June 2020	$ 361,659	$ 361,659
HUD 3024	July 2019 to June 2020	$ 273,722	$ 273,722
HUD 3084	July 2019 to June 2020	$ 495,827	$ 495,827
PSH 2009	June 2019 to May 2020	$ 229,728	$ 229,728
PSH 2016	Jan 2020 to Dec. 2020	$ 503,209	$ 503,209
PSH 3106	July 2019 to June 2020	$ 365,904	$ 365,904
PSH 3109	Sep. 2019 to Aug. 2020	$ 365,904	$ 365,904
SPC 151	March 2019 to Feb. 2020	$ 811,039	$ 811,039
SPC 189	July 2019 to June 2020	$ 1,023,472	$ 1,023,472
SPC 293	July 2019 to June 2020	$ 1,578,761	$ 1,578,761
Village	Feb. 2019 to Jan. 2020	$ 955,092	$ 955,092

Mercy Care is aware that ABC is applying for two consolidated renewal grants. If funded as consolidated renewal grants, the following Match and Leverage is not in addition to, but will replace the Match and Leverage listed for Casa de Paz, Casa Mia, PSH 3106, HUD 3024 and HUD 3084.

Grant	Term of Commitment	Match	Leverage
Casa Mia de	July 2019 to June 2020	$ 924,292	$ 924,292
HUD 6108	July 2019 to June 2020	$ 769,548	$ 769,548

The funding will be provided in the form of service delivery to members RBHA members housed by ABC through the identified grants.

Mercy Care looks forward to working with you in implementing the subject grants and in our coordinated efforts to serve homeless persons in Maricopa County. Please feel free to contact Andrea Bell at (480) 202-0729 if you need anything further.

Sincerely,

Andrea Bell
Housing Administrator

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	07/27/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0086
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Arizona Behavioral Health Corporation

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0888064

	c. Organizational DUNS:	038087149	**PLUS 4**	

d. Address

Street 1: 501 E. Thomas Rd.

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85012

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Mr.

First Name: Charles

Middle Name:

Last Name: Sullivan

Suffix:

Title: Director of Housing

Organizational Affiliation: Arizona Behavioral Health Corporation

Telephone Number: (602) 712-9200

Extension: 214
Fax Number: (602) 712-9222
Email: charless@azabc.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	SPC 151
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-007
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-004, AZ-003, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
17. Proposed Project	
a. Start Date:	03/01/2019
b. End Date:	02/28/2020
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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

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:	Arizona Behavioral Health Corporation
Prefix:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Organizational Affiliation:	Arizona Behavioral Health Corporation
Telephone Number:	(602) 712-9200
Extension:	209
Email:	tedw@azabc.org
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85012

2. Employer ID Number (EIN):	86-0888064
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$1,622,078.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: SPC 151 501 E. Thomas Rd. 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? (For further information, see 24 CFR Sec. 4.3). Yes

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$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: X

Name / Title of Authorized Official: Ted Williams, President/CEO

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

Date Signed: 07/19/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Arizona Behavioral Health Corporation

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:	Ted
Middle Name	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

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

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: Arizona Behavioral Health Corporation

Name / Title of Authorized Official: Ted Williams, President/CEO

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

Date Signed: 07/27/2018

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:	Arizona Behavioral Health Corporation
Street 1:	501 E. Thomas Rd.
Street 2:	
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85012

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:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

ABC cannot budget specific amounts for individual units because of the unpredictable factors involved in housing individuals in the grants ABC manages. ABC has no barriers regarding family size, sobriety, correctional records, or disabilities. ABC also supports family reunification once an individual is housed and stabilized and works closely with the individuals assigned service provider to successfully rehouse individuals when evictions occur. Therefore the housing of individuals in ABC managed grants is a dynamic environment based upon funds spent versus remaining funds available and requires constant monitoring that status to determine the number of individuals to be housed as vacancies occur. ABC works diligently to minimize the funds reverted to HUD to be recaptured, and always houses more people than established in the application based on FMR amounts. For the expired grant period, the reversion percentage was 1.91% which was only adequate to fund four additional units that grant period. ABC housed an average of 279 people in 172 units, compared to 202 people in 151 units in the application, for average bed and unit utilization rates of 138% and 114% respectively.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: $0

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

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0086
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	SPC 151
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

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

This is a permanent housing project that will serve approximately 151 homeless individuals and families. The target population will be homeless individuals and families, with a diagnosis of serious mental illness who are enrolled in the Regional Behavioral Health Authority of Maricopa County (RBHA). The project will use a scattered sites Tenant Based Rental Assistance model utilizing private market units. Individuals will receive supportive services from the RBHA. The RBHA provides services including case management, rehabilitation services, medication, counseling, crisis and psychiatric services. The case manager assists the recipient, prioritizes their needs and identifies the resources to assist the participant obtain the goals in their individual service plan.

100% of turnover in the grant will be prioritized for the Chronically Homeless.

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

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

Chronic Homeless		**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

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

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

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	N/A

4A. Supportive Services for Participants

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

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

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

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

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

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

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

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: 151

Total Beds: 202

Total Dedicated CH Beds: 17

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	148	190
Single family homes/townhou...	---	3	12

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: 148

b. Beds: 190

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 17

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. 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: 501 E. Thomas Rd.

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85012

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

049013 Maricopa County

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

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

a. Units: 3

b. Beds: 12

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 0

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. 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: 501 E. Thomas Rd.

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85012

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

049013 Maricopa County

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	39	112	0	151

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	60	111		171
Adults ages 18-24	0	12		12
Accompanied Children under age 18	40		0	40
Unaccompanied Children under age 18			0	0
Total Persons	100	123	0	223

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	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	0	0	2	5	0	39	8	0	0	21
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Children under age 18	0			0	0	0	8	2	0	32
Total Persons	0	0	2	5	0	39	16	2	0	53

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	15	1	5	10	0	100	10	5	0	11
Adults ages 18-24	1	0	0	0	0	12	0	0	0	0
Total Persons	16	1	5	10	0	112	10	5	0	11

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	0

Describe the unlisted subpopulations referred to above:

These are additional household members that are not disabled or victims of domestic violence.

5C. Outreach for Participants

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	Directly from the street or other locations not meant for human habitation.
50%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
0%	Directly from transitional housing.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
0%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

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

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

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

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	
Operating	
HMIS	

6C. Rental Assistance Budget

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

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

Total Request for Grant Term:	$1,511,688
Total Units:	151

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	151	$1,511,688

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO	0	x	$468	$468	x			=	$0
0 Bedroom	3	x	$624	$624	x			=	$22,464
1 Bedroom	110	x	$757	$757	x			=	$999,240
2 Bedrooms	28	x	$944	$944	x			=	$317,184
3 Bedrooms	7	x	$1,374	$1,374	x			=	$115,416
4 Bedrooms	3	x	$1,594	$1,594	x			=	$57,384
5 Bedrooms	0	x	$1,833	$1,833	x			=	$0
6 Bedrooms	0	x	$2,072	$2,072	x			=	$0
7 Bedrooms	0	x	$2,311	$2,311	x			=	$0
8 Bedrooms	0	x	$2,550	$2,550	x			=	$0
9 Bedrooms	0	x	$2,790	$2,790	x			=	$0
Total Units and Annual Assistance Requested	151								$1,511,688
Grant Term									1 Year
Total Request for Grant Term									$1,511,688

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	$811,039
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$811,039

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Mercy Care	07/25/2018	$811,039

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Mercy Care
5. Date of Written Commitment:	07/25/2018
6. Value of Written Commitment:	$811,039

6E. Summary Budget

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

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$1,511,688
3. Supportive Services	$0
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$1,511,688
7. Admin (Up to 10%)	$110,390
8. Total Assistance plus Admin Requested	$1,622,078
9. Cash Match	$811,039
10. In-Kind Match	$0
11. Total Match	$811,039
12. Total Budget	$2,433,117

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	2018 Mercy Care M...	07/25/2018
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: 2018 Mercy Care Match Letter

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Ted Williams

Date: 07/27/2018

Title: President/CEO

Applicant Organization: Arizona Behavioral Health Corporation

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
5C. Outreach	☐
Part 6 - Budget Information	
6A. Funding Request	☐
6C. Rental Assistance	☐

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Changes were made to 3B to check the box under "Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area" as it did not carry over from the previous application and is necessary to establish the project as Housing First. Changes were made to 6D to increase the amount of match from the source that carried over from the previous application. Changes were made to 4B to update applicant address.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/19/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	07/25/2018
1E. SF-424 Compliance	07/19/2018
1F. SF-424 Declaration	07/19/2018
1G. HUD-2880	07/19/2018
1H. HUD-50070	07/19/2018
1I. Cert. Lobbying	07/19/2018
1J. SF-LLL	07/25/2018
Recipient Performance	07/19/2018
Renewal Grant Consolidation	07/19/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/19/2018
3B. Description	07/19/2018
3C. Dedicated Plus	07/19/2018
4A. Services	07/19/2018
4B. Housing Type	07/26/2018
5A. Households	07/19/2018
5B. Subpopulations	07/19/2018
5C. Outreach	07/19/2018
6A. Funding Request	07/19/2018
6C. Rental Assistance	07/19/2018
6D. Match	07/25/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/25/2018
7B. Certification	07/27/2018
Submission Without Changes	07/26/2018

mercy care

July 25, 2018

Ted Williams
President & CEO
Arizona Behavioral Health Corporation (ABC)
1406 N. Second Street
Phoenix, Arizona 85004

RE: 2018 – Mercy Care Match Letter

Dear Mr. Williams:

Mercy Care is pleased to participate in ABC's application for the U.S. Department of Housing and Urban Development (HUD) Continuum of Care projects to provide permanent housing under the Maricopa County Continuum of Care Program.

This letter serves as our commitment to ABC that as the designated Regional Behavioral Health Authority (RBHA) for Maricopa County, Mercy Care will provide the funding support indicated for the terms identified for the following grants:

Grant	Term of Commitment	Match	Leverage
Another Chance	June 2019 to May 2020	$ 622,498	$ 622,498
Casa de Luz	Oct. 2019 to Sep. 2020	$ 279,424	$ 279,424
Casa de Paz	July 2019 to June 2020	$ 196,729	$ 196,729
Casa Mia	July 2019 to June 2020	$ 361,659	$ 361,659
HUD 3024	July 2019 to June 2020	$ 273,722	$ 273,722
HUD 3084	July 2019 to June 2020	$ 495,827	$ 495,827
PSH 2009	June 2019 to May 2020	$ 229,728	$ 229,728
PSH 2016	Jan 2020 to Dec. 2020	$ 503,209	$ 503,209
PSH 3106	July 2019 to June 2020	$ 365,904	$ 365,904
PSH 3109	Sep. 2019 to Aug. 2020	$ 365,904	$ 365,904
SPC 151	March 2019 to Feb. 2020	$ 811,039	$ 811,039
SPC 189	July 2019 to June 2020	$ 1,023,472	$ 1,023,472
SPC 293	July 2019 to June 2020	$ 1,578,761	$ 1,578,761
Village	Feb. 2019 to Jan. 2020	$ 955,092	$ 955,092

Mercy Care is aware that ABC is applying for two consolidated renewal grants. If funded as consolidated renewal grants, the following Match and Leverage is not in addition to, but will replace the Match and Leverage listed for Casa de Paz, Casa Mia, PSH 3106, HUD 3024 and HUD 3084.

Grant	Term of Commitment	Match	Leverage
Casa Mia de	July 2019 to June 2020	$ 924,292	$ 924,292
HUD 6108	July 2019 to June 2020	$ 769,548	$ 769,548

The funding will be provided in the form of service delivery to members RBHA members housed by ABC through the identified grants.

Mercy Care looks forward to working with you in implementing the subject grants and in our coordinated efforts to serve homeless persons in Maricopa County. Please feel free to contact Andrea Bell at (480) 202-0729 if you need anything further.

Sincerely,

Andrea Bell
Housing Administrator

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	07/27/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0087
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Arizona Behavioral Health Corporation

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0888064

	c. Organizational DUNS:	038087149	**PLUS 4**	

d. Address

Street 1: 501 E. Thomas Rd.

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85012

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Mr.

First Name: Charles

Middle Name:

Last Name: Sullivan

Suffix:

Title: Director of Housing

Organizational Affiliation: Arizona Behavioral Health Corporation

Telephone Number: (602) 712-9200

Extension: 214
Fax Number: (602) 712-9222
Email: charless@azabc.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	SPC 189
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-007
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-004, AZ-003, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

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:	Arizona Behavioral Health Corporation
Prefix:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Organizational Affiliation:	Arizona Behavioral Health Corporation
Telephone Number:	(602) 712-9200
Extension:	209
Email:	tedw@azabc.org
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85012

2. Employer ID Number (EIN):	86-0888064
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$2,046,944.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: SPC 189 501 E. Thomas Rd. 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? (For further information, see 24 CFR Sec. 4.3). Yes

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$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: X

Name / Title of Authorized Official: Ted Williams, President/CEO

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

Date Signed: 07/19/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Arizona Behavioral Health Corporation

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:	Ted
Middle Name	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

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

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: Arizona Behavioral Health Corporation

Name / Title of Authorized Official: Ted Williams, President/CEO

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

Date Signed: 07/27/2018

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:	Arizona Behavioral Health Corporation
Street 1:	501 E. Thomas Rd.
Street 2:	
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85012

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:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

ABC cannot budget specific amounts for individual units because of the unpredictable factors involved in housing individuals in the grants ABC manages. ABC has no barriers regarding family size, sobriety, correctional records, or disabilities. ABC also supports family reunification once an individual is housed and stabilized and works closely with the individuals assigned service provider to successfully rehouse individuals when evictions occur. Therefore the housing of individuals in ABC managed grants is a dynamic environment based upon funds spent versus remaining funds available and requires constant monitoring that status to determine the number of individuals to be housed as vacancies occur. ABC works diligently to minimize the funds reverted to HUD to be recaptured, and always houses more people than established in the application based on FMR amounts. For the expired grant period, the reversion percentage was 0.42% which was only adequate to fund one additional unit that grant period. ABC housed an average of 383 people in 247 units, compared to 254 people in 189 units in the application, for average bed and unit utilization rates of 151% and 131% respectively.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: $0

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

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0087
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	SPC 189
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

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

This is a permanent housing project that will serve approximately 189 homeless individuals and families. The target population will be homeless individuals and families, with a diagnosis of serious mental illness who are enrolled in the Regional Behavioral Health Authority of Maricopa County (RBHA). The project will use a scattered sites Tenant Based Rental Assistance model utilizing private market units. Individuals will receive supportive services from the RBHA. The RBHA provides services including case management, rehabilitation services, medication, counseling, crisis and psychiatric services. The case manager assists the recipient, prioritizes their needs and identifies the resources to assist the participant obtain the goals in their individual service plan.

100% of turnover in the grant will be prioritized for the Chronically Homeless.

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

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

Chronic Homeless		**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

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

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

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. N/A

4A. Supportive Services for Participants

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

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

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

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

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

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

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

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: 189

Total Beds: 254

Total Dedicated CH Beds: 33

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	184	233
Single family homes/townhou...	---	5	21

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: 184

b. Beds: 233

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 33

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. 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: 501 E. Thomas Rd.

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85012

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

049013 Maricopa County

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

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

a. Units: 5

b. Beds: 21

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 0

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. 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: 501 E. Thomas Rd.

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85012

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

049013 Maricopa County

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	50	139	0	189

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	55	119		174
Adults ages 18-24	6	43		49
Accompanied Children under age 18	75		0	75
Unaccompanied Children under age 18			0	0
Total Persons	136	162	0	298

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	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	0	0	2	0	0	45	5	0	0	10
Adults ages 18-24	0	0	0	0	0	5	0	0	0	1
Children under age 18	0			0	0	0	7	0	0	68
Total Persons	0	0	2	0	0	50	12	0	0	79

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	22	4	4	0	2	100	15	18	1	19
Adults ages 18-24	5	2	1	0	0	39	2	2	0	4
Total Persons	27	6	5	0	2	139	17	20	1	23

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	0

Describe the unlisted subpopulations referred to above:

These are additional household members that are not disabled or victims of domestic violence.

5C. Outreach for Participants

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	Directly from the street or other locations not meant for human habitation.
50%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
0%	Directly from transitional housing.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
0%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

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

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

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

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	
Operating	
HMIS	

6C. Rental Assistance Budget

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

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

Total Request for Grant Term:			$1,907,580
Total Units:			189
Type of Rental Assistance	**FMR Area**	**Total Units Requested**	**Total Request**
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	189	$1,907,580

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO	0	x	$468	$468	x			=	$0
0 Bedroom	8	x	$624	$624	x			=	$59,904
1 Bedroom	140	x	$757	$757	x			=	$1,271,760
2 Bedrooms	22	x	$944	$944	x			=	$249,216
3 Bedrooms	15	x	$1,374	$1,374	x			=	$247,320
4 Bedrooms	3	x	$1,594	$1,594	x			=	$57,384
5 Bedrooms	1	x	$1,833	$1,833	x			=	$21,996
6 Bedrooms	0	x	$2,072	$2,072	x			=	$0
7 Bedrooms	0	x	$2,311	$2,311	x			=	$0
8 Bedrooms	0	x	$2,550	$2,550	x			=	$0
9 Bedrooms	0	x	$2,790	$2,790	x			=	$0
Total Units and Annual Assistance Requested	189								$1,907,580
Grant Term									1 Year
Total Request for Grant Term									$1,907,580

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	$1,023,472
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$1,023,472

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Mercy Care	07/25/2018	$1,023,472

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Mercy Care
5. Date of Written Commitment:	07/25/2018
6. Value of Written Commitment:	$1,023,472

6E. Summary Budget

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

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$1,907,580
3. Supportive Services	$0
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$1,907,580
7. Admin (Up to 10%)	$139,364
8. Total Assistance plus Admin Requested	$2,046,944
9. Cash Match	$1,023,472
10. In-Kind Match	$0
11. Total Match	$1,023,472
12. Total Budget	$3,070,416

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	2018 Mercy Care M...	07/25/2018
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: 2018 Mercy Care Match Letter

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Ted Williams

Date: 07/27/2018

Title: President/CEO

Applicant Organization: Arizona Behavioral Health Corporation

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

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	
Part 6 - Budget Information	
6A. Funding Request	
6C. Rental Assistance	

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Changes were made to 3B to check the box under "Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area" as it did not carry over from the previous application and is necessary to establish the project as Housing First. Changes were made to 6D to increase the amount of match from the source that carried over from the previous application. Changes were made to 4B to update applicant address.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/19/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	07/25/2018
1E. SF-424 Compliance	07/19/2018
1F. SF-424 Declaration	07/19/2018
1G. HUD-2880	07/19/2018
1H. HUD-50070	07/19/2018
1I. Cert. Lobbying	07/19/2018
1J. SF-LLL	07/25/2018
Recipient Performance	07/19/2018
Renewal Grant Consolidation	07/19/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/19/2018
3B. Description	07/19/2018
3C. Dedicated Plus	07/19/2018
4A. Services	07/19/2018
4B. Housing Type	07/26/2018
5A. Households	07/19/2018
5B. Subpopulations	07/19/2018
5C. Outreach	07/19/2018
6A. Funding Request	07/19/2018
6C. Rental Assistance	07/19/2018
6D. Match	07/25/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/25/2018
7B. Certification	07/27/2018
Submission Without Changes	07/26/2018

mercy care

July 25, 2018

Ted Williams
President & CEO
Arizona Behavioral Health Corporation (ABC)
1406 N. Second Street
Phoenix, Arizona 85004

RE: 2018 – Mercy Care Match Letter

Dear Mr. Williams:

Mercy Care is pleased to participate in ABC's application for the U.S. Department of Housing and Urban Development (HUD) Continuum of Care projects to provide permanent housing under the Maricopa County Continuum of Care Program.

This letter serves as our commitment to ABC that as the designated Regional Behavioral Health Authority (RBHA) for Maricopa County, Mercy Care will provide the funding support indicated for the terms identified for the following grants:

Grant	Term of Commitment	Match	Leverage
Another Chance	June 2019 to May 2020	$ 622,498	$ 622,498
Casa de Luz	Oct. 2019 to Sep. 2020	$ 279,424	$ 279,424
Casa de Paz	July 2019 to June 2020	$ 196,729	$ 196,729
Casa Mia	July 2019 to June 2020	$ 361,659	$ 361,659
HUD 3024	July 2019 to June 2020	$ 273,722	$ 273,722
HUD 3084	July 2019 to June 2020	$ 495,827	$ 495,827
PSH 2009	June 2019 to May 2020	$ 229,728	$ 229,728
PSH 2016	Jan 2020 to Dec. 2020	$ 503,209	$ 503,209
PSH 3106	July 2019 to June 2020	$ 365,904	$ 365,904
PSH 3109	Sep. 2019 to Aug. 2020	$ 365,904	$ 365,904
SPC 151	March 2019 to Feb. 2020	$ 811,039	$ 811,039
SPC 189	July 2019 to June 2020	$ 1,023,472	$ 1,023,472
SPC 293	July 2019 to June 2020	$ 1,578,761	$ 1,578,761
Village	Feb. 2019 to Jan. 2020	$ 955,092	$ 955,092

Mercy Care is aware that ABC is applying for two consolidated renewal grants. If funded as consolidated renewal grants, the following Match and Leverage is not in addition to, but will replace the Match and Leverage listed for Casa de Paz, Casa Mia, PSH 3106, HUD 3024 and HUD 3084.

Grant	Term of Commitment	Match	Leverage
Casa Mia de	July 2019 to June 2020	$ 924,292	$ 924,292
HUD 6108	July 2019 to June 2020	$ 769,548	$ 769,548

The funding will be provided in the form of service delivery to members RBHA members housed by ABC through the identified grants.

Mercy Care looks forward to working with you in implementing the subject grants and in our coordinated efforts to serve homeless persons in Maricopa County. Please feel free to contact Andrea Bell at (480) 202-0729 if you need anything further.

Sincerely,

Andrea Bell
Housing Administrator

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	07/27/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0088
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Arizona Behavioral Health Corporation

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0888064

	c. Organizational DUNS:	038087149	**PLUS 4**	

d. Address

Street 1: 501 E. Thomas Rd.

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85012

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Mr.

First Name: Charles

Middle Name:

Last Name: Sullivan

Suffix:

Title: Director of Housing

Organizational Affiliation: Arizona Behavioral Health Corporation

Telephone Number: (602) 712-9200

Extension: 214
Fax Number: (602) 712-9222
Email: charless@azabc.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	SPC 293
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-007
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-004, AZ-003, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

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:	Arizona Behavioral Health Corporation
Prefix:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Organizational Affiliation:	Arizona Behavioral Health Corporation
Telephone Number:	(602) 712-9200
Extension:	209
Email:	tedw@azabc.org
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85012

2. Employer ID Number (EIN):	86-0888064
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$3,157,522.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: SPC 293 501 E. Thomas Rd. 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? (For further information, see 24 CFR Sec. 4.3). Yes

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$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: X

Name / Title of Authorized Official: Ted Williams, President/CEO

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

Date Signed: 07/19/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Arizona Behavioral Health Corporation

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:	Ted
Middle Name	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

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

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: Arizona Behavioral Health Corporation

Name / Title of Authorized Official: Ted Williams, President/CEO

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

Date Signed: 07/27/2018

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:	Arizona Behavioral Health Corporation
Street 1:	501 E. Thomas Rd.
Street 2:	
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85012

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:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

ABC cannot budget specific amounts for individual units because of the unpredictable factors involved in housing individuals in the grants ABC manages. ABC has no barriers regarding family size, sobriety, correctional records, or disabilities. ABC also supports family reunification once an individual is housed and stabilized and works closely with the individuals assigned service provider to successfully rehouse individuals when evictions occur. Therefore the housing of individuals in ABC managed grants is a dynamic environment based upon funds spent versus remaining funds available and requires constant monitoring that status to determine the number of individuals to be housed as vacancies occur. ABC works diligently to minimize the funds reverted to HUD to be recaptured, and always houses more people than established in the application based on FMR amounts. For the expired grant period, the reversion percentage was 0.44% which was only adequate to fund two additional units that grant period. ABC housed an average of 608 people in 389 units, compared to 386 people in 293 units in the application, for average bed and unit utilization rates of 158% and 133% respectively.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

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

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

Total Expected Sub-Awards: $0

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

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0088
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	SPC 293
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

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

This is a permanent housing project that will serve approximately 293 homeless individuals and families. The target population will be homeless individuals and families, with a diagnosis of serious mental illness who are enrolled in the Regional Behavioral Health Authority of Maricopa County (RBHA). The project will use a scattered sites Tenant Based Rental Assistance model utilizing private market units. Individuals will receive supportive services from the RBHA. The RBHA provides services including case management, rehabilitation services, medication, counseling, crisis and psychiatric services. The case manager assists the recipient, prioritizes their needs and identifies the resources to assist the participant obtain the goals in their individual service plan.

100% of turnover in the grant will be prioritized for the Chronically Homeless.

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

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

Chronic Homeless		**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

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

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

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. N/A

4A. Supportive Services for Participants

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

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

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

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

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

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

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

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: 293

Total Beds: 386

Total Dedicated CH Beds: 53

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	286	357
Single family homes/townhou...	---	7	29

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: 286

b. Beds: 357

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 53

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. 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: 501 E. Thomas Rd.

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85012

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

049013 Maricopa County

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

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

a. Units: 7

b. Beds: 29

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 0

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. 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: 501 E. Thomas Rd.

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85012

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

049013 Maricopa County

5A. Project Participants - Households

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

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	76	217	0	293

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	81	240		321
Adults ages 18-24	25	15		40
Accompanied Children under age 18	120		0	120
Unaccompanied Children under age 18			0	0
Total Persons	226	255	0	481

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	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	0	0	0	1	0	56	18	0	1	25
Adults ages 18-24	0	0		0	0	20	0	0	0	5
Children under age 18	0			0	0	0	20	5	0	100
Total Persons	0	0	0	1	0	76	38	5	1	130

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	42	6	15	18	3	210	40	20	1	30
Adults ages 18-24	5	0	2	2	0	7	2	0	1	8
Total Persons	47	6	17	20	3	217	42	20	2	38

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	0

Describe the unlisted subpopulations referred to above:

These are additional household members who are not disabled or victims of domestic violence.

5C. Outreach for Participants

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

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	Directly from the street or other locations not meant for human habitation.
50%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
0%	Directly from transitional housing.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
0%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

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

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

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

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	
Operating	
HMIS	

6C. Rental Assistance Budget

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

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

Total Request for Grant Term:	$2,942,460
Total Units:	293

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	293	$2,942,460

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO	0	x	$468	$468	x			=	$0
0 Bedroom	6	x	$624	$624	x			=	$44,928
1 Bedroom	228	x	$757	$757	x			=	$2,071,152
2 Bedrooms	32	x	$944	$944	x			=	$362,496
3 Bedrooms	21	x	$1,374	$1,374	x			=	$346,248
4 Bedrooms	5	x	$1,594	$1,594	x			=	$95,640
5 Bedrooms	1	x	$1,833	$1,833	x			=	$21,996
6 Bedrooms	0	x	$2,072	$2,072	x			=	$0
7 Bedrooms	0	x	$2,311	$2,311	x			=	$0
8 Bedrooms	0	x	$2,550	$2,550	x			=	$0
9 Bedrooms	0	x	$2,790	$2,790	x			=	$0
Total Units and Annual Assistance Requested	293								$2,942,460
Grant Term									1 Year
Total Request for Grant Term									$2,942,460

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	$1,578,761
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$1,578,761

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Mercy Care	07/25/2018	$1,578,761

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Mercy Care
5. Date of Written Commitment:	07/25/2018
6. Value of Written Commitment:	$1,578,761

6E. Summary Budget

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

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$2,942,460
3. Supportive Services	$0
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$2,942,460
7. Admin (Up to 10%)	$215,062
8. Total Assistance plus Admin Requested	$3,157,522
9. Cash Match	$1,578,761
10. In-Kind Match	$0
11. Total Match	$1,578,761
12. Total Budget	$4,736,283

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	2018 Mercy Care M...	07/25/2018
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: 2018 Mercy Care Match Letter

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Ted Williams

Date: 07/27/2018

Title: President/CEO

Applicant Organization: Arizona Behavioral Health Corporation

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	
5B. Subpopulations	
5C. Outreach	
Part 6 - Budget Information	
6A. Funding Request	
6C. Rental Assistance	

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Changes were made to 3B to check the box under "Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area" as it did not carry over from the previous application and is necessary to establish the project as Housing First. Changes were made to 6D to increase the amount of match from the source that carried over from the previous application. Changes were made to 4B to update applicant address.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/19/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	07/25/2018
1E. SF-424 Compliance	07/19/2018
1F. SF-424 Declaration	07/19/2018
1G. HUD-2880	07/19/2018
1H. HUD-50070	07/19/2018
1I. Cert. Lobbying	07/19/2018
1J. SF-LLL	07/25/2018
Recipient Performance	07/19/2018
Renewal Grant Consolidation	07/19/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/19/2018
3B. Description	07/19/2018
3C. Dedicated Plus	07/19/2018
4A. Services	07/19/2018
4B. Housing Type	07/26/2018
5A. Households	07/19/2018
5B. Subpopulations	07/19/2018
5C. Outreach	07/19/2018
6A. Funding Request	07/19/2018
6C. Rental Assistance	07/19/2018
6D. Match	07/25/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/25/2018
7B. Certification	07/27/2018
Submission Without Changes	07/26/2018

mercy care

July 25, 2018

Ted Williams
President & CEO
Arizona Behavioral Health Corporation (ABC)
1406 N. Second Street
Phoenix, Arizona 85004

RE: 2018 – Mercy Care Match Letter

Dear Mr. Williams:

Mercy Care is pleased to participate in ABC's application for the U.S. Department of Housing and Urban Development (HUD) Continuum of Care projects to provide permanent housing under the Maricopa County Continuum of Care Program.

This letter serves as our commitment to ABC that as the designated Regional Behavioral Health Authority (RBHA) for Maricopa County, Mercy Care will provide the funding support indicated for the terms identified for the following grants:

Grant	Term of Commitment	Match	Leverage
Another Chance	June 2019 to May 2020	$ 622,498	$ 622,498
Casa de Luz	Oct. 2019 to Sep. 2020	$ 279,424	$ 279,424
Casa de Paz	July 2019 to June 2020	$ 196,729	$ 196,729
Casa Mia	July 2019 to June 2020	$ 361,659	$ 361,659
HUD 3024	July 2019 to June 2020	$ 273,722	$ 273,722
HUD 3084	July 2019 to June 2020	$ 495,827	$ 495,827
PSH 2009	June 2019 to May 2020	$ 229,728	$ 229,728
PSH 2016	Jan 2020 to Dec. 2020	$ 503,209	$ 503,209
PSH 3106	July 2019 to June 2020	$ 365,904	$ 365,904
PSH 3109	Sep. 2019 to Aug. 2020	$ 365,904	$ 365,904
SPC 151	March 2019 to Feb. 2020	$ 811,039	$ 811,039
SPC 189	July 2019 to June 2020	$ 1,023,472	$ 1,023,472
SPC 293	July 2019 to June 2020	$ 1,578,761	$ 1,578,761
Village	Feb. 2019 to Jan. 2020	$ 955,092	$ 955,092

Mercy Care is aware that ABC is applying for two consolidated renewal grants. If funded as consolidated renewal grants, the following Match and Leverage is not in addition to, but will replace the Match and Leverage listed for Casa de Paz, Casa Mia, PSH 3106, HUD 3024 and HUD 3084.

Grant	Term of Commitment	Match	Leverage
Casa Mia de	July 2019 to June 2020	$ 924,292	$ 924,292
HUD 6108	July 2019 to June 2020	$ 769,548	$ 769,548

The funding will be provided in the form of service delivery to members RBHA members housed by ABC through the identified grants.

Mercy Care looks forward to working with you in implementing the subject grants and in our coordinated efforts to serve homeless persons in Maricopa County. Please feel free to contact Andrea Bell at (480) 202-0729 if you need anything further.

Sincerely,

Andrea Bell
Housing Administrator

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	07/27/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0100
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Arizona Behavioral Health Corporation

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0888064

	c. Organizational DUNS:	038087149	**PLUS 4**	

d. Address

Street 1: 501 E. Thomas Rd.

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85012

e. Organizational Unit (optional)

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Charles

Middle Name:

Last Name: Sullivan

Suffix:

Title: Director of Housing

Organizational Affiliation: Arizona Behavioral Health Corporation

Telephone Number: (602) 712-9200

Extension: 214
Fax Number: (602) 712-9222
Email: charless@azabc.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	Village
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-007
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-004, AZ-003, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
17. Proposed Project	
a. Start Date:	02/01/2019
b. End Date:	01/31/2020
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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

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:	Arizona Behavioral Health Corporation
Prefix:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Organizational Affiliation:	Arizona Behavioral Health Corporation
Telephone Number:	(602) 712-9200
Extension:	209
Email:	tedw@azabc.org
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85012

2. Employer ID Number (EIN):	86-0888064
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$1,910,184.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Village 501 E. Thomas Rd. 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? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
NA	NA	0.0	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$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: X

Name / Title of Authorized Official: Ted Williams, President/CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/19/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Arizona Behavioral Health Corporation

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:	Ted
Middle Name	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

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

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: Arizona Behavioral Health Corporation

Name / Title of Authorized Official: Ted Williams, President/CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/27/2018

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:	Arizona Behavioral Health Corporation
Street 1:	501 E. Thomas Rd.
Street 2:	
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85012

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:	Mr.
First Name:	Ted
Middle Name:	
Last Name:	Williams
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 712-9200
Fax Number: (Format: 123-456-7890)	(602) 712-9222
Email:	tedw@azabc.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

ABC cannot budget specific amounts for individual units because of the unpredictable factors involved in housing individuals in the grants ABC manages. ABC has no barriers regarding family size, sobriety, correctional records, or disabilities. ABC also supports family reunification once an individual is housed and stabilized and works closely with the individuals assigned service provider to successfully rehouse individuals when evictions occur. Therefore the housing of individuals in ABC managed grants is a dynamic environment based upon funds spent versus remaining funds available and requires constant monitoring that status to determine the number of individuals to be housed as vacancies occur. ABC works diligently to minimize the funds reverted to HUD to be recaptured, and always houses more people than established in the application based on FMR amounts. For the expired grant period, the reversion percentage was 0.40% which was only adequate to fund one additional unit that grant period. ABC housed an average of 326 people in 191 units, compared to 243 people in 176 units in the application, for average bed and unit utilization rates of 134% and 109% respectively.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

Organization	Type	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0100
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	Village
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

This is a permanent housing project that will serve approximately 176 homeless individuals and families. The target population will be homeless individuals and families, with a diagnosis of serious mental illness who are enrolled in the Regional Behavioral Health Authority of Maricopa County (RBHA). The project will use a scattered sites Tenant Based Rental Assistance model utilizing private market units. Individuals will receive supportive services from the RBHA. The RBHA provides services including case management, rehabilitation services, medication, counseling, crisis and psychiatric services. The case manager assists the recipient, prioritizes their needs and identifies the resources to assist the participant obtain the goals in their individual service plan.

100% of turnover in the grant will be prioritized for the Chronically Homeless.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section lll.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section lll.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section lll.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	N/A

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Supportive Services		Provider	Frequency
Assessment of Service Needs		Partner	As needed
Assistance with Moving Costs		Partner	As needed
Case Management		Partner	As needed
Child Care		Non-Partner	As needed
Education Services		Partner	As needed
Employment Assistance and Job Training		Partner	As needed
Food		Partner	As needed
Housing Search and Counseling Services		Partner	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Partner	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Partner	As needed
Substance Abuse Treatment Services		Partner	As needed
Transportation		Partner	As needed
Utility Deposits		Applicant	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

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: 176

Total Beds: 243

Total Dedicated CH Beds: 31

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	172	227
Single family homes/townhou...	---	4	16

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: 172

b. Beds: 227

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 31

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. 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: 501 E. Thomas Rd.

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85012

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

049013 Maricopa County

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 4

b. Beds: 16

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 0

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. 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: 501 E. Thomas Rd.

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85012

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

049013 Maricopa County

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	53	123	0	176

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	60	126		186
Adults ages 18-24	8	7		15
Accompanied Children under age 18	80		0	80
Unaccompanied Children under age 18			0	0
Total Persons	148	133	0	281

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

Characteristics	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	0	0	2	2	0	45	10	0	0	15
Adults ages 18-24	0	0	0	0		8	0	0	0	0
Children under age 18	0			0	0	0	12	5	0	68
Total Persons	0	0	2	2	0	53	22	5	0	83

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	26	3	6	12	2	116	18	15	1	10
Adults ages 18-24	2	0	0	1	0	7	2	5	1	0
Total Persons	28	3	6	13	2	123	20	20	2	10

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	0

Describe the unlisted subpopulations referred to above:

These are additional household members who are not disabled or victims of domestic violence.

5C. Outreach for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	Directly from the street or other locations not meant for human habitation.
50%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
0%	Directly from transitional housing.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
0%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	
Operating	
HMIS	

6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Request for Grant Term:	$1,779,852
Total Units:	176

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	176	$1,779,852

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO	0	x	$468	$468	x			=	$0
0 Bedroom	5	x	$624	$624	x			=	$37,440
1 Bedroom	119	x	$757	$757	x			=	$1,080,996
2 Bedrooms	39	x	$944	$944	x			=	$441,792
3 Bedrooms	11	x	$1,374	$1,374	x			=	$181,368
4 Bedrooms	2	x	$1,594	$1,594	x			=	$38,256
5 Bedrooms	0	x	$1,833	$1,833	x			=	$0
6 Bedrooms	0	x	$2,072	$2,072	x			=	$0
7 Bedrooms	0	x	$2,311	$2,311	x			=	$0
8 Bedrooms	0	x	$2,550	$2,550	x			=	$0
9 Bedrooms	0	x	$2,790	$2,790	x			=	$0
Total Units and Annual Assistance Requested	176								$1,779,852
Grant Term									1 Year
Total Request for Grant Term									$1,779,852

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$955,092
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$955,092

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Mercy Care	07/25/2018	$955,092

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Mercy Care
5. Date of Written Commitment:	07/25/2018
6. Value of Written Commitment:	$955,092

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$1,779,852
3. Supportive Services	$0
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$1,779,852
7. Admin (Up to 10%)	$130,332
8. Total Assistance plus Admin Requested	$1,910,184
9. Cash Match	$955,092
10. In-Kind Match	$0
11. Total Match	$955,092
12. Total Budget	$2,865,276

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	2018 Mercy Care M...	07/25/2018
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: 2018 Mercy Care Match Letter

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Ted Williams

Date: 07/27/2018

Title: President/CEO

Applicant Organization: Arizona Behavioral Health Corporation

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
5C. Outreach	☐
Part 6 - Budget Information	
6A. Funding Request	☐
6C. Rental Assistance	☐

6D. Match	X
6E. Summary Budget	
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Changes were made to 3B to check the box under "Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area" as it did not carry over from the previous application and is necessary to establish the project as Housing First. Changes were made to 6D to increase the amount of match from the source that carried over from the previous application. Changes were made to 4B to update applicant address.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/19/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	07/25/2018
1E. SF-424 Compliance	07/19/2018
1F. SF-424 Declaration	07/19/2018
1G. HUD-2880	07/19/2018
1H. HUD-50070	07/19/2018
1I. Cert. Lobbying	07/19/2018
1J. SF-LLL	07/25/2018
Recipient Performance	07/19/2018
Renewal Grant Consolidation	07/19/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/19/2018
3B. Description	07/19/2018
3C. Dedicated Plus	07/19/2018
4A. Services	07/19/2018
4B. Housing Type	07/26/2018
5A. Households	07/19/2018
5B. Subpopulations	07/19/2018
5C. Outreach	07/19/2018
6A. Funding Request	07/19/2018
6C. Rental Assistance	07/19/2018
6D. Match	07/25/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/25/2018
7B. Certification	07/27/2018
Submission Without Changes	07/26/2018

mercy care

July 25, 2018

Ted Williams
President & CEO
Arizona Behavioral Health Corporation (ABC)
1406 N. Second Street
Phoenix, Arizona 85004

RE: 2018 – Mercy Care Match Letter

Dear Mr. Williams:

Mercy Care is pleased to participate in ABC's application for the U.S. Department of Housing and Urban Development (HUD) Continuum of Care projects to provide permanent housing under the Maricopa County Continuum of Care Program.

This letter serves as our commitment to ABC that as the designated Regional Behavioral Health Authority (RBHA) for Maricopa County, Mercy Care will provide the funding support indicated for the terms identified for the following grants:

Grant	Term of Commitment	Match	Leverage
Another Chance	June 2019 to May 2020	$ 622,498	$ 622,498
Casa de Luz	Oct. 2019 to Sep. 2020	$ 279,424	$ 279,424
Casa de Paz	July 2019 to June 2020	$ 196,729	$ 196,729
Casa Mia	July 2019 to June 2020	$ 361,659	$ 361,659
HUD 3024	July 2019 to June 2020	$ 273,722	$ 273,722
HUD 3084	July 2019 to June 2020	$ 495,827	$ 495,827
PSH 2009	June 2019 to May 2020	$ 229,728	$ 229,728
PSH 2016	Jan 2020 to Dec. 2020	$ 503,209	$ 503,209
PSH 3106	July 2019 to June 2020	$ 365,904	$ 365,904
PSH 3109	Sep. 2019 to Aug. 2020	$ 365,904	$ 365,904
SPC 151	March 2019 to Feb. 2020	$ 811,039	$ 811,039
SPC 189	July 2019 to June 2020	$ 1,023,472	$ 1,023,472
SPC 293	July 2019 to June 2020	$ 1,578,761	$ 1,578,761
Village	Feb. 2019 to Jan. 2020	$ 955,092	$ 955,092

Mercy Care is aware that ABC is applying for two consolidated renewal grants. If funded as consolidated renewal grants, the following Match and Leverage is not in addition to, but will replace the Match and Leverage listed for Casa de Paz, Casa Mia, PSH 3106, HUD 3024 and HUD 3084.

Grant	Term of Commitment	Match	Leverage
Casa Mia de	July 2019 to June 2020	$ 924,292	$ 924,292
HUD 6108	July 2019 to June 2020	$ 769,548	$ 769,548

The funding will be provided in the form of service delivery to members RBHA members housed by ABC through the identified grants.

Mercy Care looks forward to working with you in implementing the subject grants and in our coordinated efforts to serve homeless persons in Maricopa County. Please feel free to contact Andrea Bell at (480) 202-0729 if you need anything further.

Sincerely,

Andrea Bell
Housing Administrator

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 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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 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 onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. 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.
- 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 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/16/2018
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: Arizona Coalition to End Sexual and Domestic Violence

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0593601

	c. Organizational DUNS:	860593601	**PLUS 4:**	0000

d. Address

Street 1: 2800 N. Central Ave.

Street 2: Suite 1570

City: Phoenix

County:

State: Arizona

Country: United States

Zip / Postal Code: 85004

e. Organizational Unit (optional)

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Juana

Middle Name:

Last Name: Mendoza

Suffix:

Title: CFO

Organizational Affiliation: Arizona Coalition to End Sexual and Domestic Violence

Telephone Number: (602) 279-2900
Extension: 403
Fax Number: (844) 252-3094
Email: juana@acesdv.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	SSO Domestic Violence Coordinated Entry
16. Congressional District(s):	
a. Applicant:	AZ-005, AZ-004, AZ-003, AZ-002, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-004, AZ-003, AZ-007, AZ-008, AZ-006, AZ-009
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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Allie
Middle Name:	
Last Name:	Bones
Suffix:	
Title:	CEO
Telephone Number: (Format: 123-456-7890)	(602) 279-2900
Fax Number: (Format: 123-456-7890)	(844) 252-3094
Email:	allie@acesdv.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

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:	Arizona Coalition to End Sexual and Domestic Violence
Prefix:	Ms.
First Name:	Allie
Middle Name:	
Last Name:	Bones
Suffix:	
Title:	CEO
Organizational Affiliation:	Arizona Coalition to End Sexual and Domestic Violence
Telephone Number:	(602) 279-2900
Extension:	416
Email:	allie@acesdv.org
City:	Phoenix
County:	
State:	Arizona
Country:	United States
Zip/Postal Code:	85004

2. Employer ID Number (EIN): 86-0593601

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $88,000.00

(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? (For further information, see 24 CFR Sec. 4.3). Yes

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. No

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: X

Name / Title of Authorized Official: Allie Bones, CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/27/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Arizona Coalition to End Sexual and Domestic Violence

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;		

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 hereby certify that all the information stated X

herein, as well as any information provided in the accompaniment herewith, is true and 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:	Ms.
First Name:	Allie
Middle Name	
Last Name:	Bones
Suffix:	
Title:	CEO
Telephone Number: (Format: 123-456-7890)	(602) 279-2900
Fax Number: (Format: 123-456-7890)	(844) 252-3094
Email:	allie@acesdv.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

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

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:	Arizona Coalition to End Sexual and Domestic Violence
Name / Title of Authorized Official:	Allie Bones, CEO
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

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:	Arizona Coalition to End Sexual and Domestic Violence
Street 1:	2800 N. Central Ave.
Street 2:	Suite 1570
City:	Phoenix
County:	
State:	Arizona
Country:	United States
Zip / Postal Code:	85004

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 X

complete. ☐

Authorized Representative

Prefix:	Ms.
First Name:	Allie
Middle Name:	
Last Name:	Bones
Suffix:	
Title:	CEO
Telephone Number: (Format: 123-456-7890)	(602) 279-2900
Fax Number: (Format: 123-456-7890)	(844) 252-3094
Email:	allie@acesdv.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

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: $81,685

Organization	Type	Sub-Award Amount
A New Leaf	M. Nonprofit with 501C3 IRS Status	$81,685

2A. Project Subrecipients Detail

a. Organization Name: A New Leaf

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 86-0256667

	*** d. Organizational DUNS:**	611923640	**PLUS 4:**	

e. Physical Address
Street 1: 868 E. University Drive
Street 2:
City: Mesa
State: Arizona
Zip Code: 85203

f. Congressional District(s):
(for multiple selections hold CTRL key) AZ-006

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant,either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $81,685

j. Contact Person
Prefix: Mrs.
First Name: Beth
Middle Name:

Last Name:	Noble
Suffix:	
Title:	Grants and Contract Manager
E-mail Address:	BNoble@turnanewleaf.org
Confirm E-mail Address:	BNoble@turnanewleaf.org
Phone Number:	480-477-4039
Extension:	
Fax Number:	480-969-0039

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.

ACESDV's experience in effectively utilizing federal funds is demonstrated by the organization's history of managing and being awarded federal, state, and local government grants. ACESDV is the federally recognized state coalition addressing both domestic violence and sexual assault for the state of Arizona, and as such receives federal funding from the US Department of Justice and the US Department of Health and Human Services. ACESDV has also managed federal Victim of Crime Act funds through the Arizona Department of Public Safety for the last 21 years. The organization has experience in carrying out the activities required by federal grants, under the timelines required, with each funders' limitations. There has never been an investigation or finding by any investigative body, and ACESDV produces semi-annual and annual reports as required.

A New Leaf's experience in effectively utilizing federal funds is demonstrated by the agency's 46-year history in delivering housing, health and community services. A New Leaf is a leading provider of permanent affordable and supportive housing, rapid re-housing, emergency shelter for victims of domestic violence and women in crisis, emergency shelter for the homeless, residential treatment services for at risk youth, advocacy and work force development, community behavioral health, foster care and adoption services, and a community action program. In FY 2017, over 20,000 individuals, children and families in need participated in the agency's continuum of programs and services.

A New Leaf is a past recipient of federal HUD funds for a men's homeless transitional housing program from 2006-2017 and a domestic violence transitional housing program from 2000-2016. A New Leaf is currently a recipient of HUD funding for a Transitional Housing/Rapid Re-Housing project that began in July of 2018. In addition, A New Leaf has been a recipient of US Department of Health and Human Services funding from its Office of Refugee Resettlement since 2010. Through its subsidiary organization Mesa Community Action Network, A New Leaf has managed federal Assets for Independence funding since 2006. Following a merger with Arizona Women's Education and Employment, A New Leaf is managing federal grants with the US Department of Justice and US Small Business Administration.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

ACESDV relies on a mixture of federal, state and local grants to carry out our activities of coordination, community collaboration, advocacy, training and

education, and public awareness. It is because of the success of managing these contracts and success of carrying out the goals of each funding source that we are able to continue to leverage and expand our base of funding. For example, due to our experience and expertise as well as success with the Family Violence Prevention and Services Act Coalition funding, we were able to secure funding through the state for the Rape Prevention and Education Program (RPE).
A New Leaf has been successful in leveraging federal, state, local and private sector funds in the planning and development of its rapid re-housing and supportive housing initiatives. This includes the award of Arizona Department of Housing Low Income Housing Tax Credit (LIHTC) funds to construct the La Mesita Apartment Phase I and Phase III housing project. The receipt of the LIHTC funds for Phase I were used to leverage locally planned Community Development Block grant funds from the City of Mesa towards the construction costs of the project. In addition, the receipt of the federal funds was used to leverage private funding from the Bank of America which awarded funding to the A New Leaf/La Mesita Apartment project. Finally, A New Leaf was the recipient of NSP (Neighborhood Stabilization Program) funds from both the City of Phoenix and the City of Mesa to rehabilitate the Desert Leaf Apartments, an 18-unit permanent supportive housing project in Mesa, Arizona.
A New Leaf is leveraging housing vouchers from its Public Housing Authority, the City of Mesa, for 28 of the 30 La Mesita Apartments Phase III permanent supportive housing units. The project based vouchers are valued at $182,000 and the housing assistance payment (HAP) contract has a 15- year commitment. The other 2 units are supported by HOME funds.
Further, a New Leaf was able to leverage its initial funding for Rapid Re-Housing from the City of Mesa to secure funding from the Arizona Department of Economic Security. This additional funding was used to leverage funding from the City of Glendale and the Pulliam Charitable Trust making it possible to expand the previously existing program. The Pulliam Charitable Trust grant was then used to leverage Valley of the Sun United Way funding. This 3 year grant of $80,000 each year from 2015-2017 increased service capacity by providing the necessary staffing support in conjunction with increased rental assistance from Valley of the Sun United Way.

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.

ACESDV has a volunteer board of directors of community members. There is a leadership team led by the Chief Executive Officer, Chief Strategy Officer and Chief Financial Officer, representing 21 years of experience, including 10 years with the CEO in her position. Senior management of ACESDV represents over 50 years of non-profit and management experience.
ACESDV's financial management is governed by a Budget and Finance Committee, which is chaired by the Treasurer of the Board, who is an accountant. The Committee meets monthly, reviewing the balance sheet, income statement, and investments, as well as overseeing the annual audit, 990, and the annual organization budget. The committee also has authority over the Coalition's Financial Management Manual and ensuring that GAAP is followed. ACESDV utilizes QuickBooks as it's financial accounting system. The organization has a history of clean audits with no findings.

A New Leaf's organization and management structure includes a Chief Executive Officer who reports directly to a volunteer Board of Directors. The Chief Financial Officer, Chief Program Officer, Chief Operations Officer and Chief Philanthropy Officer are responsible for all agency oversight and report directly to the CEO. Program Directors report to the Chief Program Officer. The CEO has been in his current position for 43 years, the CFO has more than 15 years of non-profit and financial management experience and the CPO has more than 20 years of experience. Other members of the senior management team have 100 years of combined non-profit and management experience. Internal and external coordination is addressed through frequent and open communication between agency staff and external auditors through written or electronic, face to face or telephonic or a combination of these formats. The external auditors and internal agency staff have regular meetings.
A New Leaf has developed the necessary infrastructure to administer more than 150 government and private funding grants annually. This infrastructure includes a CFO, Director of Budgets and Grants Management, Grants and Contracts Manager, Director of Financial Reporting and Compliance, and an accounting department staff that ensures A New Leaf is able to maintain and monitor all records and transactions that pertain to all grants. In addition, A New Leaf has the skills to meet site inspection requirements as demonstrated by its continued annual state licensing renewal, national Joint Commission accreditation and numerous successful monitoring visits by federal, state and local funders. A New Leaf utilizes Blackbaud's Financial Edge accounting software to maintain financial data. Hard copies of receipts, timecards, mileage and other relevant data are maintained in accordance with federal, state and local guidelines. Policy and procedure manuals are also maintained and include reporting procedures to various funding entities and adherence to federal grant requirements.

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:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
1b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
2. Project Name:	SSO Domestic Violence Coordinated Entry
3. Project Status:	Standard
4. Component Type:	SSO
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 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA).	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Supportive service only-coordinated entry project to implement policies, procedures, and practices that equip the CoC's coordinated entry to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?				
Participants begin to occupy leased units or structure(s), and supportive services begin?				
Leased or rental assistance units or structure, and supportive services near 100% capacity?				
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

*** 3. Please identify the project's specific population focus.**

(Select ALL that apply)

Chronic Homeless	☐	Domestic Violence	X

Veterans	☐	**Substance Abuse**	☐
Youth (under 25)	☐	**Mental Illness**	☐
Families	☐	**HIV/AIDS**	☐
		Other (Click 'Save' to update)	☐

4. Please select the type of SSO project: Coordinated Entry

4a. Will the coordinated entry process funded in part by this grant cover the CoC's entire geographic area? Yes

4b. Will the coordinated entry process funded in part by this grant be easily accessible? Yes

4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

This coordinated entry process will be a part of an existing entry point for victims of domestic violence who wish to access services. The current program is a screening program for emergency shelter services, with the goal of this expansion to allow the program to triage and assess victims for diversion or an appropriate intervention. Access to the program starts via phone, with services offered in English and Spanish, with access to a language line for other languages. The program also has the capacity for answering calls from deaf and hard of hearing community. Service providers throughout the region, who are already in partnership with the program through an existing MOU, will work with the program to appropriately screen and prioritize for housing supports available specifically for victims of domestic violence.

4d. Does the coordinated entry process use a comprehensive, standardized assessment process? No

4e. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services.

This process is still in development, and part of this proposal is to fund the coordinator who will work with the community to develop the process, create and validate a tool, as well as determine prioritization for this population.

4f. If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following five groups: Chronically Homeless, Individuals, Families, Youth, and Persons At Risk of Homelessness?	No

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?	Yes
2. Is this New project application requesting a “Project Expansion” of an eligible renewal project of the same component type?	No
3. Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details.	Coordinated entry

Additional supportive services to homeless persons

Indicate how the project is proposing to "provide additional supportive services to the homeless persons served."	Coordinated entry

Describe the reason for the supportive service increase indicated above.

This will increase access to housing for victims of domestic violence, including access to housing that is specifically designated for victims of domestic violence.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020?	Yes
2. What type of CoC funding is this project applying for in the 2018 CoC Competition?	DV Bonus

Only RRH, SSO and JOINT component types can apply for this funding

3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Select a grant term:	1 Year
*** 5. Select the costs for which funding is being requested:**	
Supportive Services	X

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and limits HUD’s understanding of what is being requested. Failure to enter adequate ‘Quantity AND Detail’ may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs	DV Coordinated Entry Support and Operation	$88,000
Total Annual Assistance Requested		$88,000
Grant Term		1 Year
Total Request for Grant Term		$88,000

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:	$22,000
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$22,000

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	City of Phoenix	07/01/2018	$22,000

Sources of Match Detail

1. Will this commitment be used towards match ?	Yes
2. Type of commitment:	Cash
3. Type of source:	Government
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)	City of Phoenix
5. Date of Written Commitment:	07/01/2018
6. Value of Written Commitment:	$22,000

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	$0	1 Year	$0
4. Supportive Services	$88,000	1 Year	$88,000
5. Operating	$0	1 Year	$0
6. HMIS	$0	1 Year	$0
7. Sub-total Costs Requested			$88,000
8. Admin (Up to 10%)			
9. Total Assistance Plus Admin Requested			$88,000
10. Cash Match			$22,000
11. In-Kind Match			$0
12. Total Match			$22,000
13. Total Budget			$110,000

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Allie Bones

Date: 08/16/2018

Title: CEO

Applicant Organization: Arizona Coalition to End Sexual and Domestic Violence

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 X

aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/16/2018
1E. SF-424 Compliance	07/27/2018
1F. SF-424 Declaration	07/27/2018

1G. HUD 2880	07/27/2018
1H. HUD 50070	07/27/2018
1I. Cert. Lobbying	07/27/2018
1J. SF-LLL	07/27/2018
2A. Subrecipients	08/15/2018
2B. Experience	07/27/2018
3A. Project Detail	07/27/2018
3B. Description	07/27/2018
3C. Expansion	07/27/2018
6A. Funding Request	07/31/2018
6F. Supp Srvcs Budget	07/31/2018
6I. Match	07/31/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7D. Certification	08/15/2018

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/16/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0130
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: ARM of Save the Family Foundation of Arizona

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0710822

	c. Organizational DUNS:	612142455	**PLUS 4**	

d. Address

Street 1: 125 E. University Drive

Street 2:

City: Mesa

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85201

e. Organizational Unit (optional)

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mrs.

First Name: Laura

Middle Name:

Last Name: Skotnicki

Suffix:

Title: Chief Operations Officer

Organizational Affiliation: ARM of Save the Family Foundation of Arizona

Telephone Number: (480) 898-0228

Extension: 203
Fax Number: (480) 898-9007
Email: Lauras@savethefamily.org

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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	209 West Jackson-PSH
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-005, AZ-006
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-006
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
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: X

21. Authorized Representative

Prefix:	Mrs.
First Name:	Jacki
Middle Name:	
Last Name:	Taylor
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(480) 898-0228
Fax Number: (Format: 123-456-7890)	(480) 898-9007
Email:	info@affordablerental.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

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:	ARM of Save the Family Foundation of Arizona
Prefix:	Mrs.
First Name:	Jacki
Middle Name:	
Last Name:	Taylor
Suffix:	
Title:	Chief Executive Officer
Organizational Affiliation:	ARM of Save the Family Foundation of Arizona
Telephone Number:	(480) 898-0228
Extension:	212
Email:	info@affordablerental.org
City:	Mesa
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85201

2. Employer ID Number (EIN):	86-0710822
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$613,573.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: 209 West Jackson-PSH 125 E. University Drive Mesa 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? (For further information, see 24 CFR Sec. 4.3). Yes

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
Housing and Urban Development	McKinney Vento	$613,573.00	Permanent Housing

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$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: X

Name / Title of Authorized Official: Jacki Taylor, Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/25/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: ARM of Save the Family Foundation of Arizona

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:	Mrs.
First Name:	Jacki
Middle Name	
Last Name:	Taylor
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(480) 898-0228
Fax Number: (Format: 123-456-7890)	(480) 898-9007
Email:	info@affordablerental.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

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

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: ARM of Save the Family Foundation of Arizona

Name / Title of Authorized Official: Jacki Taylor, Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/16/2018

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:	ARM of Save the Family Foundation of Arizona
Street 1:	125 E. University Drive
Street 2:	
City:	Mesa
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85201

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:	Jacki
Middle Name:	
Last Name:	Taylor
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(480) 898-0228
Fax Number: (Format: 123-456-7890)	(480) 898-9007
Email:	info@affordablerental.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

$4,950 of the $499,968 leasing budget was not drawn down during the fiscal year due to timing issues with implementing the annual FMR rate increase. ARM of Save the Family's non-profit housing partner AHI is currently in the process of completing a market study of the area to determine if a rental rate adjustment is needed as the rental market in the downtown Phoenix area has tightened, thus increasing the rents in the area.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $30,651

Organization	Type	Type	Sub-Award Amount
Arizona Housing Inc.	M. Nonprofit with 501C3 IRS Status		$30,651

2A. Project Subrecipients Detail

a. Organization Name: Arizona Housing Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 86-0811431

	*** d. Organizational DUNS:**	054053322	**PLUS 4**	

e. Physical Address

Street 1: 209 W Jackson Street, Suite 100

Street 2:

City: Phoenix

State: Arizona

Zip Code: 85003

f. Congressional District(s):
(for multiple selections hold CTRL key) AZ-007

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $30,651

j. Contact Person

Prefix: Mr.

First Name: Mark

Middle Name:

Last Name: Holleran

Suffix:	
Title:	Chief Executive Officer
E-mail Address:	mholleran@azhousinginc.org
Confirm E-mail Address:	mholleran@azhousinginc.org
Phone Number:	602-418-4994
Extension:	
Fax Number:	602-293-3150

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0130
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	209 West Jackson-PSH
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

This Housing First Project operated by ARM of Save the Family (ARM) will lease 90 SRO units from Arizona Housing, Inc. (AHI) to provide permanent supportive housing for chronically homeless individuals. Units are distributed within a larger 297 unit affordable housing project located at 209 West Jackson Street. Chronically homeless individuals are referred by The Welcome Center, the Continuum of Care's approved Coordinated Entry point for singles. Chronically homeless and disabled individuals identified with the highest acuity (highest needs and longest histories of homelessness) as determined by the Service Prioritization Decision Assistance Tool (VI-SPDAT) are referred to the project.

ARM will contract with Save the Family to provide all HUD required housing certifications and to complete the housing orientation and paperwork process. This project provides each resident with a SRO unit that includes furnishings, a private bathroom/shower, a microwave, and all utilities. At the present time, the program is not charging rent to clients due to the chronic condition of these clients, most do not have income at move in and rent would be a barrier to our “housing first” approach. The facility also has community programming spaces including a library, laundry and offices for on-site service providers. While program participants may continue to receive follow up services from the referring partner agency, on-site supportive services are provided by the Resident Service Coordinators (RSCs) who are on-site seven days a week. RSC goals are to assist clients in maintaining their housing and self-sufficiency and promote participant choice. In addition RSCs also develop social and recreational opportunities, create community, provide intervention in crisis situations and teach life skills classes. The AHI staff works with clients on effective move on strategies and assist clients with securing income (ex: assistance with benefit applications or securing employment) and mainstream benefits. RSC's are trained in the Supplemental Security Income/Social Security Disability Income Outreach and Recovery (SOAR) program to assist clients in securing income. RSCs also work with a number of co-located service partner agencies including providers for employment support and substance abuse and mental health services. As ARM residents secure income they are encouraged to transfer to other AHI units that charge 30% of their monthly income but provide the same services in larger units. AHI and Save the Family have successfully transferred over a dozen residents over the past few years using this approach.

The project is centrally located in downtown Phoenix and is within short walking distance of multiple services, amenities and public transportation. This project is a cost-effective, results driven solution to ending chronic homelessness in our community.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	X
Veterans	X	**Substance Abuse**	X
Youth (under 25)	X	**Mental Illness**	X
Families with Children		**HIV/AIDS**	X
		Other (Click 'Save' to update)	X

Other: Disabled Individuals per HUD Chronic Homeless Definition

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X

Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	100% Dedicated

4A. Supportive Services for Participants

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Subrecipient	Quarterly
Assistance with Moving Costs		Non-Partner	As needed
Case Management		Subrecipient	Daily
Child Care			
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Partner	Daily
Food		Non-Partner	Daily
Housing Search and Counseling Services		Non-Partner	As needed
Legal Services		Non-Partner	Monthly
Life Skills Training		Partner	Daily
Mental Health Services		Partner	Daily
Outpatient Health Services		Partner	Daily
Outreach Services		Non-Partner	As needed
Substance Abuse Treatment Services		Partner	As needed
Transportation		Partner	Daily
Utility Deposits		Non-Partner	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 90

Total Beds: 90

Total Dedicated CH Beds: 90

Housing Type	Housing Type (JOINT)	Units	Beds
Single Room Occupancy (SRO)...	---	90	90

4B. Housing Type and Location Detail

1. Housing Type: Single Room Occupancy (SRO) units

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 90

b. Beds: 90

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 90

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. 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: 209 West Jackson Street

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85003

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

040330 Phoenix

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households		90		90

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	0	86		86
Adults ages 18-24	0	4		4
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	90	0	90

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										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

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	80	6	0	19	1	20	20	24	2	0
Adults ages 18-24	4	0	0	2	0	2	0	0	0	0
Total Persons	84	6	0	21	1	22	20	24	2	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	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

19%	**Directly from the street or other locations not meant for human habitation.**
81%	**Directly from emergency shelters.**
	Directly from safe havens.
0%	**Persons fleeing domestic violence.**
100%	**Total of above percentages**

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	Yes
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	X
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	

6B. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:	$514,967
Grant Term:	1 Year
Total Request for Grant Term:	$514,967
Total Units:	90

FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
AZ - Phoenix-Mesa...	90	$514,967	$514,967

Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO	90	
0 Bedroom		
1 Bedroom		
2 Bedroom		
3 Bedroom		
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	90	$514,967
Grant Term		1 Year
Total Request for Grant Term		$514,967

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$0
Total Value of In-Kind Commitments:	$212,004
Total Value of All Commitments:	$212,004

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	Private	Arizona Housing Inc.	07/26/2018	$195,750
Yes	In-Kind	Private	Save the Family	07/27/2018	$16,254

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Arizona Housing Inc.
5. Date of Written Commitment:	07/26/2018
6. Value of Written Commitment:	$195,750

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 Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Save the Family
5. Date of Written Commitment:	07/27/2018
6. Value of Written Commitment:	$16,254

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$514,967
1b. Leased Structures	$0
2. Rental Assistance	$0
3. Supportive Services	$30,651
4. Operating	$40,503
5. HMIS	$0
6. Sub-total Costs Requested	$586,121
7. Admin (Up to 10%)	$27,452
8. Total Assistance plus Admin Requested	$613,573
9. Cash Match	$0
10. In-Kind Match	$212,004
11. Total Match	$212,004
12. Total Budget	$825,577

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	AHI 501(c)(3)	07/26/2018
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: AHI 501(c)(3)

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Jacki Taylor

Date: 08/16/2018

Title: Chief Executive Officer

Applicant Organization: ARM of Save the Family Foundation of Arizona

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	X
Part 4 - Housing Services and HMIS	
4A. Services	X
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	X
6B. Leased Units	X

6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Project Subrecipient 2A was revised and updated
Project Detail 6A was revised and updated
Budget Information-Leased Units-updated budget to reflect HUD rental rate increase

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/25/2018
1B. SF-424 Legal Applicant	No Input Required

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	07/30/2018
1E. SF-424 Compliance	07/25/2018
1F. SF-424 Declaration	07/25/2018
1G. HUD-2880	07/25/2018
1H. HUD-50070	07/25/2018
1I. Cert. Lobbying	07/25/2018
1J. SF-LLL	07/25/2018
Recipient Performance	07/30/2018
Renewal Grant Consolidation	07/25/2018
2A. Subrecipients	08/16/2018
3A. Project Detail	07/25/2018
3B. Description	07/30/2018
3C. Dedicated Plus	07/25/2018
4A. Services	07/25/2018
4B. Housing Type	07/30/2018
5A. Households	07/25/2018
5B. Subpopulations	No Input Required
5C. Outreach	07/25/2018
6A. Funding Request	07/25/2018
6B. Leased Units	07/30/2018
6D. Match	07/30/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/26/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	07/30/2018
Submission Without Changes	07/30/2018

IRS Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0029

In reply refer to: 4077391934
Oct. 30, 2017 LTR 4168C 0
86-0811431 000000 00
00020552
BODC: TE

ARIZONA HOUSING INC
209 W JACKSON ST STE 100
PHOENIX AZ 85003

019188

Employer ID Number: 86-0811431
Form 990 required: YES

Dear Taxpayer:

This is in response to your request dated Oct. 06, 2017, regarding your tax-exempt status.

We issued you a determination letter in FEBRUARY 1997, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(03).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

4077391934
Oct. 30, 2017 LTR 4168C 0
86-0811431 000000 00
00020553

ARIZONA HOUSING INC
209 W JACKSON ST STE 100
PHOENIX AZ 85003

Sincerely yours,

Stephen A. Martin

Stephen A. Martin
Director, EO Rulings & Agreements

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/17/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0195
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Community Bridges, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2880847

	c. Organizational DUNS:	143328099	**PLUS 4**	

d. Address

Street 1: 1855 West Baseline Road, Ste 101

Street 2:

City: Mesa

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85202

e. Organizational Unit (optional)

Department Name: Housing and Community Integration

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Gabriella

Middle Name:

Last Name: Guerra

Suffix:

Title: Deputy Chief Clinical Programs Officer

Organizational Affiliation: Community Bridges, Inc.

Telephone Number: (602) 791-1248

Extension:
Fax Number: (480) 831-7563
Email: gguerra@cbridges.com

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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	CBI PSH 12
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-009
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-003, AZ-007, AZ-008, AZ-006, AZ-009
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: X

21. Authorized Representative

Prefix:	Dr.
First Name:	Frank
Middle Name:	
Last Name:	Scarpati
Suffix:	
Title:	President/Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(480) 831-7566
Fax Number: (Format: 123-456-7890)	(480) 831-7563
Email:	fscarpati@cbridges.com
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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:	Community Bridges, Inc.
Prefix:	Dr.
First Name:	Frank
Middle Name:	
Last Name:	Scarpati
Suffix:	
Title:	President/Chief Executive Officer
Organizational Affiliation:	Community Bridges, Inc.
Telephone Number:	(480) 831-7566
Extension:	
Email:	fscarpati@cbridges.com
City:	Mesa
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85202

2. Employer ID Number (EIN):	94-2880847
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$187,451.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: CBI PSH 12 1855 West Baseline Road, Ste 101 Mesa 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? (For further information, see 24 CFR Sec. 4.3). Yes

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
Community Bridges, Inc. 1855 W Baseline Rd, Ste 101 Mesa, AZ 85202	clinical services	$271,793.00	clinical services & mgmt support
Community Bridges, Inc. 1855 W Baseline Rd, Ste 101 Mesa, AZ 85202	clinical services	201930.0	clinical services & mgmt support
Community Bridges, Inc. 1855 W Baseline Rd, Ste 101 Mesa, AZ 85202	clinical services	$87,803.00	clinical services & mgmt support
Community Bridges, Inc. 1855 W Baseline Rd, Ste 101 Mesa, AZ 85202	clinical services	$46,863.00	clinical services & mgmt support

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 (%)
Kurtz, Karen	XXX-XX-6179	Grant writer	$5,000.00	0%
HOM, Inc.	86-0767336	housing management, HQS inspection, client eligibility	$219,600.00	9%

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: X

Name / Title of Authorized Official: Frank Scarpati, President/Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/31/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Community Bridges, Inc.

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:	Dr.
First Name:	Frank
Middle Name	
Last Name:	Scarpati
Suffix:	
Title:	President/Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(480) 831-7566
Fax Number: (Format: 123-456-7890)	(480) 831-7563
Email:	fscarpati@cbridges.com
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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

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 Bridges, Inc.
Name / Title of Authorized Official:	Frank Scarpati, President/Chief Executive Officer
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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:	Community Bridges, Inc.
Street 1:	1855 West Baseline Road, Ste 101
Street 2:	
City:	Mesa
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85202

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:	Dr.
First Name:	Frank
Middle Name:	
Last Name:	Scarpati
Suffix:	
Title:	President/Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(480) 831-7566
Fax Number: (Format: 123-456-7890)	(480) 831-7563
Email:	fscarpati@cbridges.com
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

This grant is a reallocation of a grant that ended on March 31, 2018. An APR for the project this grant replaces was submitted on time. This grant PSH 12 is awaiting a contract and will begin operating Oct 1st, 2018. An APR is not yet due.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? No

Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.

This project has not yet begun. As a general rule, CBI draws funds monthly.

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	Yes
2. Is this an individual project application or a fully consolidated project application?	Individual

Click on "Save & Next" to continue completing the remainder of this project application as if the consolidation will be denied by HUD and this individual project application will be assessed for FY 2018 funding.

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	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0195
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	CBI PSH 12
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

CBI will provide peer support services & housing for 12 chronically homeless adults living in Maricopa County. Based on CBI's experience, the majority will have multiple disabilities. One certified Peer Support Navigator will provide intensive, targeted intervention to participants based on referrals from the CoC coordinated assessment process and CBI's PATH team. If funded, CBI will request approval to merge this grant with the CBI PSH 25 grant. Together, the two proposals will result in a program with two certified Peer Support Navigators providing housing and support services to at least 37 homeless singles with disabilities.

CBI's Homeless Navigators locate and establish relationships with homeless individuals, facilitate their voluntary relocation into housing, assist with locating other services and benefits, and provide the support and advocacy necessary to help individuals maintain a stable, permanent living arrangement once in housing. Once Navigators assist participants with entering housing, they conduct a full SPDAT assessment at move in and at least quarterly. Navigators and participants create a plan to address other non-housing needs to support permanent housing stability. The depth of issues participants present determines the frequency of follow up contact with Navigators.

CBI's programs use the evidence-based practices of Housing First, Harm Reduction, Motivational Interviewing and Assertive Outreach. Housing First places individuals in permanent housing as quickly as possible without making access to housing contingent upon conditions such as sobriety or employment, or their willingness to participate in a predefined set of services. Harm Reduction is an approach to addressing drug and alcohol abuse aimed at reducing the harm associated with substance use. Harm reduction includes a range of outcomes from safe use to managed use to abstinence. Harm reduction incorporates the goals and motivations of the individual and provides services and resources in a non-judgmental, non-coercive way. Motivational interviewing (MI) is a counseling style designed to help individuals explore their motivation and commitment to change. The method assists an individual to recognize their own resourcefulness, understanding and skills to make changes. Assertive Outreach involves meeting individuals in non-traditional settings essentially going to where they are rather than waiting for them to come to a specific location for services. Assertive outreach is designed to meet people where they are both geographically and emotionally (i.e. meeting their need for connection, reassurance and support.

Taken together, these practices have proven effective in reaching hard to serve adults who are homeless and have substance use, mental health, and chronic health conditions. A connection with a caring human being, not just tangible resources, is necessary to overcome the sense of alienation often present with people who are chronically homeless.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X

Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	100% Dedicated

4A. Supportive Services for Participants

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	As needed
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	Weekly
Child Care			
Education Services			
Employment Assistance and Job Training		Applicant	Weekly
Food			
Housing Search and Counseling Services		Applicant	As needed
Legal Services		Partner	As needed
Life Skills Training		Applicant	Weekly
Mental Health Services		Applicant	As needed
Outpatient Health Services		Applicant	As needed
Outreach Services		Applicant	Weekly
Substance Abuse Treatment Services		Applicant	As needed
Transportation		Applicant	As needed
Utility Deposits		Applicant	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 12

Total Beds: 12

Total Dedicated CH Beds: 12

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	12	12

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: 12

b. Beds: 12

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 12

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. 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: 2770 East Van Buren

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85008

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

049013 Maricopa County

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	0	12	0	12

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	0	10		10
Adults ages 18-24	0	2		2
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	12	0	12

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										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

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	10			5		5				
Adults ages 18-24	2			1		1				
Total Persons	12	0	0	6	0	6	0	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	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

70%	**Directly from the street or other locations not meant for human habitation.**
30%	**Directly from emergency shelters.**
	Directly from safe havens.
	Persons fleeing domestic violence.
100%	**Total of above percentages**

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	
HMIS	

6C. 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:	$109,008
Total Units:	12

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	12	$109,008

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$468	$468	x	12		=	$0
0 Bedroom		x	$624	$624	x	12		=	$0
1 Bedroom	12	x	$757	$757	x	12		=	$109,008
2 Bedrooms		x	$944	$944	x	12		=	$0
3 Bedrooms		x	$1,374	$1,374	x	12		=	$0
4 Bedrooms		x	$1,594	$1,594	x	12		=	$0
5 Bedrooms		x	$1,833	$1,833	x	12		=	$0
6 Bedrooms		x	$2,072	$2,072	x	12		=	$0
7 Bedrooms		x	$2,311	$2,311	x	12		=	$0
8 Bedrooms		x	$2,550	$2,550	x	12		=	$0
9 Bedrooms		x	$2,790	$2,790	x	12		=	$0
Total Units and Annual Assistance Requested	12								$109,008
Grant Term									1 Year
Total Request for Grant Term									$109,008

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$0
Total Value of In-Kind Commitments:	$46,863
Total Value of All Commitments:	$46,863

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	Private	CBI Clinical Serv...	03/01/2019	$46,863

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	CBI Clinical Services and Mgmt Support
5. Date of Written Commitment:	03/01/2019
6. Value of Written Commitment:	$46,863

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$109,008
3. Supportive Services	$78,443
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$187,451
7. Admin (Up to 10%)	
8. Total Assistance plus Admin Requested	$187,451
9. Cash Match	$0
10. In-Kind Match	$46,863
11. Total Match	$46,863
12. Total Budget	$234,314

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	CBI 501c3 Letter ...	07/31/2018
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: CBI 501c3 Letter 031114

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Frank Scarpati

Date: 08/17/2018

Title: President/Chief Executive Officer

Applicant Organization: Community Bridges, Inc.

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	X
Part 4 - Housing Services and HMIS	
4A. Services	X
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	X
6C. Rental Assistance	X

6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

All checked pages were blank and had to be entered.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/31/2018
1B. SF-424 Legal Applicant	No Input Required

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	07/31/2018
1E. SF-424 Compliance	07/31/2018
1F. SF-424 Declaration	07/31/2018
1G. HUD-2880	07/31/2018
1H. HUD-50070	07/31/2018
1I. Cert. Lobbying	07/31/2018
1J. SF-LLL	07/31/2018
Recipient Performance	07/31/2018
Renewal Grant Consolidation	07/30/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/31/2018
3B. Description	08/17/2018
3C. Dedicated Plus	08/17/2018
4A. Services	07/31/2018
4B. Housing Type	07/31/2018
5A. Households	07/31/2018
5B. Subpopulations	No Input Required
5C. Outreach	07/31/2018
6A. Funding Request	07/31/2018
6C. Rental Assistance	07/31/2018
6D. Match	08/17/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/31/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	07/31/2018
Submission Without Changes	07/31/2018

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248205661
Mar. 11, 2014 LTR 4168C 0
94-2880847 000000 00
00019262
BODC: TE

COMMUNITY BRIDGES INC
1855 W BASELINE RD STE 101
MESA AZ 85202

014273

Employer Identification Number: 94-2880847
Person to Contact: Ms. Johnson
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Feb. 28, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in July 1983.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248205661
Mar. 11, 2014 LTR 4168C 0
94-2880847 000000 00
00019263

COMMUNITY BRIDGES INC
1855 W BASELINE RD STE 101
MESA AZ 85202

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Susan M. O'Neill

Susan M. O'Neill, Department Mgr.
Accounts Management Operations

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

014273.422730.48383.4404 1 AB 0.406 530

COMMUNITY BRIDGES INC
1855 W BASELINE RD STE 101
MESA AZ 85202

014273

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT, EVEN IF YOU ALSO HAVE AN INQUIRY.

The IRS address must appear in the window.

0248205661

BODCD-TE

Use for payments

Letter Number	:	LTR4168C
Letter Date	:	2014-03-11
Tax Period	:	000000

942880847

COMMUNITY BRIDGES INC
1855 W BASELINE RD STE 101
MESA AZ 85202

INTERNAL REVENUE SERVICE
P.O. Box 2508
Cincinnati OH 45201

942880847 CR COMM 00 2 000000 670 00000000000

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/17/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0181
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Community Bridges, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2880847

	c. Organizational DUNS:	143328099	**PLUS 4**	

d. Address

Street 1: 1855 West Baseline Road, Ste 101

Street 2:

City: Mesa

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85202

e. Organizational Unit (optional)

Department Name: Housing and Community Integration

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Gabriella

Middle Name:

Last Name: Guerra

Suffix:

Title: Deputy Chief Clinical Programs Officer

Organizational Affiliation: Community Bridges, Inc.

Telephone Number: (602) 791-1248

Extension:
Fax Number: (480) 831-7563
Email: gguerra@cbridges.com

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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	CBI PSH 25
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-009
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-003, AZ-007, AZ-008, AZ-009, AZ-006
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: X

21. Authorized Representative

Prefix:	Dr.
First Name:	Frank
Middle Name:	
Last Name:	Scarpati
Suffix:	
Title:	President/Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(480) 831-7566
Fax Number: (Format: 123-456-7890)	(480) 831-7563
Email:	fscarpati@cbridges.com
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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:	Community Bridges, Inc.
Prefix:	Dr.
First Name:	Frank
Middle Name:	
Last Name:	Scarpati
Suffix:	
Title:	President/Chief Executive Officer
Organizational Affiliation:	Community Bridges, Inc.
Telephone Number:	(480) 831-7566
Extension:	
Email:	fscarpati@cbridges.com
City:	Mesa
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85202

2. Employer ID Number (EIN):	94-2880847
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$351,210.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: CBI PSH 25 1855 West Baseline Road, Ste 101 Mesa 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? (For further information, see 24 CFR Sec. 4.3). Yes

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
Community Bridges, Inc. 1855 W Baseline Rd, Ste 101 Mesa, AZ 85202	clinical services	$271,793.00	clinical services & mgmt support
Community Bridges, Inc. 1855 W Baseline Rd, Ste 101 Mesa, AZ 85202	clinical services	201930.0	clinical services & mgmt support
Community Bridges, Inc. 1855 W Baseline Rd, Ste 101 Mesa, AZ 85202	clinical services	$87,803.00	clinical services & mgmt support
Community Bridges, Inc. 1855 W Baseline Rd, Ste 101 Mesa, AZ 85202	clinical services	$46,863.00	clinical services & mgmt support

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 (%)
Kurtz, Karen	XXX-XX-6179	Grant writer	$5,000.00	0%
HOM, Inc.	86-0767336	housing management, HQS inspection, client eligibility	$219,600.00	9%

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: X

Name / Title of Authorized Official: Frank Scarpati, President/Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/31/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Community Bridges, Inc.

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:	Dr.
First Name:	Frank
Middle Name	
Last Name:	Scarpati
Suffix:	
Title:	President/Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(480) 831-7566
Fax Number: (Format: 123-456-7890)	(480) 831-7563
Email:	fscarpati@cbridges.com
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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

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 Bridges, Inc.

Name / Title of Authorized Official: Frank Scarpati, President/Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/17/2018

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:	Community Bridges, Inc.
Street 1:	1855 West Baseline Road, Ste 101
Street 2:	
City:	Mesa
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85202

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:	Dr.
First Name:	Frank
Middle Name:	
Last Name:	Scarpati
Suffix:	
Title:	President/Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(480) 831-7566
Fax Number: (Format: 123-456-7890)	(480) 831-7563
Email:	fscarpati@cbridges.com
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

This project, AZ0181, began on January 1, 2018. The 2017 competition grant renewal contract showed a start date of 10/1/2018. So the current grant will expire on 9/30/2018 and the first APR will be due in December 2018.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	Yes
2. Is this an individual project application or a fully consolidated project application?	Individual

Click on "Save & Next" to continue completing the remainder of this project application as if the consolidation will be denied by HUD and this individual project application will be assessed for FY 2018 funding.

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

Organization	Type	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0181
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	CBI PSH 25
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

CBI will provide peer support services for up to 25 chronically homeless adults living in Maricopa County. Based on our experience, the majority of adults served report three disabilities. One certified Peer Support Navigator will provide intensive, targeted intervention to 15 homeless participants based on referrals from the Continuum of Care coordinated assessment process and CBI's PATH team. Navigators from other CBI programs will identify and house individuals in the other 10 units.

CBI's Homeless Navigators locate and establish relationships with homeless individuals, facilitate their voluntary relocation into housing, assist with locating other services and benefits, and provide the support and advocacy necessary to maintain permanent housing. Once Navigators assist participants with entering housing, they conduct a full SPDAT assessment at move in and at least quarterly. Navigators and participants create a plan to address other non-housing needs to support permanent housing stability. The depth of issues participants present determines the frequency of follow up contact with Navigators.

CBI's programs use the evidence-based practices of Housing First, Harm Reduction, Motivational Interviewing and Assertive Outreach. Housing First places individuals in permanent housing as quickly as possible without making access to housing contingent upon conditions such as sobriety or employment, or their willingness to participate in a predefined set of services. The focus of Housing First is to help the participant comply with the housing lease agreement and provide services and supports necessary for a participant to comply successfully with the lease.

Harm Reduction is an approach to addressing drug and alcohol abuse aimed at reducing the harm associated with substance use. Harm reduction includes a range of outcomes from safe use to managed use to abstinence. Harm reduction incorporates the goals and motivations of the individual and provides services and resources in a non-judgmental, non-coercive way. Motivational interviewing (MI) is a counseling style designed to help individuals explore their motivation and commitment to change. The method assists an individual to recognize their own resourcefulness, understanding and skills to make changes.

Assertive Outreach involves meeting individuals in non-traditional settings essentially going to where they are rather than waiting for them to come to a specific location for services. Assertive outreach is designed to meet people where they are both geographically and emotionally (i.e. meeting their need for connection, reassurance and support).

Taken together, these practices have proven effective in reaching hard to serve adults who are homeless and have substance use, mental health, and chronic health conditions. A connection with a caring human being, not just tangible

resources, is necessary to overcome the sense of alienation often present with people who are chronically homeless.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X

Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section lll.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section lll.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section lll.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	100% Dedicated

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	As needed
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	Weekly
Child Care			
Education Services			
Employment Assistance and Job Training		Applicant	Weekly
Food			
Housing Search and Counseling Services		Applicant	As needed
Legal Services		Partner	As needed
Life Skills Training		Applicant	Weekly
Mental Health Services		Applicant	As needed
Outpatient Health Services		Applicant	As needed
Outreach Services		Applicant	Weekly
Substance Abuse Treatment Services		Applicant	As needed
Transportation		Applicant	As needed
Utility Deposits		Applicant	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 25

Total Beds: 25

Total Dedicated CH Beds: 25

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	25	25

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: 25

b. Beds: 25

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 25

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. 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: 2770 East Van Buren

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85008

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

040270 Mesa, 040330 Phoenix, 049013 Maricopa County

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	0	25	0	25

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	0	22		22
Adults ages 18-24	0	3		3
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	25	0	25

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										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

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	22			11		11				
Adults ages 18-24	3			2		1				
Total Persons	25	0	0	13	0	12	0	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	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

70%	**Directly from the street or other locations not meant for human habitation.**
30%	**Directly from emergency shelters.**
	Directly from safe havens.
	Persons fleeing domestic violence.
100%	**Total of above percentages**

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	
HMIS	

6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Request for Grant Term:			$227,100
Total Units:			25
Type of Rental Assistance	**FMR Area**	**Total Units Requested**	**Total Request**
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	25	$227,100

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$468	$468	x			=	$0
0 Bedroom		x	$624	$624	x			=	$0
1 Bedroom	25	x	$757	$757	x			=	$227,100
2 Bedrooms		x	$944	$944	x			=	$0
3 Bedrooms		x	$1,374	$1,374	x			=	$0
4 Bedrooms		x	$1,594	$1,594	x			=	$0
5 Bedrooms		x	$1,833	$1,833	x			=	$0
6 Bedrooms		x	$2,072	$2,072	x			=	$0
7 Bedrooms		x	$2,311	$2,311	x			=	$0
8 Bedrooms		x	$2,550	$2,550	x			=	$0
9 Bedrooms		x	$2,790	$2,790	x			=	$0
Total Units and Annual Assistance Requested	25								$227,100
Grant Term									1 Year
Total Request for Grant Term									$227,100

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$0
Total Value of In-Kind Commitments:	$87,803
Total Value of All Commitments:	$87,803

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	Private	CBI Clinical serv...	03/01/2019	$87,803

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	CBI Clinical services and management support
5. Date of Written Commitment:	03/01/2019
6. Value of Written Commitment:	$87,803

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$227,100
3. Supportive Services	$124,110
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$351,210
7. Admin (Up to 10%)	
8. Total Assistance plus Admin Requested	$351,210
9. Cash Match	$0
10. In-Kind Match	$87,803
11. Total Match	$87,803
12. Total Budget	$439,013

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No		
3) Other Attachment	No	CBI 2014 Navigato...	08/23/2017

Attachment Details

Document Description:

Attachment Details

Document Description: CBI PSH 25 Match Ltr 08 22 17

Attachment Details

Document Description: CBI 2014 Navigator II Job Description

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Frank Scarpati

Date: 08/17/2018

Title: President/Chief Executive Officer

Applicant Organization: Community Bridges, Inc.

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	X
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	☐
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	X
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	☐
6C. Rental Assistance	☐

6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

3C "Any other activity not covered in lease agreement ..." should be checked.
3D. Does project follow Housing First approach should be marked yes.
5B. The project serves adults with multiple characteristics, but CBI cannot predict
which characteristics participants will have. Based on current experience, the majority have 3 disabilities.
5C. Should be 70% streets, 30% emergency shelter.
6D. Match Amount change to $87,803
6E. Match Amount change to $87,803

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/31/2018
1B. SF-424 Legal Applicant	No Input Required

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	07/31/2018
1E. SF-424 Compliance	07/30/2018
1F. SF-424 Declaration	07/31/2018
1G. HUD-2880	07/31/2018
1H. HUD-50070	07/31/2018
1I. Cert. Lobbying	07/31/2018
1J. SF-LLL	07/31/2018
Recipient Performance	07/31/2018
Renewal Grant Consolidation	07/30/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/31/2018
3B. Description	08/17/2018
3C. Dedicated Plus	08/17/2018
4A. Services	07/30/2018
4B. Housing Type	07/30/2018
5A. Households	07/30/2018
5B. Subpopulations	No Input Required
5C. Outreach	07/31/2018
6A. Funding Request	07/30/2018
6C. Rental Assistance	07/30/2018
6D. Match	08/17/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/30/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	07/31/2018
Submission Without Changes	08/17/2018

Navigator II
Job Description

Job Title: Housing Navigator	**FLSA Status:** ☐ Exempt ☒ Non-Exempt	**Position Type:** ☒Full-time ☐Part-time
Department: Clinical	**Location:** ☐Administration ☐Arizona Bridge to Recovery ☐ Avondale ☐Benson SRU ☐Benson Desert Sunrise ☐Casa Grande ☐CCARC ☐CFE ☐Clinical Operations ☐EVARC ☐East Valley Access Point ☐East Valley Transition Point ☐Glendale ☐Globe ☐Holbrook ☐Journey ☐MOS ☐Payson ☐West Valley Access Point ☐West Valley Transition Point ☐ Winslow ☐ Winslow OP ☐ Yuma ☐ All Maricopa County ☐ All Sites/Statewide (Check all that apply)	

Minimum Level/Grade:

☐**Independently Licensed Professional** – Has been licensed at the independent with The Arizona Board of Behavioral Health Examiners as Psychiatrist, Behavioral health Medical practitioner, Psychologist, Social worker, Counselor, Marriage and family therapist, Substance abuse counselor or Registered nurse. At least one year of full-time behavioral Health work experience.

☐**Masters Degree or Associate Licensed Professional** – Has as Masters degree in field related ot behavioral health and/or has been licensed at the associate level with The Arizona Board of Behavioral Health Examiners as Psychiatrist, Behavioral health Medical practitioner, Psychologist, Social worker, Counselor, Marriage and family therapist, Substance abuse counselor or Registered nurse. At least one year of full-time behavioral Health work experience.

☒**Credentialed Behavioral Health Technician (CBHT**) – Has a master's degree or bachelor's degree in a field related to behavioral health, is a registered nurse, is a physician assistant who is not working as a medical practitioner, has a bachelor's degree and at least one year of full-time behavioral health work experience; has an associate's degree and at least two years of full-time behavioral health work experience, has a verified general equivalency diploma (GED) or high school diploma ***with a minimum of 2 years*** of mixed behavioral and physical health work experience ***and/or 2 years of substance abuse/mental health recovery oriented service***. Recovery oriented service experience will be verified whenever possible however respect must be paid to confidential aspects of different community resources who are based in anonymity. Must also have completed **160 hours** of behavioral health, substance abuse or physical health training post high school education or via continuing education units through on-line learning management systems, college courses or conferences and seminars.

(Credit applied from online learning must be accrued while employed by CBI)

☐**Paraprofessional** – Has a Minimum of a high school diploma or GED. Six weeks of behavioral health work experience or receives six weeks of continuous onsite direction from a behavioral health professional, a behavioral health technician, or a behavioral health paraprofessional who has at least six months of behavioral health work experience.

☐ **Nurse** - Currently licensed without restriction with the Arizona Board of Nursing as a Licensed Practical Nurse (LPN) or Registered Nurse according to A.R.S. Title 32, Chapter 15.

☐ **Emergency Medical Technician (EMT)** Certification; <u>within the State of Arizona.</u>

☐ Certified Nursing Assistant (CNA)

(See General Requirements, Educational & Work Experience)

Administrative Supervisor: Peer Services & Outreach Management Team	**Clinical Supervisor:** Peer Services & Outreach Management Team

General Description: A Navigator II is an individual who is in recovery from AOD use and/or GMH for an appropriate period of time (greater than or equal to 1 year) and has at least 6 months experience as a Navigator or Supportive Housing Peer Support Specialist. The Navigator's primary role is working with individuals who are homeless and in of housing and support services. The Navigator serves as the bridge for the patient, in coordinating and monitoring RHBA and Non-RBHA community based services and facilitates delivery of these services by supporting the individual. The Navigator will work with individuals who have been determined as the most vulnerable homeless according to the coordinated assessment tool

VISPDAT/SPDAT and will be responsible for conducting outreach, engagement, case management, and ongoing wrap around supportive services. The Navigator will also map out the most appropriate next steps for the individual who may need assistance in accessing various services after or before the individual has been housed. The Housing Navigator works in conjunction as part of a multi-disciplinary team made up of other Community Agencies and stakeholders, and CBI Peer Services & Outreach Management Team. Navigator will document and track required patient interactions according to the Arizona Administrative Code (AAC), Arizona Department of Health Services/Department of Behavioral Health Services (ADHS/DBHS) Provider Manual, Commission on Accreditation of Rehabilitation Facilities (CARF), Community Bridges Polices and Procedures, and specific for the program. The Navigator will also carry out other duties assigned by immediate supervisor and/or clinical supervisor.

Each area below is defined by specific function as it relates to policy, process, and the governing rules set forth by the Department of Behavioral Health Services (DBHS), Regional Behavioral Health Authority (RBHA), Office of Behavioral Health Licensure (OBHL), and the Code of Federal Regulations. Each employee will be held accountable and responsible for fulfilling each of these duties as well as having the capability to carry them out.

Specific Functions & Duties: Each discipline is governed by specific policy and process. It is the responsibility of the employee to read, and learn the associated policy and processes as they will be held responsible for carrying out their duties in a competent and ethical manner.

Coordination of Care

- Ensures that each patient under their care receives coordination with all parties currently identified as having an active role in their ongoing treatment and/or life and releases of information are completed.
- Communicates on the status of each potential housing recipient with Peer Support Management Team.
- Serves as a patient advocate ensuring that services that the client is connected with are being received.
- Navigates identified services or benefits patients are in need of and assists the individual in accessing these services.
- Implement skills learned during on-the-job training and required competencies related to the program and ensuring that all required documentation is completed prior to the end of shift.
- Protects each patient's confidentiality within the guidelines of established policy and process.
- Adheres to established policy and process for this assignment.
- Other duties as assigned by supervisory and administrative support.

Continuing Care

- Assists the patient in the identification of needs for ongoing recovery, housing, and stabilization in the community.
- Develops and collaborates with an extensive network of Community Based & RBHA resources. A Navigator must know how to access various social/behavioral health community based services that can include but is not limited to food, clothing, supportive services, and Outpatient Crisis Stabilization/Transition Services. This can also include making necessary appointments, assisting with scheduling or arranging SMI and/or GMH evaluations, and Outpatient/Transitional Stabilization services when applicable.
- Consultation and direction from CBI Peer Services & Outreach Management Team.
- The Navigator is responsible for coordination of care with other CBH/SA/SMI Case Manager's on individuals progress with current goals and any new goals or needs of client that arise.
- Implement skills learned during on-the-job training and required competencies related to the program and ensuring that all required documentation is completed prior to the end of shift.
- Adheres to established policy and process for this assignment.
- Other duties as assigned by supervisory and administrative support.

Individual Support

- Provide emotional support to individuals who appear unsure or fearful, through the use of calm reassurances, positive feedback, and sharing of personal recovery as appropriate.

- Incorporate Motivational Interviewing techniques into interactions with individuals in program to empower them to achieve their goals of being housed and being permanently stable in the community.
- Will act as a short term recovery mentor, helping the patient develop and implement self directed recovery plan, sharing experience, providing support, teaching self management techniques, and reassurance.
- Assist the individual in understanding the necessity for continued care and support through the program involvement. Giving referrals when appropriate.
- Implement skills learned during on-the-job training and required competencies related to the program and ensuring that all required documentation is completed prior to the end of shift. .
- Other duties as assigned by supervisory and administrative support

Outreach, Follow-Up, & Re-Engagement.

- Re-engages patient if in need of additional services and coordinates such services with the assistance of the Community Bridges Navigator as directed by Peer Services & Outreach Management Team.
- Conducts outreach on the street and in the community to locate, engage, and build rapport with patients.
- The Navigator will F/U and assist with implementation of the needs identified as directed by the Peer Services & Outreach Assistant Manager.
- Other duties as assigned by supervisory and administrative support.
- Implement skills learned during on-the-job training and required competencies related to the Program and ensuring that all required documentation is completed prior to the end of shift.
- Responsible for completing SPDAT as a case management tool and updating every 30 days.

Transportation & Transfer

- Will provide transportation services to patients staffing with Peer Services & Outreach Management Team.
- Ensuring that documentation is entered accurately and thoroughly in accordance to CBI Policies and Procedures.
- Other duties as assigned by supervisory and administrative support.
- Implement skills learned during on-the-job training and required competencies related to the program and ensuring that all required documentation is completed prior to the end of shift.

Client Care & Safety:.

- Consult the Supervisor prior to requesting a police response to manage an intoxicated/aggressive individual. Police will not be summoned until all non-violent crisis intervention techniques have been exhausted, and only with the approval of the Clinical supervisor.
- Document the specific (who, what, where, when) in Claimtrak, of interactions with intoxicated/aggressive clients of what occurred in the event. Assist in sending Significant Events or Incident Reports when advised by Supervisor.
- Observe universal precautions related to individuals presenting for crisis unit admission.
- Staff all out of the ordinary cases with Peer Services & Outreach Management Team.
- Implement skills learned during on-the-job training and required competencies related to the program and ensuring that all required documentation is completed prior to the end of shift.
- Other duties as assigned by supervisory and administrative support.

Customer Service

- Provide patients and any parties involved in their continuum of care with dignity and respect.
- Provide community stakeholders (police, fire, probation, businesses, clergy, insurance companies, providers, RBHA's, concerned citizens, etc.) are treated with the utmost respect and assisted to the best of our ability in each case. Never saying "no" but always assisting each request within the context of the agency mission and purpose. Is evidenced by not receiving a community complaint or excelling in the area of customer service.
- Implement skills learned during on-the-job training and required competencies related to program and ensuring that

all required documentation is completed prior to the end of shift.

- Other duties as assigned by supervisory and administrative support

Documentation

- Document the specific interactions with patients being detailed and thorough reporting the facts.
- Completing pt enrollments and updating housing milestones in HMIS.
- Correct all deficiencies identified by Medical Records personnel within five days of being notified.
- Document all activities daily in HMIS and Claimtrak when appropriate.
- Complete and deliver all Incident Reports or Significant Events, prior to the conclusion of the shift where the incident occurred, as specified in Community Bridges Policies and Procedures.
- Implement skills learned during on-the-job training and required competencies related to the program and ensuring that all required documentation is completed prior to the end of shift.
- Other duties as assigned by supervisory and administrative support

Skills Necessary to Perform Assigned Tasks and ongoing performance that each individual will be measured against in addition to those noted above:

- **Reading & Comprehension:** Must have the ability to read and comprehend information without difficulty.
- **Documentation:** As evidenced by all work being completed by the end of scheduled shift and in adherence with A.A.C. R9 – 20 – 208, 209, 210, & 211, the ADHS/DBHS Provider Manual, and Community Bridges established documentation standards in process and policy.
- **Typing Skills:** This position requires the specialist to type 30/wpm.
- **Computer Skills:** Familiar with Microsoft systems such as Outlook, Word, and Excel.
- **Linguistic Ability:** Demonstrates the ability to coherently communicate with others.
- **Foreign Language:** Not required for this position but is helpful and is strongly encourage.
- **Analytical:** Demonstrates an ability to synthesize complex information and report it to others in a calm and precise manner.
- **Reasoning Ability:** Ability to apply common sense understanding to carry out instructions furnished in written, oral, or diagram form. Ability to deal with problems involving several concrete variables in standardized situations.
- **Language Skills:** Ability to read and interpret documents such as safety rules, operating and maintenance instructions, and procedure manuals. Ability to write routine reports and correspondence. Ability to speak effectively before groups of costumers or employees of organizations.
- **Interpersonal Relations:** Works well with others and can be depended upon to follow through with task completion, and be available to assist.
- **Chain of Command:** Follows the established chain of command and does not create situations that would call into question the authority of supervisor or impede their ability to manage the facility or program.
- **Ethics:** Adheres to a principle of "Do no Harm" by demonstrating personal integrity in interactions with staff, patients, and public. This is also demonstrated by one's ability to perform assigned duties in a competent manner without the violation of Community Bridges policies/processes, patient and/or employee rights, or violation of State, Federal, or local laws.
- **Agility:** Able to move around quickly and freely in response to crisis situations.
- **Physical Abilities:** Must be able to move and/or lift a minimum of 150lbs. Has the ability to assist patients with self care needs such as bathing and getting up from ground and walking.
- **Quality:** Performs work neatly and completely. All work is completed within the time allowed for task per policy.
- **Customer Service:** Ensures that community stakeholders (police, fire, probation, businesses, clergy, insurance companies, providers, RBHA's, concerned citizens, etc.) are treated with the utmost respect and assisted to the best of our ability in each case. Never saying "no" but always assisting each request within the context of the agency mission and purpose. Is evidenced by not receiving a community complaint or excelling in the area of customer

service.

- **Patient Care:** The extent to which the employee promotes empathy, warmth, understanding, and treats each patient with respect and dignity always keeping in mind their cultural, psychological, medical, social, and humanistic needs.
- **Assessment & Triage:** Assessments are accurate as to the patient's presenting issue while respecting the individual's cultural, psychological, social, and medical status. Assessments are conducted within the timeframe and context identified in policy and process and is appropriate in their use for developing a plan of action for the seamless transition to the next appropriate level of care.
- **Patient Care Planning:** The extent that the designated (treatment, continuing care, health & wellness, discharge) plan developed by the employee is in conjunction with the goals of the patient as well as those areas identified in his or her associated assessment that require attention.
- **Problem Solving:** Identifies and resolves problems in a timely manner; Develops alternative solutions.
- **Judgment:** Displays willingness to make decisions; Exhibits sound and accurate judgment.
- **Motivation:** Sets and achieves challenging goals.
- **Oral Communication:** Speaks clearly and persuasively in positive or negative situations; listens and gets clarification; responds well to questions.
- **Written Communication:** Writes clearly and informatively**.**
- **Quality Management:** Looks for ways to improve and promote quality.
- **Organizational Support:** Follows policies and procedures; Supports organization's goals and values.
- **Organization:** Prioritizes and plans work activities; Uses time efficiently; sets goals and objectives.
- **Professionalism:** Approaches others in a tactful manner; treats others with respect and consideration regardless of their status or position.
- **Safety and Security:** Observes safety and security procedure; Reports potentially unsafe conditions.
- **Quantity:** Meets productivity standards.
- **Adaptability:** Adapts to changes in the work environment; changes approach or method to best fit the situation.
- **Innovation:** Displays original thinking and creativity; meets challenges with resourcefulness; Generates suggestions for improving work.
- **Scope of Practice:** The extent to which the individual remains focused on their professional skill and does not deviate into areas for which they have no training or expertise.
- **Attendance:** Remains alert and awake throughout the entirety of a scheduled shift. Schedules time off or other related absences within the time allotted by Community Bridges Policy and adheres to the policies around absenteeism.

General Requirements, Educational & Work Experience:
Each employee must meet the designated qualifications for their Job per R9-20-204 (Staff Member, Employee Qualifications and Records). Each employee must be at least 21 years of age. The employee must be able to carry out the duties outlined above and have the ability to adapt to change as required or dictated due to the nature of working within a Behavioral Health Service Agency. The employee must have the ability to learn new tasks process, procedures, and applicable computer and clinical skills within the time allotted during their 90-day orientation period. In addition an employee who will be facilitating treatment episodes must also meet the minimum requirements outlined in A.A.C. R9-20-209.B Employees must not be listed in the Excluded Parties List System (EPLS), Office of Inspector General (OIG) or State Sexual Offender Database. Employee listing on these databases will result in immediate termination of employment. Has skills and knowledge necessary to provide behavioral health services that the agency is authorized to provide and meet the unique need of the patient populations served by CBI.

☒ **Recovery** – Must be in currently in recovery from AOD/and or GMH use for a period (equal to or greater than 1 year).
☒ **Valid Arizona Drivers License –** Staff who will be driving company vehicles and/or who will be transporting patients and/or whose position requires driving need to have a valid Arizona Drivers License on file with a current MVD Report.

Ongoing Education and Training Requirements: The employee is responsible to adhere to written policy in regards to continuing education and clinical supervision regardless of professional level or certification. The following are required to be

completed by the Arizona Administrative Code:

- **American Heart Association CPR and First Aid –** Annual renewal for Maricopa County staff. 2 year renewal for rural staff.
- **Handle with Care –** Renewal every 6 months for Maricopa County staff. Annual renewal for rural staff.
- **Cultural Competency –** Live class first year of employment. Annual renewal via Essential Learning.
- **T/RBHA Training Requirements –** Must meet all requirements for training and education courses as prescribed by designated T/RBHA service area within required timelines.
- **Professional Continuing Education –** 24 Hours annually and as outlined in Title 4 Chapter 6 of the Arizona Administrative Code.
- **Additional Professional Continuing Training: -** As outlined in Community Bridges annual agency-wide Training Plan
- **Certified Peer Support Specialist –** All Peer Support Positions must be a Certified Peer Support Specialist via the Community Bridges training program with in 120 days of hire.
- **Clinical Supervision -** 1.0 hour for every 40 hours worked *Independent and Non Independent will develop a clinical supervision plan with their direct and/or clinical supervisor. Must meet the criteria outlined in A.A.C. R4-6-210, 211, and 212 in addition to A.A.C. R-4-6-403, 404, 503, 504, 603, 604, 705, and 706 as applicable to the employee's license.

This job description does not state or imply that these are the only duties to be performed by the employee assigned to this position. Employees will be required to follow any other job-related instructions and to perform any other job-related duties directed by any person authorized to give instructions or assignments.
Employees are required to follow Personnel and Clinical Policy and Procedures. Failure to follow Policy and Procedure could lead to termination of employment.
All duties and responsibilities are essential functions and requirements and are subject to possible modification to reasonably accommodate individuals with disabilities. To perform this job successfully, the incumbent will possess skills, aptitudes, and the abilities to perform each duty proficiently. Some requirements may exclude individuals who pose a direct threat or significant risk to the health or safety of themselves or others. The requirements listed in this document are the minimum levels of knowledge, skills or abilities.
This document does not create an employment contract, implied or otherwise, other than an "at will" relationship.
Upon request, Community Bridges provides reasonable accommodations to qualified individuals with disabilities in order to help them perform the essential functions of their jobs.

Staff Printed Name:	
Staff Signature:	**Date:**
Supervisor of Designee Signature:	**Date:**

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/17/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0181
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Community Bridges, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2880847

	c. Organizational DUNS:	143328099	**PLUS 4**	

d. Address

Street 1: 1855 West Baseline Road, Ste 101

Street 2:

City: Mesa

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85202

e. Organizational Unit (optional)

Department Name: Housing and Community Integration

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Gabriella

Middle Name:

Last Name: Guerra

Suffix:

Title: Deputy Chief Clinical Programs Officer

Organizational Affiliation: Community Bridges, Inc.

Telephone Number: (602) 791-1248

Extension:
Fax Number: (480) 831-7563
Email: gguerra@cbridges.com

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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	CBI PSH 37
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-009
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-003, AZ-007, AZ-008, AZ-006, AZ-009
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: X

21. Authorized Representative

Prefix:	Dr.
First Name:	Frank
Middle Name:	
Last Name:	Scarpati
Suffix:	
Title:	President/Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(480) 831-7566
Fax Number: (Format: 123-456-7890)	(480) 831-7563
Email:	fscarpati@cbridges.com
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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:	Community Bridges, Inc.
Prefix:	Dr.
First Name:	Frank
Middle Name:	
Last Name:	Scarpati
Suffix:	
Title:	President/Chief Executive Officer
Organizational Affiliation:	Community Bridges, Inc.
Telephone Number:	(480) 831-7566
Extension:	
Email:	fscarpati@cbridges.com
City:	Mesa
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85202

2. Employer ID Number (EIN):	94-2880847
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$538,661.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: CBI PSH 37 1855 West Baseline Road, Ste 101 Mesa 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? (For further information, see 24 CFR Sec. 4.3). Yes

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
Community Bridges, Inc. 1855 W Baseline Rd, Ste 101 Mesa, AZ 85202	clinical services	$271,793.00	clinical services & mgmt support
Community Bridges, Inc. 1855 W Baseline Rd, Ste 101 Mesa, AZ 85202	clinical services	201930.0	clinical services & mgmt support
Community Bridges, Inc. 1855 W Baseline Rd, Ste 101 Mesa, AZ 85202	clinical services	$87,803.00	clinical services & mgmt support
Community Bridges, Inc. 1855 W Baseline Rd, Ste 101 Mesa, AZ 85202	clinical services	$46,863.00	clinical services & mgmt support

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 (%)
Kurtz, Karen	XXX-XX-6179	Grant writer	$5,000.00	0%
HOM, Inc.	86-0767336	housing management, HQS inspection, client eligibility	$219,600.00	9%

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: X

Name / Title of Authorized Official: Frank Scarpati, President/Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/01/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Community Bridges, Inc.

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:	Dr.
First Name:	Frank
Middle Name	
Last Name:	Scarpati
Suffix:	
Title:	President/Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(480) 831-7566
Fax Number: (Format: 123-456-7890)	(480) 831-7563
Email:	fscarpati@cbridges.com
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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

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 Bridges, Inc.
Name / Title of Authorized Official:	Frank Scarpati, President/Chief Executive Officer
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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:	Community Bridges, Inc.
Street 1:	1855 West Baseline Road, Ste 101
Street 2:	
City:	Mesa
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85202

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:	Dr.
First Name:	Frank
Middle Name:	
Last Name:	Scarpati
Suffix:	
Title:	President/Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(480) 831-7566
Fax Number: (Format: 123-456-7890)	(480) 831-7563
Email:	fscarpati@cbridges.com
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

This is a fully consolidated application. Neither renewal grant has completed a full grant period.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen. Yes

2. Is this an individual project application or a fully consolidated project application? Fully Consolidated

Renewal Grant Consolidation Table

Project Identification Number PIN	Total Requested Amount	Surviving PIN or Terminating PIN	Operating Start Date	Expiration Date
AZ0181	$351,210	Survivng PIN	10/01/2018	09/30/2019
AZ0195	$187,451	Terminating PIN	10/01/2018	09/30/2019

***The surviving PIN must have the earliest operating start date.**

Renewal Grant Consolidation Summary

Total Number of Grants in Consolidation	2
Total Requested Amount in Consolidation	$538,661

I hereby confirm that I have reviewed the accuracy and submitted all the renewal project applications related to this consolidation request into esnaps. X

Click on "Save & Next" to continue completing the remainder of this project application combining all the project application data for all the

projects listed above into a single fully consolidated project application.

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	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0181
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	CBI PSH 37
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

CBI will provide peer support services for at least 37 chronically homeless adults living in Maricopa County. Based on CBI's experience, the majority will have multiple disabilities. Two certified Peer Support Navigators will provide intensive, targeted intervention based on referrals from the Continuum of Care coordinated entry system including CBI's PATH team, which is an approved coordinated entry access point.

CBI's Homeless Navigators locate and establish relationships with homeless individuals, facilitate their voluntary relocation into housing, assist with locating other services and benefits, and provide the support and advocacy necessary to maintain permanent housing. Once Navigators assist participants with entering housing, they conduct a full SPDAT assessment at move in and at least quarterly. Navigators and participants create a plan to address other non-housing needs to support permanent housing stability. The depth of issues participants present determines the frequency of follow up contact with Navigators.

CBI's navigation program uses the evidence-based practices of Housing First, Harm Reduction, Motivational Interviewing and Assertive Outreach. Housing First places individuals in permanent housing as quickly as possible without making access to housing contingent upon conditions such as sobriety or employment, or their willingness to participate in a predefined set of services. The focus of Housing First is to help the participant comply with the housing lease agreement and provide services and supports necessary for a participant to comply successfully with the lease.

Harm Reduction is an approach to addressing drug and alcohol abuse aimed at reducing the harm associated with substance use. Harm reduction includes a range of outcomes from safe use to managed use to abstinence. Harm reduction incorporates the goals and motivations of the individual and provides services and resources in a non-judgmental, non-coercive way. Motivational interviewing (MI) is a counseling style designed to help individuals explore their motivation and commitment to change. The method assists an individual to recognize their own resourcefulness, understanding and skills to make changes.

Assertive Outreach involves meeting individuals in non-traditional settings essentially going to where they are rather than waiting for them to come to a specific location for services. Assertive outreach is designed to meet people where they are both geographically and emotionally (i.e. meeting their need for connection, reassurance and support).

Taken together, these practices have proven effective in reaching hard to serve adults who are homeless and have substance use, mental health, and chronic health conditions. A connection with a caring human being, not just tangible resources, is necessary to overcome the sense of alienation often present with

people who are chronically homeless.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X

Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section lll.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section lll.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section lll.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	100% Dedicated

4A. Supportive Services for Participants

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	As needed
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	Weekly
Child Care			
Education Services			
Employment Assistance and Job Training		Applicant	Weekly
Food			
Housing Search and Counseling Services		Applicant	As needed
Legal Services		Partner	As needed
Life Skills Training		Applicant	Weekly
Mental Health Services		Applicant	As needed
Outpatient Health Services		Applicant	As needed
Outreach Services		Applicant	Weekly
Substance Abuse Treatment Services		Applicant	As needed
Transportation		Applicant	As needed
Utility Deposits		Applicant	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 37

Total Beds: 37

Total Dedicated CH Beds: 37

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	37	37

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: 37

b. Beds: 37

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 37

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. 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: 2770 East Van Buren

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85008

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

049013 Maricopa County

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households		37		37

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		32		32
Adults ages 18-24		5		5
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	37	0	37

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										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

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	32			16		16				
Adults ages 18-24	5			3		2				
Total Persons	37	0	0	19	0	18	0	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	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

70%	**Directly from the street or other locations not meant for human habitation.**
30%	**Directly from emergency shelters.**
	Directly from safe havens.
	Persons fleeing domestic violence.
100%	**Total of above percentages**

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	
HMIS	

6C. 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:			$336,108
Total Units:			37
Type of Rental Assistance	**FMR Area**	**Total Units Requested**	**Total Request**
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	37	$336,108

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$468	$468	x	12		=	$0
0 Bedroom		x	$624	$624	x	12		=	$0
1 Bedroom	37	x	$757	$757	x	12		=	$336,108
2 Bedrooms		x	$944	$944	x	12		=	$0
3 Bedrooms		x	$1,374	$1,374	x	12		=	$0
4 Bedrooms		x	$1,594	$1,594	x	12		=	$0
5 Bedrooms		x	$1,833	$1,833	x	12		=	$0
6 Bedrooms		x	$2,072	$2,072	x	12		=	$0
7 Bedrooms		x	$2,311	$2,311	x	12		=	$0
8 Bedrooms		x	$2,550	$2,550	x	12		=	$0
9 Bedrooms		x	$2,790	$2,790	x	12		=	$0
Total Units and Annual Assistance Requested	37								$336,108
Grant Term									1 Year
Total Request for Grant Term									$336,108

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$0
Total Value of In-Kind Commitments:	$134,665
Total Value of All Commitments:	$134,665

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	CBI Clinical serv...	03/01/2019	$134,665

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: (Be as specific as possible and include the office or grant program as applicable)	CBI Clinical services and management support
5. Date of Written Commitment:	03/01/2019
6. Value of Written Commitment:	$134,665

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$336,108
3. Supportive Services	$202,553
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$538,661
7. Admin (Up to 10%)	
8. Total Assistance plus Admin Requested	$538,661
9. Cash Match	$0
10. In-Kind Match	$134,665
11. Total Match	$134,665
12. Total Budget	$673,326

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	CBI 501c3 Letter ...	08/01/2018
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: CBI 501c3 Letter 031114

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Frank Scarpati

Date: 08/17/2018

Title: President/Chief Executive Officer

Applicant Organization: Community Bridges, Inc.

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	X
Part 4 - Housing Services and HMIS	
4A. Services	X
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	X
6C. Rental Assistance	X

6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Consolidated application - submit without changes was not an option.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/01/2018
1B. SF-424 Legal Applicant	No Input Required

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/01/2018
1E. SF-424 Compliance	08/01/2018
1F. SF-424 Declaration	08/01/2018
1G. HUD-2880	08/01/2018
1H. HUD-50070	08/01/2018
1I. Cert. Lobbying	08/01/2018
1J. SF-LLL	08/01/2018
Recipient Performance	08/01/2018
Renewal Grant Consolidation	08/01/2018
2A. Subrecipients	No Input Required
3A. Project Detail	08/01/2018
3B. Description	08/17/2018
3C. Dedicated Plus	08/17/2018
4A. Services	08/01/2018
4B. Housing Type	08/01/2018
5A. Households	08/01/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/01/2018
6A. Funding Request	08/01/2018
6C. Rental Assistance	08/01/2018
6D. Match	08/01/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/01/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	08/01/2018
Submission Without Changes	08/01/2018

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248205661
Mar. 11, 2014 LTR 4168C 0
94-2880847 000000 00
00019262
BODC: TE

COMMUNITY BRIDGES INC
1855 W BASELINE RD STE 101
MESA AZ 85202

014273

Employer Identification Number: 94-2880847
Person to Contact: Ms. Johnson
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Feb. 28, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in July 1983.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248205661
Mar. 11, 2014 LTR 4168C 0
94-2880847 000000 00
00019263

COMMUNITY BRIDGES INC
1855 W BASELINE RD STE 101
MESA AZ 85202

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Susan M. O'Neill

Susan M. O'Neill, Department Mgr.
Accounts Management Operations

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

014273.422730.48383.4404 1 AB 0.406 530

COMMUNITY BRIDGES INC
1855 W BASELINE RD STE 101
MESA AZ 85202

014273

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT, EVEN IF YOU ALSO HAVE AN INQUIRY.

The IRS address must appear in the window.

0248205661

BODCD-TE

Use for payments

Letter Number	:	LTR4168C
Letter Date	:	2014-03-11
Tax Period	:	000000

942880847

COMMUNITY BRIDGES INC
1855 W BASELINE RD STE 101
MESA AZ 85202

INTERNAL REVENUE SERVICE
P.O. Box 2508
Cincinnati OH 45201

942880847 CR COMM 00 2 000000 670 00000000000

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/17/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0182
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Community Bridges, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2880847

	c. Organizational DUNS:	143328099	**PLUS 4**	

d. Address

Street 1: 1855 West Baseline Road, Ste 101

Street 2:

City: Mesa

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85202

e. Organizational Unit (optional)

Department Name: Housing and Community Integration

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Gabriella

Middle Name:

Last Name: Guerra

Suffix:

Title: Deputy Chief Clinical Programs Officer

Organizational Affiliation: Community Bridges, Inc.

Telephone Number: (602) 791-1248

Extension:
Fax Number: (480) 831-7563
Email: gguerra@cbridges.com

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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	CBI PSH 54
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-009
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-003, AZ-007, AZ-008, AZ-009, AZ-006
17. Proposed Project	
a. Start Date:	06/01/2019
b. End Date:	05/31/2020
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: X

21. Authorized Representative

Prefix:	Dr.
First Name:	Frank
Middle Name:	
Last Name:	Scarpati
Suffix:	
Title:	President/Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(480) 831-7566
Fax Number: (Format: 123-456-7890)	(480) 831-7563
Email:	fscarpati@cbridges.com
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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:	Community Bridges, Inc.
Prefix:	Dr.
First Name:	Frank
Middle Name:	
Last Name:	Scarpati
Suffix:	
Title:	President/Chief Executive Officer
Organizational Affiliation:	Community Bridges, Inc.
Telephone Number:	(480) 831-7566
Extension:	
Email:	fscarpati@cbridges.com
City:	Mesa
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85202

2. Employer ID Number (EIN):	94-2880847
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$807,715.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: CBI PSH 54 1855 West Baseline Road, Ste 101 Mesa 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? (For further information, see 24 CFR Sec. 4.3). Yes

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
Community Bridges, Inc. 1855 W Baseline Rd, Ste 101 Mesa, AZ 85202	clinical services	$271,793.00	clinical services & mgmt support
Community Bridges, Inc. 1855 W Baseline Rd, Ste 101 Mesa, AZ 85202	clinical services	201930.0	clinical services & mgmt support
Community Bridges, Inc. 1855 W Baseline Rd, Ste 101 Mesa, AZ 85202	clinical services	$87,803.00	clinical services & mgmt support
Community Bridges, Inc. 1855 W Baseline Rd, Ste 101 Mesa, AZ 85202	clinical services	$46,863.00	clinical services & mgmt support

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 (%)
Kurtz, Karen	XXX-XX-6179	Grant writer	$5,000.00	0%
HOM, Inc.	86-0767336	housing management, HQS inspection, client eligibility	$219,600.00	9%

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: X

Name / Title of Authorized Official: Frank Scarpati, President/Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/31/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Community Bridges, Inc.

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:	Dr.
First Name:	Frank
Middle Name	
Last Name:	Scarpati
Suffix:	
Title:	President/Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(480) 831-7566
Fax Number: (Format: 123-456-7890)	(480) 831-7563
Email:	fscarpati@cbridges.com
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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

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 Bridges, Inc.

Name / Title of Authorized Official: Frank Scarpati, President/Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/17/2018

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:	Community Bridges, Inc.
Street 1:	1855 West Baseline Road, Ste 101
Street 2:	
City:	Mesa
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85202

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:	Dr.
First Name:	Frank
Middle Name:	
Last Name:	Scarpati
Suffix:	
Title:	President/Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(480) 831-7566
Fax Number: (Format: 123-456-7890)	(480) 831-7563
Email:	fscarpati@cbridges.com
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

The contract for this project (AZ0182) was executed on June 28, 2017. The project began on July 1, 2017 and will not complete a full grant term until June 30, 2018. However, the contract start date was recorded as June 1, 2017, so the first APR will be due on August 29, 2018.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

Organization	Type	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0182
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	CBI PSH 54
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

CBI will provide peer support services for up to 54 chronically homeless individuals living in Maricopa County. The majority of the chronically homeless adults served have three reported disabilities. Four certified Peer Support Navigators will provide intensive, targeted intervention to chronically homeless participants based on referrals from the Continuum of Care coordinated assessment process and CBI's PATH team.

CBI's Homeless Navigators locate and establish relationships with chronically homeless individuals, facilitate their voluntary relocation into housing, assist with locating other services and benefits, and provide the support and advocacy necessary to help individuals maintain a stable, permanent living arrangement once in housing. Once Navigators assist participants with entering housing, they conduct a full SPDAT assessment at move in and at least quarterly. Navigators and participants create a plan to address other non-housing needs to support permanent housing stability. The depth of issues participants present determines the frequency of follow up contact with Navigators.

CBI's programs use the evidence-based practices of Housing First, Harm Reduction, Motivational Interviewing and Assertive Outreach. Housing First places individuals in permanent housing as quickly as possible without making access to housing contingent upon conditions such as sobriety or employment, or their willingness to participate in a predefined set of services. The focus of Housing First is to help the participant comply with the housing lease agreement and provide services and supports necessary for a participant to comply successfully with the lease.

Harm Reduction is an approach to addressing drug and alcohol abuse aimed at reducing the harm associated with substance use. Harm reduction includes a range of outcomes from safe use to managed use to abstinence. Harm reduction incorporates the goals and motivations of the individual and provides services and resources in a non-judgmental, non-coercive way. Motivational interviewing (MI) is a counseling style designed to help individuals explore their motivation and commitment to change. The method assists an individual to recognize their own resourcefulness, understanding and skills to make changes.

Assertive Outreach involves meeting individuals in non-traditional settings essentially going to where they are rather than waiting for them to come to a specific location for services. Assertive outreach is designed to meet people where they are both geographically and emotionally (i.e. meeting their need for connection, reassurance and support).

Taken together, these practices have proven effective in reaching hard to serve adults who are homeless and have substance use, mental health, and chronic health conditions. A connection with a caring human being, not just tangible resources, is necessary to overcome the sense of alienation often present with

people who are chronically homeless.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X

Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section lll.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section lll.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section lll.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	100% Dedicated

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	As needed
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	Weekly
Child Care			
Education Services			
Employment Assistance and Job Training		Applicant	Weekly
Food			
Housing Search and Counseling Services		Applicant	As needed
Legal Services		Partner	As needed
Life Skills Training		Applicant	Weekly
Mental Health Services		Applicant	As needed
Outpatient Health Services		Applicant	As needed
Outreach Services		Applicant	Weekly
Substance Abuse Treatment Services		Applicant	As needed
Transportation		Applicant	As needed
Utility Deposits		Applicant	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 54

Total Beds: 54

Total Dedicated CH Beds: 54

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	54	54

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: 54

b. Beds: 54

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 54

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. 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: 2770 East Van Buren

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85008

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

040270 Mesa, 040330 Phoenix, 049013 Maricopa County

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	0	54	0	54

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	0	50		50
Adults ages 18-24	0	4		4
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	54	0	54

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										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

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	50			25		25				
Adults ages 18-24	4			2		2				
Total Persons	54	0	0	27	0	27	0	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	0

5C. Outreach for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Enter the percentage of project participants that will be coming from each of the following locations.

70%	**Directly from the street or other locations not meant for human habitation.**
30%	**Directly from emergency shelters.**
	Directly from safe havens.
	Persons fleeing domestic violence.
100%	**Total of above percentages**

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	
HMIS	

6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Request for Grant Term:			$490,536
Total Units:			54
Type of Rental Assistance	**FMR Area**	**Total Units Requested**	**Total Request**
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	54	$490,536

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$468	$468	x			=	$0
0 Bedroom		x	$624	$624	x			=	$0
1 Bedroom	54	x	$757	$757	x			=	$490,536
2 Bedrooms		x	$944	$944	x			=	$0
3 Bedrooms		x	$1,374	$1,374	x			=	$0
4 Bedrooms		x	$1,594	$1,594	x			=	$0
5 Bedrooms		x	$1,833	$1,833	x			=	$0
6 Bedrooms		x	$2,072	$2,072	x			=	$0
7 Bedrooms		x	$2,311	$2,311	x			=	$0
8 Bedrooms		x	$2,550	$2,550	x			=	$0
9 Bedrooms		x	$2,790	$2,790	x			=	$0
Total Units and Annual Assistance Requested	54								$490,536
Grant Term									1 Year
Total Request for Grant Term									$490,536

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$0
Total Value of In-Kind Commitments:	$201,930
Total Value of All Commitments:	$201,930

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	Private	CBI Clinical serv...	03/01/2019	$201,930

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	CBI Clinical services and management support
5. Date of Written Commitment:	03/01/2019
6. Value of Written Commitment:	$201,930

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$490,536
3. Supportive Services	$317,179
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$807,715
7. Admin (Up to 10%)	$0
8. Total Assistance plus Admin Requested	$807,715
9. Cash Match	$0
10. In-Kind Match	$201,930
11. Total Match	$201,930
12. Total Budget	$1,009,645

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	CBI 2014 Navigato...	08/23/2017
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: CBI 2014 Navigator II Job Description

Attachment Details

Document Description: CBI PSH 54 Match Ltr 08 22 17

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Frank Scarpati

Date: 08/17/2018

Title: President/Chief Executive Officer

Applicant Organization: Community Bridges, Inc.

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	☐
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	X
5C. Outreach	☐
Part 6 - Budget Information	
6A. Funding Request	☐
6C. Rental Assistance	☐

6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

3C "Any other activity not covered in lease agreement ..." should be checked.
3D. Does project follow Housing First approach should be marked yes.
5B. The adults served have multiple characteristics; however CBI cannot predict which characteristics participants will have. The majority of the chronically homeless adults served report three disabilities.
6D. Match Amount change to $201,930
6E. Match Amount change to $201,930. Updated match letter will be submitted before contract executed.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/31/2018
1B. SF-424 Legal Applicant	No Input Required

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	07/31/2018
1E. SF-424 Compliance	07/31/2018
1F. SF-424 Declaration	07/31/2018
1G. HUD-2880	07/31/2018
1H. HUD-50070	07/31/2018
1I. Cert. Lobbying	07/31/2018
1J. SF-LLL	07/31/2018
Recipient Performance	07/31/2018
Renewal Grant Consolidation	07/31/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/31/2018
3B. Description	08/17/2018
3C. Dedicated Plus	07/31/2018
4A. Services	07/31/2018
4B. Housing Type	07/31/2018
5A. Households	07/31/2018
5B. Subpopulations	No Input Required
5C. Outreach	07/31/2018
6A. Funding Request	07/31/2018
6C. Rental Assistance	07/31/2018
6D. Match	08/17/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/31/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	07/31/2018
Submission Without Changes	08/17/2018

Navigator II
Job Description

Job Title: Housing Navigator	**FLSA Status:** ☐ Exempt ☒ Non-Exempt	**Position Type:** ☒Full-time ☐Part-time
Department: Clinical	**Location:** ☐Administration ☐Arizona Bridge to Recovery ☐ Avondale ☐Benson SRU ☐Benson Desert Sunrise ☐Casa Grande ☐CCARC ☐CFE ☐Clinical Operations ☐EVARC ☐East Valley Access Point ☐East Valley Transition Point ☐Glendale ☐Globe ☐Holbrook ☐Journey ☐MOS ☐Payson ☐West Valley Access Point ☐West Valley Transition Point ☐ Winslow ☐ Winslow OP ☐ Yuma ☐ All Maricopa County ☐ All Sites/Statewide (Check all that apply)	

Minimum Level/Grade:

☐**Independently Licensed Professional** – Has been licensed at the independent with The Arizona Board of Behavioral Health Examiners as Psychiatrist, Behavioral health Medical practitioner, Psychologist, Social worker, Counselor, Marriage and family therapist, Substance abuse counselor or Registered nurse. At least one year of full-time behavioral Health work experience.

☐**Masters Degree or Associate Licensed Professional** – Has as Masters degree in field related ot behavioral health and/or has been licensed at the associate level with The Arizona Board of Behavioral Health Examiners as Psychiatrist, Behavioral health Medical practitioner, Psychologist, Social worker, Counselor, Marriage and family therapist, Substance abuse counselor or Registered nurse. At least one year of full-time behavioral Health work experience.

☒**Credentialed Behavioral Health Technician (CBHT**) – Has a master's degree or bachelor's degree in a field related to behavioral health, is a registered nurse, is a physician assistant who is not working as a medical practitioner, has a bachelor's degree and at least one year of full-time behavioral health work experience; has an associate's degree and at least two years of full-time behavioral health work experience, has a verified general equivalency diploma (GED) or high school diploma ***with a minimum of 2 years*** of mixed behavioral and physical health work experience ***and/or 2 years of substance abuse/mental health recovery oriented service***. Recovery oriented service experience will be verified whenever possible however respect must be paid to confidential aspects of different community resources who are based in anonymity. Must also have completed **160 hours** of behavioral health, substance abuse or physical health training post high school education or via continuing education units through on-line learning management systems, college courses or conferences and seminars.

(Credit applied from online learning must be accrued while employed by CBI)

☐**Paraprofessional** – Has a Minimum of a high school diploma or GED. Six weeks of behavioral health work experience or receives six weeks of continuous onsite direction from a behavioral health professional, a behavioral health technician, or a behavioral health paraprofessional who has at least six months of behavioral health work experience.

☐ **Nurse** - Currently licensed without restriction with the Arizona Board of Nursing as a Licensed Practical Nurse (LPN) or Registered Nurse according to A.R.S. Title 32, Chapter 15.

☐ **Emergency Medical Technician (EMT)** Certification; <u>within the State of Arizona.</u>

☐ Certified Nursing Assistant (CNA)

(See General Requirements, Educational & Work Experience)

Administrative Supervisor: Peer Services & Outreach Management Team	**Clinical Supervisor:** Peer Services & Outreach Management Team

General Description: A Navigator II is an individual who is in recovery from AOD use and/or GMH for an appropriate period of time (greater than or equal to 1 year) and has at least 6 months experience as a Navigator or Supportive Housing Peer Support Specialist. The Navigator's primary role is working with individuals who are homeless and in of housing and support services. The Navigator serves as the bridge for the patient, in coordinating and monitoring RHBA and Non-RBHA community based services and facilitates delivery of these services by supporting the individual. The Navigator will work with individuals who have been determined as the most vulnerable homeless according to the coordinated assessment tool

VISPDAT/SPDAT and will be responsible for conducting outreach, engagement, case management, and ongoing wrap around supportive services. The Navigator will also map out the most appropriate next steps for the individual who may need assistance in accessing various services after or before the individual has been housed. The Housing Navigator works in conjunction as part of a multi-disciplinary team made up of other Community Agencies and stakeholders, and CBI Peer Services & Outreach Management Team. Navigator will document and track required patient interactions according to the Arizona Administrative Code (AAC), Arizona Department of Health Services/Department of Behavioral Health Services (ADHS/DBHS) Provider Manual, Commission on Accreditation of Rehabilitation Facilities (CARF), Community Bridges Polices and Procedures, and specific for the program. The Navigator will also carry out other duties assigned by immediate supervisor and/or clinical supervisor.

Each area below is defined by specific function as it relates to policy, process, and the governing rules set forth by the Department of Behavioral Health Services (DBHS), Regional Behavioral Health Authority (RBHA), Office of Behavioral Health Licensure (OBHL), and the Code of Federal Regulations. Each employee will be held accountable and responsible for fulfilling each of these duties as well as having the capability to carry them out.

Specific Functions & Duties: Each discipline is governed by specific policy and process. It is the responsibility of the employee to read, and learn the associated policy and processes as they will be held responsible for carrying out their duties in a competent and ethical manner.

Coordination of Care

- Ensures that each patient under their care receives coordination with all parties currently identified as having an active role in their ongoing treatment and/or life and releases of information are completed.
- Communicates on the status of each potential housing recipient with Peer Support Management Team.
- Serves as a patient advocate ensuring that services that the client is connected with are being received.
- Navigates identified services or benefits patients are in need of and assists the individual in accessing these services.
- Implement skills learned during on-the-job training and required competencies related to the program and ensuring that all required documentation is completed prior to the end of shift.
- Protects each patient's confidentiality within the guidelines of established policy and process.
- Adheres to established policy and process for this assignment.
- Other duties as assigned by supervisory and administrative support.

Continuing Care

- Assists the patient in the identification of needs for ongoing recovery, housing, and stabilization in the community.
- Develops and collaborates with an extensive network of Community Based & RBHA resources. A Navigator must know how to access various social/behavioral health community based services that can include but is not limited to food, clothing, supportive services, and Outpatient Crisis Stabilization/Transition Services. This can also include making necessary appointments, assisting with scheduling or arranging SMI and/or GMH evaluations, and Outpatient/Transitional Stabilization services when applicable.
- Consultation and direction from CBI Peer Services & Outreach Management Team.
- The Navigator is responsible for coordination of care with other CBH/SA/SMI Case Manager's on individuals progress with current goals and any new goals or needs of client that arise.
- Implement skills learned during on-the-job training and required competencies related to the program and ensuring that all required documentation is completed prior to the end of shift.
- Adheres to established policy and process for this assignment.
- Other duties as assigned by supervisory and administrative support.

Individual Support

- Provide emotional support to individuals who appear unsure or fearful, through the use of calm reassurances, positive feedback, and sharing of personal recovery as appropriate.

- Incorporate Motivational Interviewing techniques into interactions with individuals in program to empower them to achieve their goals of being housed and being permanently stable in the community.
- Will act as a short term recovery mentor, helping the patient develop and implement self directed recovery plan, sharing experience, providing support, teaching self management techniques, and reassurance.
- Assist the individual in understanding the necessity for continued care and support through the program involvement. Giving referrals when appropriate.
- Implement skills learned during on-the-job training and required competencies related to the program and ensuring that all required documentation is completed prior to the end of shift. .
- Other duties as assigned by supervisory and administrative support

Outreach, Follow-Up, & Re-Engagement.

- Re-engages patient if in need of additional services and coordinates such services with the assistance of the Community Bridges Navigator as directed by Peer Services & Outreach Management Team.
- Conducts outreach on the street and in the community to locate, engage, and build rapport with patients.
- The Navigator will F/U and assist with implementation of the needs identified as directed by the Peer Services & Outreach Assistant Manager.
- Other duties as assigned by supervisory and administrative support.
- Implement skills learned during on-the-job training and required competencies related to the Program and ensuring that all required documentation is completed prior to the end of shift.
- Responsible for completing SPDAT as a case management tool and updating every 30 days.

Transportation & Transfer

- Will provide transportation services to patients staffing with Peer Services & Outreach Management Team.
- Ensuring that documentation is entered accurately and thoroughly in accordance to CBI Policies and Procedures.
- Other duties as assigned by supervisory and administrative support.
- Implement skills learned during on-the-job training and required competencies related to the program and ensuring that all required documentation is completed prior to the end of shift.

Client Care & Safety:.

- Consult the Supervisor prior to requesting a police response to manage an intoxicated/aggressive individual. Police will not be summoned until all non-violent crisis intervention techniques have been exhausted, and only with the approval of the Clinical supervisor.
- Document the specific (who, what, where, when) in Claimtrak, of interactions with intoxicated/aggressive clients of what occurred in the event. Assist in sending Significant Events or Incident Reports when advised by Supervisor.
- Observe universal precautions related to individuals presenting for crisis unit admission.
- Staff all out of the ordinary cases with Peer Services & Outreach Management Team.
- Implement skills learned during on-the-job training and required competencies related to the program and ensuring that all required documentation is completed prior to the end of shift.
- Other duties as assigned by supervisory and administrative support.

Customer Service

- Provide patients and any parties involved in their continuum of care with dignity and respect.
- Provide community stakeholders (police, fire, probation, businesses, clergy, insurance companies, providers, RBHA's, concerned citizens, etc.) are treated with the utmost respect and assisted to the best of our ability in each case. Never saying "no" but always assisting each request within the context of the agency mission and purpose. Is evidenced by not receiving a community complaint or excelling in the area of customer service.
- Implement skills learned during on-the-job training and required competencies related to program and ensuring that

all required documentation is completed prior to the end of shift.

- Other duties as assigned by supervisory and administrative support

Documentation

- Document the specific interactions with patients being detailed and thorough reporting the facts.
- Completing pt enrollments and updating housing milestones in HMIS.
- Correct all deficiencies identified by Medical Records personnel within five days of being notified.
- Document all activities daily in HMIS and Claimtrak when appropriate.
- Complete and deliver all Incident Reports or Significant Events, prior to the conclusion of the shift where the incident occurred, as specified in Community Bridges Policies and Procedures.
- Implement skills learned during on-the-job training and required competencies related to the program and ensuring that all required documentation is completed prior to the end of shift.
- Other duties as assigned by supervisory and administrative support

Skills Necessary to Perform Assigned Tasks and ongoing performance that each individual will be measured against in addition to those noted above:

- **Reading & Comprehension:** Must have the ability to read and comprehend information without difficulty.
- **Documentation:** As evidenced by all work being completed by the end of scheduled shift and in adherence with A.A.C. R9 – 20 – 208, 209, 210, & 211, the ADHS/DBHS Provider Manual, and Community Bridges established documentation standards in process and policy.
- **Typing Skills:** This position requires the specialist to type 30/wpm.
- **Computer Skills:** Familiar with Microsoft systems such as Outlook, Word, and Excel.
- **Linguistic Ability:** Demonstrates the ability to coherently communicate with others.
- **Foreign Language:** Not required for this position but is helpful and is strongly encourage.
- **Analytical:** Demonstrates an ability to synthesize complex information and report it to others in a calm and precise manner.
- **Reasoning Ability:** Ability to apply common sense understanding to carry out instructions furnished in written, oral, or diagram form. Ability to deal with problems involving several concrete variables in standardized situations.
- **Language Skills:** Ability to read and interpret documents such as safety rules, operating and maintenance instructions, and procedure manuals. Ability to write routine reports and correspondence. Ability to speak effectively before groups of costumers or employees of organizations.
- **Interpersonal Relations:** Works well with others and can be depended upon to follow through with task completion, and be available to assist.
- **Chain of Command:** Follows the established chain of command and does not create situations that would call into question the authority of supervisor or impede their ability to manage the facility or program.
- **Ethics:** Adheres to a principle of "Do no Harm" by demonstrating personal integrity in interactions with staff, patients, and public. This is also demonstrated by one's ability to perform assigned duties in a competent manner without the violation of Community Bridges policies/processes, patient and/or employee rights, or violation of State, Federal, or local laws.
- **Agility:** Able to move around quickly and freely in response to crisis situations.
- **Physical Abilities:** Must be able to move and/or lift a minimum of 150lbs. Has the ability to assist patients with self care needs such as bathing and getting up from ground and walking.
- **Quality:** Performs work neatly and completely. All work is completed within the time allowed for task per policy.
- **Customer Service:** Ensures that community stakeholders (police, fire, probation, businesses, clergy, insurance companies, providers, RBHA's, concerned citizens, etc.) are treated with the utmost respect and assisted to the best of our ability in each case. Never saying "no" but always assisting each request within the context of the agency mission and purpose. Is evidenced by not receiving a community complaint or excelling in the area of customer

service.

- **Patient Care:** The extent to which the employee promotes empathy, warmth, understanding, and treats each patient with respect and dignity always keeping in mind their cultural, psychological, medical, social, and humanistic needs.
- **Assessment & Triage:** Assessments are accurate as to the patient's presenting issue while respecting the individual's cultural, psychological, social, and medical status. Assessments are conducted within the timeframe and context identified in policy and process and is appropriate in their use for developing a plan of action for the seamless transition to the next appropriate level of care.
- **Patient Care Planning:** The extent that the designated (treatment, continuing care, health & wellness, discharge) plan developed by the employee is in conjunction with the goals of the patient as well as those areas identified in his or her associated assessment that require attention.
- **Problem Solving:** Identifies and resolves problems in a timely manner; Develops alternative solutions.
- **Judgment:** Displays willingness to make decisions; Exhibits sound and accurate judgment.
- **Motivation:** Sets and achieves challenging goals.
- **Oral Communication:** Speaks clearly and persuasively in positive or negative situations; listens and gets clarification; responds well to questions.
- **Written Communication:** Writes clearly and informatively**.**
- **Quality Management:** Looks for ways to improve and promote quality.
- **Organizational Support:** Follows policies and procedures; Supports organization's goals and values.
- **Organization:** Prioritizes and plans work activities; Uses time efficiently; sets goals and objectives.
- **Professionalism:** Approaches others in a tactful manner; treats others with respect and consideration regardless of their status or position.
- **Safety and Security:** Observes safety and security procedure; Reports potentially unsafe conditions.
- **Quantity:** Meets productivity standards.
- **Adaptability:** Adapts to changes in the work environment; changes approach or method to best fit the situation.
- **Innovation:** Displays original thinking and creativity; meets challenges with resourcefulness; Generates suggestions for improving work.
- **Scope of Practice:** The extent to which the individual remains focused on their professional skill and does not deviate into areas for which they have no training or expertise.
- **Attendance:** Remains alert and awake throughout the entirety of a scheduled shift. Schedules time off or other related absences within the time allotted by Community Bridges Policy and adheres to the policies around absenteeism.

General Requirements, Educational & Work Experience:
Each employee must meet the designated qualifications for their Job per R9-20-204 (Staff Member, Employee Qualifications and Records). Each employee must be at least 21 years of age. The employee must be able to carry out the duties outlined above and have the ability to adapt to change as required or dictated due to the nature of working within a Behavioral Health Service Agency. The employee must have the ability to learn new tasks process, procedures, and applicable computer and clinical skills within the time allotted during their 90-day orientation period. In addition an employee who will be facilitating treatment episodes must also meet the minimum requirements outlined in A.A.C. R9-20-209.B Employees must not be listed in the Excluded Parties List System (EPLS), Office of Inspector General (OIG) or State Sexual Offender Database. Employee listing on these databases will result in immediate termination of employment. Has skills and knowledge necessary to provide behavioral health services that the agency is authorized to provide and meet the unique need of the patient populations served by CBI.

☒ **Recovery** – Must be in currently in recovery from AOD/and or GMH use for a period (equal to or greater than 1 year).
☒ **Valid Arizona Drivers License –** Staff who will be driving company vehicles and/or who will be transporting patients and/or whose position requires driving need to have a valid Arizona Drivers License on file with a current MVD Report.

Ongoing Education and Training Requirements: The employee is responsible to adhere to written policy in regards to continuing education and clinical supervision regardless of professional level or certification. The following are required to be

completed by the Arizona Administrative Code:

- **American Heart Association CPR and First Aid –** Annual renewal for Maricopa County staff. 2 year renewal for rural staff.
- **Handle with Care –** Renewal every 6 months for Maricopa County staff. Annual renewal for rural staff.
- **Cultural Competency –** Live class first year of employment. Annual renewal via Essential Learning.
- **T/RBHA Training Requirements –** Must meet all requirements for training and education courses as prescribed by designated T/RBHA service area within required timelines.
- **Professional Continuing Education –** 24 Hours annually and as outlined in Title 4 Chapter 6 of the Arizona Administrative Code.
- **Additional Professional Continuing Training: -** As outlined in Community Bridges annual agency-wide Training Plan
- **Certified Peer Support Specialist –** All Peer Support Positions must be a Certified Peer Support Specialist via the Community Bridges training program with in 120 days of hire.
- **Clinical Supervision -** 1.0 hour for every 40 hours worked *Independent and Non Independent will develop a clinical supervision plan with their direct and/or clinical supervisor. Must meet the criteria outlined in A.A.C. R4-6-210, 211, and 212 in addition to A.A.C. R-4-6-403, 404, 503, 504, 603, 604, 705, and 706 as applicable to the employee's license.

This job description does not state or imply that these are the only duties to be performed by the employee assigned to this position. Employees will be required to follow any other job-related instructions and to perform any other job-related duties directed by any person authorized to give instructions or assignments.
Employees are required to follow Personnel and Clinical Policy and Procedures. Failure to follow Policy and Procedure could lead to termination of employment.
All duties and responsibilities are essential functions and requirements and are subject to possible modification to reasonably accommodate individuals with disabilities. To perform this job successfully, the incumbent will possess skills, aptitudes, and the abilities to perform each duty proficiently. Some requirements may exclude individuals who pose a direct threat or significant risk to the health or safety of themselves or others. The requirements listed in this document are the minimum levels of knowledge, skills or abilities.
This document does not create an employment contract, implied or otherwise, other than an "at will" relationship.
Upon request, Community Bridges provides reasonable accommodations to qualified individuals with disabilities in order to help them perform the essential functions of their jobs.

Staff Printed Name:	
Staff Signature:	**Date:**
Supervisor of Designee Signature:	**Date:**

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/17/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0171
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Community Bridges, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2880847

	c. Organizational DUNS:	143328099	**PLUS 4**	

d. Address

Street 1: 1855 West Baseline Road, Ste 101

Street 2:

City: Mesa

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85202

e. Organizational Unit (optional)

Department Name: Housing and Community Integration

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Gabriella

Middle Name:

Last Name: Guerra

Suffix:

Title: Deputy Chief Clinical Programs Officer

Organizational Affiliation: Community Bridges, Inc.

Telephone Number: (602) 791-1248

Extension:
Fax Number: (480) 831-7563
Email: gguerra@cbridges.com

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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	CBI PSH 75
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-009
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-003, AZ-007, AZ-008, AZ-009, AZ-006
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: X

21. Authorized Representative

Prefix:	Dr.
First Name:	Frank
Middle Name:	
Last Name:	Scarpati
Suffix:	
Title:	President/Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(480) 831-7566
Fax Number: (Format: 123-456-7890)	(480) 831-7563
Email:	fscarpati@cbridges.com
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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:	Community Bridges, Inc.
Prefix:	Dr.
First Name:	Frank
Middle Name:	
Last Name:	Scarpati
Suffix:	
Title:	President/Chief Executive Officer
Organizational Affiliation:	Community Bridges, Inc.
Telephone Number:	(480) 831-7566
Extension:	
Email:	fscarpati@cbridges.com
City:	Mesa
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85202

2. Employer ID Number (EIN):	94-2880847
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$1,087,171.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: CBI PSH 75 1855 West Baseline Road, Ste 101 Mesa 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? (For further information, see 24 CFR Sec. 4.3). Yes

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
Community Bridges, Inc. 1855 W Baseline Rd, Ste 101 Mesa, AZ 85202	clinical services	$271,793.00	clinical services & mgmt support
Community Bridges, Inc. 1855 W Baseline Rd, Ste 101 Mesa, AZ 85202	clinical services	201930.0	clinical services & mgmt support
Community Bridges, Inc. 1855 W Baseline Rd, Ste 101 Mesa, AZ 85202	clinical services	$87,803.00	clinical services & mgmt support
Community Bridges, Inc. 1855 W Baseline Rd, Ste 101 Mesa, AZ 85202	clinical services	$46,863.00	clinical services & mgmt support

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 (%)
Kurtz, Karen	XXX-XX-6179	Grant writer	$5,000.00	0%
HOM, Inc.	86-0767336	housing management, HQS inspection, client eligibility	$219,600.00	9%

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: X

Name / Title of Authorized Official: Frank Scarpati, President/Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/31/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Community Bridges, Inc.

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:	Dr.
First Name:	Frank
Middle Name	
Last Name:	Scarpati
Suffix:	
Title:	President/Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(480) 831-7566
Fax Number: (Format: 123-456-7890)	(480) 831-7563
Email:	fscarpati@cbridges.com
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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

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 Bridges, Inc.

Name / Title of Authorized Official: Frank Scarpati, President/Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/17/2018

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:	Community Bridges, Inc.
Street 1:	1855 West Baseline Road, Ste 101
Street 2:	
City:	Mesa
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85202

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:	Dr.
First Name:	Frank
Middle Name:	
Last Name:	Scarpati
Suffix:	
Title:	President/Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(480) 831-7566
Fax Number: (Format: 123-456-7890)	(480) 831-7563
Email:	fscarpati@cbridges.com
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

There has not yet been an expired grant term for this grant. The initial grant is a two year grant. We submitted an APR for the first year in December 2017; however, the APR was rejected by HUD because the project is for two years.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

Organization	Type	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0171
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	CBI PSH 75
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

CBI will provide peer support services for up to 75 chronically homeless individuals living in Maricopa County. The majority of the chronically homeless adults served have three reported disabilities. Five certified Peer Support Navigators will provide intensive, targeted intervention to chronically homeless participants based on referrals from the Continuum of Care coordinated assessment process and CBI's PATH team.

CBI's Homeless Navigators locate and establish relationships with chronically homeless individuals, facilitate their voluntary relocation into housing, assist with locating other services and benefits, and provide the support and advocacy necessary to help individuals maintain a stable, permanent living arrangement once in housing. Once Navigators assist participants with entering housing, they conduct a full SPDAT assessment at move in and at least quarterly. Navigators and participants create a plan to address other non-housing needs to support permanent housing stability. The depth of issues participants present determines the frequency of follow up contact with Navigators.

CBI's programs use the evidence-based practices of Housing First, Harm Reduction, Motivational Interviewing and Assertive Outreach. Housing First places individuals in permanent housing as quickly as possible without making access to housing contingent upon conditions such as sobriety or employment, or their willingness to participate in a predefined set of services. The focus of Housing First is to help the participant comply with the housing lease agreement and provide services and supports necessary for a participant to comply successfully with the lease.

Harm Reduction is an approach to addressing drug and alcohol abuse aimed at reducing the harm associated with substance use. Harm reduction includes a range of outcomes from safe use to managed use to abstinence. Harm reduction incorporates the goals and motivations of the individual and provides services and resources in a non-judgmental, non-coercive way. Motivational interviewing (MI) is a counseling style designed to help individuals explore their motivation and commitment to change. The method assists an individual to recognize their own resourcefulness, understanding and skills to make changes.

Assertive Outreach involves meeting individuals in non-traditional settings essentially going to where they are rather than waiting for them to come to a specific location for services. Assertive outreach is designed to meet people where they are both geographically and emotionally (i.e. meeting their need for connection, reassurance and support).

Taken together, these practices have proven effective in reaching hard to serve adults who are homeless and have substance use, mental health, and chronic health conditions. A connection with a caring human being, not just tangible resources, is necessary to overcome the sense of alienation often present with

people who are chronically homeless.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X

Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section lll.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section lll.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section lll.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	100% Dedicated

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	As needed
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	Weekly
Child Care			
Education Services			
Employment Assistance and Job Training		Applicant	Weekly
Food			
Housing Search and Counseling Services		Applicant	As needed
Legal Services		Partner	As needed
Life Skills Training		Applicant	Weekly
Mental Health Services		Applicant	As needed
Outpatient Health Services		Applicant	As needed
Outreach Services		Applicant	Weekly
Substance Abuse Treatment Services		Applicant	As needed
Transportation		Applicant	As needed
Utility Deposits		Applicant	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 75

Total Beds: 75

Total Dedicated CH Beds: 75

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	75	75

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: 75

b. Beds: 75

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 75

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. 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: 2770 East Van Buren

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85008

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

040270 Mesa, 040330 Phoenix, 049013 Maricopa County

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	0	75	0	75

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	0	73		73
Adults ages 18-24	0	2		2
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	75	0	75

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										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

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	73	0	0	37		36				
Adults ages 18-24	2			2						
Total Persons	75	0	0	39	0	36	0	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	0

5C. Outreach for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Enter the percentage of project participants that will be coming from each of the following locations.

70%	**Directly from the street or other locations not meant for human habitation.**
30%	**Directly from emergency shelters.**
	Directly from safe havens.
	Persons fleeing domestic violence.
100%	**Total of above percentages**

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	
HMIS	

6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Request for Grant Term:			$681,300
Total Units:			75
Type of Rental Assistance	**FMR Area**	**Total Units Requested**	**Total Request**
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	75	$681,300

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$468	$468	x			=	$0
0 Bedroom		x	$624	$624	x			=	$0
1 Bedroom	75	x	$757	$757	x			=	$681,300
2 Bedrooms		x	$944	$944	x			=	$0
3 Bedrooms		x	$1,374	$1,374	x			=	$0
4 Bedrooms		x	$1,594	$1,594	x			=	$0
5 Bedrooms		x	$1,833	$1,833	x			=	$0
6 Bedrooms		x	$2,072	$2,072	x			=	$0
7 Bedrooms		x	$2,311	$2,311	x			=	$0
8 Bedrooms		x	$2,550	$2,550	x			=	$0
9 Bedrooms		x	$2,790	$2,790	x			=	$0
Total Units and Annual Assistance Requested	75								$681,300
Grant Term									1 Year
Total Request for Grant Term									$681,300

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$0
Total Value of In-Kind Commitments:	$271,793
Total Value of All Commitments:	$271,793

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	Private	CBI Clinical serv...	03/01/2019	$271,793

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	CBI Clinical services and management support
5. Date of Written Commitment:	03/01/2019
6. Value of Written Commitment:	$271,793

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$681,300
3. Supportive Services	$405,871
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$1,087,171
7. Admin (Up to 10%)	
8. Total Assistance plus Admin Requested	$1,087,171
9. Cash Match	$0
10. In-Kind Match	$271,793
11. Total Match	$271,793
12. Total Budget	$1,358,964

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No		
3) Other Attachment	No	CBI 2014 Navigato...	08/23/2017

Attachment Details

Document Description:

Attachment Details

Document Description: CBI PSH 75 Match Letter 08 22 17

Attachment Details

Document Description: CBI 2014 Navigator II Job Description

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Frank Scarpati

Date: 08/17/2018

Title: President/Chief Executive Officer

Applicant Organization: Community Bridges, Inc.

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	☐
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	X
5C. Outreach	☐
Part 6 - Budget Information	
6A. Funding Request	☐
6C. Rental Assistance	☐

6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

3C "Any other activity not covered in lease agreement ..." should be checked.
3D. Does project follow Housing First approach should be marked yes.
5B. The project serves adults with multiple characteristics, but cannot predict which characteristics participants will have. The majority have 3 disabilities.
6D. Match Amount change to $271,793
6E. Match Amount change to $271,793

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/30/2018
1B. SF-424 Legal Applicant	No Input Required

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	07/31/2018
1E. SF-424 Compliance	07/30/2018
1F. SF-424 Declaration	07/31/2018
1G. HUD-2880	07/31/2018
1H. HUD-50070	07/30/2018
1I. Cert. Lobbying	07/30/2018
1J. SF-LLL	07/30/2018
Recipient Performance	07/30/2018
Renewal Grant Consolidation	07/30/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/31/2018
3B. Description	08/17/2018
3C. Dedicated Plus	07/30/2018
4A. Services	07/30/2018
4B. Housing Type	07/30/2018
5A. Households	07/30/2018
5B. Subpopulations	No Input Required
5C. Outreach	07/30/2018
6A. Funding Request	07/30/2018
6C. Rental Assistance	07/30/2018
6D. Match	08/17/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/30/2018
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	07/31/2018
Submission Without Changes	08/17/2018

Navigator II
Job Description

Job Title: Housing Navigator	**FLSA Status:** ☐ Exempt ☒ Non-Exempt	**Position Type:** ☒Full-time ☐Part-time
Department: Clinical	**Location:** ☐Administration ☐Arizona Bridge to Recovery ☐ Avondale ☐Benson SRU ☐Benson Desert Sunrise ☐Casa Grande ☐CCARC ☐CFE ☐Clinical Operations ☐EVARC ☐East Valley Access Point ☐East Valley Transition Point ☐Glendale ☐Globe ☐Holbrook ☐Journey ☐MOS ☐Payson ☐West Valley Access Point ☐West Valley Transition Point ☐ Winslow ☐ Winslow OP ☐ Yuma ☐ All Maricopa County ☐ All Sites/Statewide (Check all that apply)	

Minimum Level/Grade:

☐**Independently Licensed Professional** – Has been licensed at the independent with The Arizona Board of Behavioral Health Examiners as Psychiatrist, Behavioral health Medical practitioner, Psychologist, Social worker, Counselor, Marriage and family therapist, Substance abuse counselor or Registered nurse. At least one year of full-time behavioral Health work experience.

☐**Masters Degree or Associate Licensed Professional** – Has as Masters degree in field related ot behavioral health and/or has been licensed at the associate level with The Arizona Board of Behavioral Health Examiners as Psychiatrist, Behavioral health Medical practitioner, Psychologist, Social worker, Counselor, Marriage and family therapist, Substance abuse counselor or Registered nurse. At least one year of full-time behavioral Health work experience.

☒**Credentialed Behavioral Health Technician (CBHT**) – Has a master's degree or bachelor's degree in a field related to behavioral health, is a registered nurse, is a physician assistant who is not working as a medical practitioner, has a bachelor's degree and at least one year of full-time behavioral health work experience; has an associate's degree and at least two years of full-time behavioral health work experience, has a verified general equivalency diploma (GED) or high school diploma ***with a minimum of 2 years*** of mixed behavioral and physical health work experience ***and/or 2 years of substance abuse/mental health recovery oriented service***. Recovery oriented service experience will be verified whenever possible however respect must be paid to confidential aspects of different community resources who are based in anonymity. Must also have completed **160 hours** of behavioral health, substance abuse or physical health training post high school education or via continuing education units through on-line learning management systems, college courses or conferences and seminars.

(Credit applied from online learning must be accrued while employed by CBI)

☐**Paraprofessional** – Has a Minimum of a high school diploma or GED. Six weeks of behavioral health work experience or receives six weeks of continuous onsite direction from a behavioral health professional, a behavioral health technician, or a behavioral health paraprofessional who has at least six months of behavioral health work experience.

☐ **Nurse** - Currently licensed without restriction with the Arizona Board of Nursing as a Licensed Practical Nurse (LPN) or Registered Nurse according to A.R.S. Title 32, Chapter 15.

☐ **Emergency Medical Technician (EMT)** Certification; <u>within the State of Arizona.</u>

☐ Certified Nursing Assistant (CNA)

(See General Requirements, Educational & Work Experience)

Administrative Supervisor: Peer Services & Outreach Management Team	**Clinical Supervisor:** Peer Services & Outreach Management Team

General Description: A Navigator II is an individual who is in recovery from AOD use and/or GMH for an appropriate period of time (greater than or equal to 1 year) and has at least 6 months experience as a Navigator or Supportive Housing Peer Support Specialist. The Navigator's primary role is working with individuals who are homeless and in of housing and support services. The Navigator serves as the bridge for the patient, in coordinating and monitoring RHBA and Non-RBHA community based services and facilitates delivery of these services by supporting the individual. The Navigator will work with individuals who have been determined as the most vulnerable homeless according to the coordinated assessment tool

VISPDAT/SPDAT and will be responsible for conducting outreach, engagement, case management, and ongoing wrap around supportive services. The Navigator will also map out the most appropriate next steps for the individual who may need assistance in accessing various services after or before the individual has been housed. The Housing Navigator works in conjunction as part of a multi-disciplinary team made up of other Community Agencies and stakeholders, and CBI Peer Services & Outreach Management Team. Navigator will document and track required patient interactions according to the Arizona Administrative Code (AAC), Arizona Department of Health Services/Department of Behavioral Health Services (ADHS/DBHS) Provider Manual, Commission on Accreditation of Rehabilitation Facilities (CARF), Community Bridges Polices and Procedures, and specific for the program. The Navigator will also carry out other duties assigned by immediate supervisor and/or clinical supervisor.

Each area below is defined by specific function as it relates to policy, process, and the governing rules set forth by the Department of Behavioral Health Services (DBHS), Regional Behavioral Health Authority (RBHA), Office of Behavioral Health Licensure (OBHL), and the Code of Federal Regulations. Each employee will be held accountable and responsible for fulfilling each of these duties as well as having the capability to carry them out.

Specific Functions & Duties: Each discipline is governed by specific policy and process. It is the responsibility of the employee to read, and learn the associated policy and processes as they will be held responsible for carrying out their duties in a competent and ethical manner.

Coordination of Care

- Ensures that each patient under their care receives coordination with all parties currently identified as having an active role in their ongoing treatment and/or life and releases of information are completed.
- Communicates on the status of each potential housing recipient with Peer Support Management Team.
- Serves as a patient advocate ensuring that services that the client is connected with are being received.
- Navigates identified services or benefits patients are in need of and assists the individual in accessing these services.
- Implement skills learned during on-the-job training and required competencies related to the program and ensuring that all required documentation is completed prior to the end of shift.
- Protects each patient's confidentiality within the guidelines of established policy and process.
- Adheres to established policy and process for this assignment.
- Other duties as assigned by supervisory and administrative support.

Continuing Care

- Assists the patient in the identification of needs for ongoing recovery, housing, and stabilization in the community.
- Develops and collaborates with an extensive network of Community Based & RBHA resources. A Navigator must know how to access various social/behavioral health community based services that can include but is not limited to food, clothing, supportive services, and Outpatient Crisis Stabilization/Transition Services. This can also include making necessary appointments, assisting with scheduling or arranging SMI and/or GMH evaluations, and Outpatient/Transitional Stabilization services when applicable.
- Consultation and direction from CBI Peer Services & Outreach Management Team.
- The Navigator is responsible for coordination of care with other CBH/SA/SMI Case Manager's on individuals progress with current goals and any new goals or needs of client that arise.
- Implement skills learned during on-the-job training and required competencies related to the program and ensuring that all required documentation is completed prior to the end of shift.
- Adheres to established policy and process for this assignment.
- Other duties as assigned by supervisory and administrative support.

Individual Support

- Provide emotional support to individuals who appear unsure or fearful, through the use of calm reassurances, positive feedback, and sharing of personal recovery as appropriate.

- Incorporate Motivational Interviewing techniques into interactions with individuals in program to empower them to achieve their goals of being housed and being permanently stable in the community.
- Will act as a short term recovery mentor, helping the patient develop and implement self directed recovery plan, sharing experience, providing support, teaching self management techniques, and reassurance.
- Assist the individual in understanding the necessity for continued care and support through the program involvement. Giving referrals when appropriate.
- Implement skills learned during on-the-job training and required competencies related to the program and ensuring that all required documentation is completed prior to the end of shift. .
- Other duties as assigned by supervisory and administrative support

Outreach, Follow-Up, & Re-Engagement.

- Re-engages patient if in need of additional services and coordinates such services with the assistance of the Community Bridges Navigator as directed by Peer Services & Outreach Management Team.
- Conducts outreach on the street and in the community to locate, engage, and build rapport with patients.
- The Navigator will F/U and assist with implementation of the needs identified as directed by the Peer Services & Outreach Assistant Manager.
- Other duties as assigned by supervisory and administrative support.
- Implement skills learned during on-the-job training and required competencies related to the Program and ensuring that all required documentation is completed prior to the end of shift.
- Responsible for completing SPDAT as a case management tool and updating every 30 days.

Transportation & Transfer

- Will provide transportation services to patients staffing with Peer Services & Outreach Management Team.
- Ensuring that documentation is entered accurately and thoroughly in accordance to CBI Policies and Procedures.
- Other duties as assigned by supervisory and administrative support.
- Implement skills learned during on-the-job training and required competencies related to the program and ensuring that all required documentation is completed prior to the end of shift.

Client Care & Safety:.

- Consult the Supervisor prior to requesting a police response to manage an intoxicated/aggressive individual. Police will not be summoned until all non-violent crisis intervention techniques have been exhausted, and only with the approval of the Clinical supervisor.
- Document the specific (who, what, where, when) in Claimtrak, of interactions with intoxicated/aggressive clients of what occurred in the event. Assist in sending Significant Events or Incident Reports when advised by Supervisor.
- Observe universal precautions related to individuals presenting for crisis unit admission.
- Staff all out of the ordinary cases with Peer Services & Outreach Management Team.
- Implement skills learned during on-the-job training and required competencies related to the program and ensuring that all required documentation is completed prior to the end of shift.
- Other duties as assigned by supervisory and administrative support.

Customer Service

- Provide patients and any parties involved in their continuum of care with dignity and respect.
- Provide community stakeholders (police, fire, probation, businesses, clergy, insurance companies, providers, RBHA's, concerned citizens, etc.) are treated with the utmost respect and assisted to the best of our ability in each case. Never saying "no" but always assisting each request within the context of the agency mission and purpose. Is evidenced by not receiving a community complaint or excelling in the area of customer service.
- Implement skills learned during on-the-job training and required competencies related to program and ensuring that

all required documentation is completed prior to the end of shift.

- Other duties as assigned by supervisory and administrative support

Documentation

- Document the specific interactions with patients being detailed and thorough reporting the facts.
- Completing pt enrollments and updating housing milestones in HMIS.
- Correct all deficiencies identified by Medical Records personnel within five days of being notified.
- Document all activities daily in HMIS and Claimtrak when appropriate.
- Complete and deliver all Incident Reports or Significant Events, prior to the conclusion of the shift where the incident occurred, as specified in Community Bridges Policies and Procedures.
- Implement skills learned during on-the-job training and required competencies related to the program and ensuring that all required documentation is completed prior to the end of shift.
- Other duties as assigned by supervisory and administrative support

Skills Necessary to Perform Assigned Tasks and ongoing performance that each individual will be measured against in addition to those noted above:

- **Reading & Comprehension:** Must have the ability to read and comprehend information without difficulty.
- **Documentation:** As evidenced by all work being completed by the end of scheduled shift and in adherence with A.A.C. R9 – 20 – 208, 209, 210, & 211, the ADHS/DBHS Provider Manual, and Community Bridges established documentation standards in process and policy.
- **Typing Skills:** This position requires the specialist to type 30/wpm.
- **Computer Skills:** Familiar with Microsoft systems such as Outlook, Word, and Excel.
- **Linguistic Ability:** Demonstrates the ability to coherently communicate with others.
- **Foreign Language:** Not required for this position but is helpful and is strongly encourage.
- **Analytical:** Demonstrates an ability to synthesize complex information and report it to others in a calm and precise manner.
- **Reasoning Ability:** Ability to apply common sense understanding to carry out instructions furnished in written, oral, or diagram form. Ability to deal with problems involving several concrete variables in standardized situations.
- **Language Skills:** Ability to read and interpret documents such as safety rules, operating and maintenance instructions, and procedure manuals. Ability to write routine reports and correspondence. Ability to speak effectively before groups of costumers or employees of organizations.
- **Interpersonal Relations:** Works well with others and can be depended upon to follow through with task completion, and be available to assist.
- **Chain of Command:** Follows the established chain of command and does not create situations that would call into question the authority of supervisor or impede their ability to manage the facility or program.
- **Ethics:** Adheres to a principle of "Do no Harm" by demonstrating personal integrity in interactions with staff, patients, and public. This is also demonstrated by one's ability to perform assigned duties in a competent manner without the violation of Community Bridges policies/processes, patient and/or employee rights, or violation of State, Federal, or local laws.
- **Agility:** Able to move around quickly and freely in response to crisis situations.
- **Physical Abilities:** Must be able to move and/or lift a minimum of 150lbs. Has the ability to assist patients with self care needs such as bathing and getting up from ground and walking.
- **Quality:** Performs work neatly and completely. All work is completed within the time allowed for task per policy.
- **Customer Service:** Ensures that community stakeholders (police, fire, probation, businesses, clergy, insurance companies, providers, RBHA's, concerned citizens, etc.) are treated with the utmost respect and assisted to the best of our ability in each case. Never saying "no" but always assisting each request within the context of the agency mission and purpose. Is evidenced by not receiving a community complaint or excelling in the area of customer

service.

- **Patient Care:** The extent to which the employee promotes empathy, warmth, understanding, and treats each patient with respect and dignity always keeping in mind their cultural, psychological, medical, social, and humanistic needs.
- **Assessment & Triage:** Assessments are accurate as to the patient's presenting issue while respecting the individual's cultural, psychological, social, and medical status. Assessments are conducted within the timeframe and context identified in policy and process and is appropriate in their use for developing a plan of action for the seamless transition to the next appropriate level of care.
- **Patient Care Planning:** The extent that the designated (treatment, continuing care, health & wellness, discharge) plan developed by the employee is in conjunction with the goals of the patient as well as those areas identified in his or her associated assessment that require attention.
- **Problem Solving:** Identifies and resolves problems in a timely manner; Develops alternative solutions.
- **Judgment:** Displays willingness to make decisions; Exhibits sound and accurate judgment.
- **Motivation:** Sets and achieves challenging goals.
- **Oral Communication:** Speaks clearly and persuasively in positive or negative situations; listens and gets clarification; responds well to questions.
- **Written Communication:** Writes clearly and informatively**.**
- **Quality Management:** Looks for ways to improve and promote quality.
- **Organizational Support:** Follows policies and procedures; Supports organization's goals and values.
- **Organization:** Prioritizes and plans work activities; Uses time efficiently; sets goals and objectives.
- **Professionalism:** Approaches others in a tactful manner; treats others with respect and consideration regardless of their status or position.
- **Safety and Security:** Observes safety and security procedure; Reports potentially unsafe conditions.
- **Quantity:** Meets productivity standards.
- **Adaptability:** Adapts to changes in the work environment; changes approach or method to best fit the situation.
- **Innovation:** Displays original thinking and creativity; meets challenges with resourcefulness; Generates suggestions for improving work.
- **Scope of Practice:** The extent to which the individual remains focused on their professional skill and does not deviate into areas for which they have no training or expertise.
- **Attendance:** Remains alert and awake throughout the entirety of a scheduled shift. Schedules time off or other related absences within the time allotted by Community Bridges Policy and adheres to the policies around absenteeism.

General Requirements, Educational & Work Experience:
Each employee must meet the designated qualifications for their Job per R9-20-204 (Staff Member, Employee Qualifications and Records). Each employee must be at least 21 years of age. The employee must be able to carry out the duties outlined above and have the ability to adapt to change as required or dictated due to the nature of working within a Behavioral Health Service Agency. The employee must have the ability to learn new tasks process, procedures, and applicable computer and clinical skills within the time allotted during their 90-day orientation period. In addition an employee who will be facilitating treatment episodes must also meet the minimum requirements outlined in A.A.C. R9-20-209.B Employees must not be listed in the Excluded Parties List System (EPLS), Office of Inspector General (OIG) or State Sexual Offender Database. Employee listing on these databases will result in immediate termination of employment. Has skills and knowledge necessary to provide behavioral health services that the agency is authorized to provide and meet the unique need of the patient populations served by CBI.

☒ **Recovery** – Must be in currently in recovery from AOD/and or GMH use for a period (equal to or greater than 1 year).
☒ **Valid Arizona Drivers License –** Staff who will be driving company vehicles and/or who will be transporting patients and/or whose position requires driving need to have a valid Arizona Drivers License on file with a current MVD Report.

Ongoing Education and Training Requirements: The employee is responsible to adhere to written policy in regards to continuing education and clinical supervision regardless of professional level or certification. The following are required to be

completed by the Arizona Administrative Code:

- **American Heart Association CPR and First Aid –** Annual renewal for Maricopa County staff. 2 year renewal for rural staff.
- **Handle with Care –** Renewal every 6 months for Maricopa County staff. Annual renewal for rural staff.
- **Cultural Competency –** Live class first year of employment. Annual renewal via Essential Learning.
- **T/RBHA Training Requirements –** Must meet all requirements for training and education courses as prescribed by designated T/RBHA service area within required timelines.
- **Professional Continuing Education –** 24 Hours annually and as outlined in Title 4 Chapter 6 of the Arizona Administrative Code.
- **Additional Professional Continuing Training: -** As outlined in Community Bridges annual agency-wide Training Plan
- **Certified Peer Support Specialist –** All Peer Support Positions must be a Certified Peer Support Specialist via the Community Bridges training program with in 120 days of hire.
- **Clinical Supervision -** 1.0 hour for every 40 hours worked *Independent and Non Independent will develop a clinical supervision plan with their direct and/or clinical supervisor. Must meet the criteria outlined in A.A.C. R4-6-210, 211, and 212 in addition to A.A.C. R-4-6-403, 404, 503, 504, 603, 604, 705, and 706 as applicable to the employee's license.

This job description does not state or imply that these are the only duties to be performed by the employee assigned to this position. Employees will be required to follow any other job-related instructions and to perform any other job-related duties directed by any person authorized to give instructions or assignments.
Employees are required to follow Personnel and Clinical Policy and Procedures. Failure to follow Policy and Procedure could lead to termination of employment.
All duties and responsibilities are essential functions and requirements and are subject to possible modification to reasonably accommodate individuals with disabilities. To perform this job successfully, the incumbent will possess skills, aptitudes, and the abilities to perform each duty proficiently. Some requirements may exclude individuals who pose a direct threat or significant risk to the health or safety of themselves or others. The requirements listed in this document are the minimum levels of knowledge, skills or abilities.
This document does not create an employment contract, implied or otherwise, other than an "at will" relationship.
Upon request, Community Bridges provides reasonable accommodations to qualified individuals with disabilities in order to help them perform the essential functions of their jobs.

Staff Printed Name:	
Staff Signature:	**Date:**
Supervisor of Designee Signature:	**Date:**

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 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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 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 onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. 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.
- 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 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/30/2018
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: City of Tempe Housing Services

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-6000262

	c. Organizational DUNS:	074466814	**PLUS 4:**	

d. Address

Street 1: 3500 S. Rural Rd. #202

Street 2:

City: Tempe

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85282

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Housing Services Division

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Theresa

Middle Name:

Last Name: James

Suffix:

Title: Housing Services Supervisor

Organizational Affiliation: City of Tempe Housing Services

Telephone Number: (480) 858-2360

Extension:
Fax Number: (480) 858-7703
Email: theresa_james@tempe.gov

1C. SF-424 Application Details

9. Type of Applicant:	C. City or Township Government
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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	Tempe Housing DV Rapid Rehousing
16. Congressional District(s):	
a. Applicant:	AZ-007, AZ-009
b. Project: (for multiple selections hold CTRL key)	AZ-007, AZ-009
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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	LeVon
Middle Name:	
Last Name:	Lamy
Suffix:	
Title:	Housing and Revitalization Manager
Telephone Number: (Format: 123-456-7890)	(480) 858-2264
Fax Number: (Format: 123-456-7890)	(480) 858-7703
Email:	levon_lamy@tempe.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/30/2018

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:	City of Tempe Housing Services
Prefix:	Mr.
First Name:	LeVon
Middle Name:	
Last Name:	Lamy
Suffix:	
Title:	Housing and Revitalization Manager
Organizational Affiliation:	City of Tempe Housing Services
Telephone Number:	(480) 858-2264
Extension:	
Email:	levon_lamy@tempe.gov
City:	Tempe
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85282

2. Employer ID Number (EIN): 86-6000262

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $688,611.00

(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? (For further information, see 24 CFR Sec. 4.3). Yes

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 Continuum of Care	DV RRH	$776,010.00	DV Rapid Rehousing Program

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$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 this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: LeVon Lamy, Housing and Revitalization Manager

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/15/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Tempe Housing Services

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;**		

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 hereby certify that all the information stated herein, as well as any information provided in X

the accompaniment herewith, is true and 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:	LeVon
Middle Name	
Last Name:	Lamy
Suffix:	
Title:	Housing and Revitalization Manager
Telephone Number: (Format: 123-456-7890)	(480) 858-2264
Fax Number: (Format: 123-456-7890)	(480) 858-7703
Email:	levon_lamy@tempe.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/30/2018

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

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:	City of Tempe Housing Services
Name / Title of Authorized Official:	LeVon Lamy, Housing and Revitalization Manager
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/30/2018

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:	City of Tempe Housing Services
Street 1:	3500 S. Rural Rd. #202
Street 2:	
City:	Tempe
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85282

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:	Mr.
First Name:	LeVon
Middle Name:	
Last Name:	Lamy
Suffix:	
Title:	Housing and Revitalization Manager
Telephone Number: (Format: 123-456-7890)	(480) 858-2264
Fax Number: (Format: 123-456-7890)	(480) 858-7703
Email:	levon_lamy@tempe.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/30/2018

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.

The City of Tempe Public Housing Authority (TPHA)is a component of the Tempe Housing Services Division (HSD)and has been effectively utilizing federal funds from the Housing and Urban Development Department since 1973. Specifically, HSD receives Housing Choice Voucher, HOME and CDBG funds to provide a variety of housing programs to low-income individuals and families, including those experiencing homelessness and/or domestic violence.

In addition to providing rental assistance for over 900 Housing Choice Voucher recipients, HSD has developed and implemented several "specialty" housing programs. Utilizing HOME funds, HSD administers a Homeless Prevention Tenant Based Rental Assistance Program for up to 40 individuals/families experiencing homelessness and/or domestic violence. In addition to rental subsidies for up to 24 months, TBRA participants receive case management designed to promote self-sufficiency. To date, the TBRA program has housed 24 participants and has an additional 23 searching for housing. In partnership with Mercy Maricopa Integrated Care, HSD also administers the MMIC Bridge program to provide 25 individuals/families living with Serious Mental Illness bridge housing with rental subsidies and ongoing case management. HSD provides the housing and MMIC Case Managers provide case management designed to assist the participant in achieving their highest level of self-sufficiency including obtaining permanently affordable housing. All 25 units of MMIC Bridge housing are occupied.

In collaboration with the Valley of the Sun United Way, A New Leaf, Tempe Homeless Education Liaisons and the Siemer Foundation, the Tempe Homeless Solutions Coordinator successfully received funding to implement the Siemer Family Stability program for families with school-age children who are on the verge of or are experiencing homelessness. This program provides housing subsidies and supportive services to both the children and the adults in this program. In its first 6 months, the program has served 22 families with 55 children.

CARE 7 has significant experience utilizing federal funds to provide victim services for the City of Tempe. For nineteen years, CARE 7 has been awarded funding from the Arizona Department of Public Safety under the authority of the Victims of Crime Act of 1984. CARE 7 has also been awarded grant funding from the Arizona Criminal Justice Commission through the Substance Abuse and Mental Health Services Administration to engage in prevention and education activities that improve the lives to Tempe families.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

CARE 7 is expert at leveraging diverse funding sources, community resources and robust partnerships to deliver efficient and effective services that meet the complex needs of community members faced with adversity. The entire CARE 7 Victim Services program is grant funded through both state and federal dollars. Other supportive programming is funded through a tribal grant process and donations from local private philanthropic organizations.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

The City of Tempe Human Services Department is comprised of several divisions that address the human services needs of Tempe residents. Those divisions include Housing Services, Homeless Solutions, CARE 7 Victim Advocacy, Community Supervision, and Education for youth and families. Each division is led by a Manager who reports to a Deputy Director; every division has Supervisors who oversee the front line services provided to the community. The Human Services Department employs an Accountant who oversees all financial processes in collaboration with the City of Tempe Financial Services Department.

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:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
1b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
2. Project Name:	Tempe Housing DV Rapid Rehousing
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 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA).	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

The Tempe Housing DV Rapid Rehousing project will serve a minimum of 25 individuals/families who are fleeing domestic violence, dating violence, sexual assault and/or stalking. Three divisions of the Tempe Human Services Department, Housing, Homeless Solutions and CARE 7 Victim Advocacy will provide the entire scope of the proposed project. A full-time Domestic Violence Rapid Rehousing (DVRR) Specialist will be hired and will be responsible for overseeing the program. The DVRR Specialist will accept referrals from the Maricopa CoC Coordinated Entry System and will enlist the help of the CARE 7 Crisis Response Team and HOPE, Tempe's Homeless Outreach Team to find the applicants being referred to the program. The DVRR Specialist will schedule intake appointments to determine eligibility for the program. The DVRR Specialist will also introduce eligible participants to the HSD Housing Navigator and to the CARE 7 Victim Advocacy staff. The Housing Navigator will assist with housing search and placement. An assigned CARE 7 Victim Advocate will then start working with program participants to establish safety and case plan goals. The DVRR Specialist, Housing Navigator and CARE 7 Victim Advocates will meet on a weekly basis for case conferencing and to work out any issues the program participants may be experiencing. Case Plans will be reviewed with program participants on a weekly basis and will be document progress toward safety goals, obtaining mainstream resources and increasing income. Every 90 days, program participants will be reassessed to determine ongoing program eligibility.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	45			

Participants begin to occupy leased units or structure(s), and supportive services begin?	70			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	180			
Closing on purchase of land, structure(s), or execution of structure lease?	0			
Rehabilitation started?	0			
Rehabilitation completed?	0			
New construction started?	0			
New construction completed?	0			

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		**Domestic Violence**	X
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	
Families		**HIV/AIDS**	
		Other (Click 'Save' to update)	

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

d. Will the project follow a "Housing First" approach? (Click 'Save' to update) Yes

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

NA

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? Yes

Explain how and why the project will implement this requirement.

This project will require that participants reside within the jurisdictional boundaries of the City of Tempe. However, on a case by case basis, based on the needs of the individual participant/family they may request to have this restriction waived. The program being proposed, and the supportive services being offered are based in Tempe and in an effort to maintain cost effectiveness this requirement is being put in place.

8. Will more than 16 persons live in one structure? No

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?	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.

HSD employs a full-time Housing Navigator who will be responsible for recruiting landlords to participate in this program and for assisting participants to conduct a housing search. The Housing Navigator will act as a liaison between participants and landlords to mitigate any issues that arise. Further, the Housing Navigator has held some preliminary discussions with private landlords who are willing to work with this program. A CARE 7 Victim Advocate will be assigned to each participant and will be responsible for providing all supportive services. The CARE 7 Advocates and the DVRR Specialist will hold weekly case conferencing meetings to ensure that participants are receiving needed services and are maintaining their housing.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

Every participant will receive supportive services from an assigned CARE 7 Victim Advocate. The Victim Advocate will be responsible for completing a thorough assessment of the participant's strengths and needs upon entering the program. Based on the individual needs of each participant, Victim Advocates will work with participants to develop a case plan that address their needs. Victim Advocates will also educate the participants about community resources, will provide referrals and warm hand-offs to other service providers, provide limited transportation and advocacy for participants to reach their highest level of self-sufficiency. CARE 7 Victim Advocates are skilled at assisting participants to apply for and obtain a variety of community services including,

but not limited to,SNAP, TANF, Social Security and Workforce Development. Further, the resources of the Housing Authorities' Family Self Sufficiency Coordinator will be utilized to ensure all available mainstream resources have been explored.

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	Weekly
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	As needed
Child Care		Partner	As needed
Education Services		Partner	As needed
Employment Assistance and Job Training		Partner	As needed
Food		Applicant	As needed
Housing Search and Counseling Services		Applicant	As needed
Legal Services		Partner	As needed
Life Skills Training		Applicant	As needed
Mental Health Services		Applicant	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Applicant	As needed
Substance Abuse Treatment Services		Partner	As needed
Transportation		Applicant	As needed
Utility Deposits		Applicant	As needed

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

6a. Has the staff person providing the No

technical assistance completed SOAR 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: 50

Total Beds: 100

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	50	100

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: 50

b. Beds: 100

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:

Street 2:

City:

State:

ZIP Code:

***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)**

040468 Tempe

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	20	5	0	25

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	15	3		18
Adults ages 18-24	5	2		7
Accompanied Children under age 18	60		0	60
Unaccompanied Children under age 18			0	0
Total Persons	80	5	0	85

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							15			
Adults ages 18-24							5			
Children under age 18							60			
Total Persons	0	0	0	0	0	0	80	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							3			
Adults ages 18-24							2			
Total Persons	0	0	0	0	0	0	5	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

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

	Directly from the street or other locations not meant for human habitation.
	Directly from emergency shelters.
	Directly from safe havens.
100%	**Persons fleeing domestic violence.**
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	**Total of above percentages**

2. Describe the outreach plan to bring these homeless participants into the project.

This program will receive referrals for the Maricopa County Coordinated Entry System. The DVRR Specialist will be responsible for notifying the CARE 7 Crisis Response Team and HOPE, Tempe's Homeless Outreach team, that a referral has been made and that an individual/family needs to be found. The CARE 7 Crisis Response Team and HOPE will collaborate in their efforts to locate referred individuals/families who may be living in places not meant for human habitation or in a shelter. It is important to note that HOPE is a mobile access point for the Maricopa County Coordinated Entry System.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020?	Yes
2. What type of CoC funding is this project applying for in the 2018 CoC Competition?	Bonus
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Select a grant term:	1 Year

*** 5. Select the costs for which funding is being requested:**

Rental Assistance	X
Supportive Services	X
HMIS	

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:	$569,760
Total Units:	50

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	50	$569,760

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: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$468	x	12		=	$0
0 Bedroom		x	$624	x	12		=	$0
1 Bedroom	10	x	$757	x	12		=	$90,840

2 Bedrooms	35	x	$944	x	12		=	$396,480
3 Bedrooms	5	x	$1,374	x	12		=	$82,440
4 Bedrooms		x	$1,594	x	12		=	$0
5 Bedrooms		x	$1,833	x	12		=	$0
6 Bedrooms		x	$2,072	x	12		=	$0
7 Bedrooms		x	$2,311	x	12		=	$0
8 Bedrooms		x	$2,550	x	12		=	$0
9 Bedrooms		x	$2,790	x	12		=	$0
Total Units and Annual Assistance Requested	50							$569,760
Grant Term								1 Year
Total Request for Grant Term								$569,760

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and limits HUD’s understanding of what is being requested. Failure to enter adequate ‘Quantity AND Detail’ may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs	Based on $500 per household to assist with the cost of moving, if required	$25,000
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	Based on $125 (50 units) for start up groceries at move in.	$6,250
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits	Minimum of 25 units, max of 50; figure based on $500 per household for electric, gas, water, sewer, etc.	$25,000
17. Operating Costs		
Total Annual Assistance Requested		$56,250
Grant Term		1 Year
Total Request for Grant Term		$56,250

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:	$200,000
Total Value of All Commitments:	$200,000

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Private	Newtown	08/30/2018	$200,000

Sources of Match Detail

1. Will this commitment be used towards match ?	Yes
2. Type of commitment:	In-Kind
3. Type of source:	Private
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)	Newtown
5. Date of Written Commitment:	08/30/2018
6. Value of Written Commitment:	$200,000

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.

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	$569,760	1 Year	$569,760
4. Supportive Services	$56,250	1 Year	$56,250
5. Operating	$0	1 Year	$0
6. HMIS	$0	1 Year	$0
7. Sub-total Costs Requested			$626,010
8. Admin (Up to 10%)			$62,601
9. Total Assistance Plus Admin Requested			$688,611
10. Cash Match			$0
11. In-Kind Match			$200,000
12. Total Match			$200,000
13. Total Budget			$888,611

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: LeVon Lamy

Date: 08/30/2018

Title: Housing and Revitalization Manager

Applicant Organization: City of Tempe Housing Services

PHA Number (For PHA Applicants Only): AZ031

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, ficticious, or fraudulent X

statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

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
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/30/2018
1E. SF-424 Compliance	07/24/2018
1F. SF-424 Declaration	07/24/2018
1G. HUD 2880	08/15/2018
1H. HUD 50070	07/24/2018
1I. Cert. Lobbying	07/24/2018
1J. SF-LLL	07/24/2018
2A. Subrecipients	No Input Required
2B. Experience	07/31/2018
3A. Project Detail	07/26/2018
3B. Description	07/31/2018
3C. Expansion	07/26/2018
4A. Services	07/31/2018
4B. Housing Type	08/30/2018
5A. Households	07/26/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/01/2018
6A. Funding Request	08/30/2018
6E. Rental Assistance	07/31/2018
6F. Supp Srvcs Budget	07/31/2018
6I. Match	07/31/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7A. In-Kind MOU Attachment	No Input Required
7D. Certification	07/31/2018

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 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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 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 onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. 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.
- 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 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/21/2018
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: Chicanos Por La Causa, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0227210

	c. Organizational DUNS:	136249609	**PLUS 4:**	

d. Address

Street 1: 1112 East Buckeye Road

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85034

e. Organizational Unit (optional)

Department Name: CPLC De Colores

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Gerardo

Middle Name:

Last Name: Peña

Suffix:

Title: De Colores Program Director

Organizational Affiliation: Chicanos Por La Causa, Inc.

Telephone Number: (602) 269-1515

Extension:
Fax Number: (602) 248-0496
Email: gerardo.pena@cplc.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	De Colores FY2018
16. Congressional District(s):	
a. Applicant:	AZ-007
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-007, AZ-008, AZ-006
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
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:	07/20/2018
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Pedro
Middle Name:	
Last Name:	Cons
Suffix:	
Title:	Executive Vice President Integrated Health
Telephone Number: (Format: 123-456-7890)	(602) 257-0700
Fax Number: (Format: 123-456-7890)	(602) 256-2740
Email:	Pedro.Cons@cplc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/21/2018

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:	Chicanos Por La Causa, Inc.
Prefix:	Mr.
First Name:	Pedro
Middle Name:	
Last Name:	Cons
Suffix:	
Title:	Executive Vice President Integrated Health
Organizational Affiliation:	Chicanos Por La Causa, Inc.
Telephone Number:	(602) 257-0700
Extension:	2130
Email:	Pedro.Cons@cplc.org
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85034

2. Employer ID Number (EIN): 86-0227210

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $254,858.00

(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? (For further information, see 24 CFR Sec. 4.3). Yes

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	CoC New Project	$254,858.00	Rapid Rehousing/Supportive Services

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Note: If there are no other people included, write NA in the boxes.

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Pedro Cons, Executive Vice President Integrated Health

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/26/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Chicanos Por La Causa, Inc.

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;**		

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 hereby certify that all the information stated herein, as well as any information provided in X

the accompaniment herewith, is true and 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:	Pedro
Middle Name	
Last Name:	Cons
Suffix:	
Title:	Executive Vice President Integrated Health
Telephone Number: (Format: 123-456-7890)	(602) 257-0700
Fax Number: (Format: 123-456-7890)	(602) 256-2740
Email:	Pedro.Cons@cplc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/21/2018

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

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:	Chicanos Por La Causa, Inc.
Name / Title of Authorized Official:	Pedro Cons, Executive Vice President Integrated Health
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/21/2018

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:	Chicanos Por La Causa, Inc.
Street 1:	1112 East Buckeye Road
Street 2:	
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85034

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:	Mr.
First Name:	Pedro
Middle Name:	
Last Name:	Cons
Suffix:	
Title:	Executive Vice President Integrated Health
Telephone Number: (Format: 123-456-7890)	(602) 257-0700
Fax Number: (Format: 123-456-7890)	(602) 256-2740
Email:	Pedro.Cons@cplc.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/21/2018

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.

In 2016 with support from grant from the Department of Justice, Office on Violence Against Women (FY2015 Grants to Enhance Culturally Specific Services for Victims of Sexual Assault, Domestic Violence, Dating Violence and Stalking, award: $288,200, grant period 10/1/2015-5/31/2018), De Colores added community-based services for victims transitioning out of the shelter and those choosing to remain in the community. These services include case management, crisis intervention, legal advocacy (including orders of protection and immigration assistance), support groups, youth services, and housing advocacy.

Recently, a second grant was received from OVW (FY2016 Transitional Housing Assistance Grant for Victims of Sexual Assault, Domestic Violence, Dating Violence and Stalking, award: $349,905, grant period 10/1/2016-9/30/2019) to support a transitional housing program for victims leaving the shelter, and the HAVIN program was created. The HAVIN program provides short-term rental assistance, coupled with support services, to help survivors move into permanent housing and become self-sufficient. Support services include the creation of independent living and safety plans, education on tenant rights and responsibilities, legal assistance, and vocational and employment assistance.

CPLC De Colores has performed activities according to contracts, is currently meeting or exceeding all goals, and has complied with all reporting requirements on these awards.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

In addition to the awards from the Department of Justice mentioned above, CPLC De Colores leverages a wide range of Federal, State, local, and private sector funds to support its programming.

Government sources have included the Arizona Department of Economic Security (DES), the City of Phoenix (CDBG), Arizona Department of Health Services, Arizona Department of Public Safety (VOCA), and the Arizona Commission on the Arts. Private funding sources have included the Diane and Bruce Halle Foundation, Phoenix Suns Charities, Freeport McMoRan Foundation, Arizona Cardinals Charities, Mary Kay Foundation, and Season for Sharing.

Arizona Department of Economic Security funding ($754,970 has been received

since 10/17) has enabled DeColores to build an even more robust permanent housing model, which includes rapid re-housing. City of Phoenix CDBG funding has enabled De Colores to expand its transitional housing and rapid rehousing programs.

With an annual budget of over $85 million, CPLC as a whole manages funds from a wide range of sources, each with distinct reporting and performance-based funding requirements. Funding sources include private and corporate philanthropies, local government, state government and federal government. CPLC's Corporate Legal and Compliance Division is charged specifically with gathering data and ensuring CPLC's compliance with all grant agreements as well as all applicable local, state and federal regulations and statutes. The following are just a few examples of federal grants that CPLC is currently managing or has recently closed out:

Name of the federal funding stream: Department of Health and Human Services, Administration for Children and Families
Type of project or purpose of funding: Migrant Season Head Start and Migrant Early Head Start
Start and end dates of grant: 9/1/17-8/31/18
Spend-down of funds: $13,330,045
Timely submission of required reporting on existing grants: Yes
Timely resolution of monitoring findings: Yes

Name of the federal funding stream: Department of Health and Human Services, Administration for Children and Families
Type of project or purpose of funding: Early Head Start
Start and end dates of grant: 7/1/18-6/30/19
Spend-down of funds: $1,715,816
Timely submission of required reporting on existing grants: Yes
Timely resolution of monitoring findings: Yes
In addition, CPLC has a current partnership with United Healthcare that includes a $20 million investment for the development of multi-family apartments to meet the housing needs of its members.

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.

Chicanos Por La Causa, Inc. was established in 1969 by a group of students and community activists to address the lack of education and career opportunities available to low-income Latinos in South Phoenix. Since then, CPLC has grown to serve vulnerable populations throughout Arizona, Mexico, and Nevada, and, in 2017, helped over 300,000 individuals and their families move toward greater self-sufficiency and overall well-being. While its core competency is serving the Latino community, CPLC provides assistance to all individuals regardless of age, ethnicity, sexual orientation, or religious affiliation.

CPLC, a 501 (c) (3) non-profit, is governed by a volunteer board of directors comprised of twenty community leaders who reflect the diversity of the communities served. This board guides CPLC President and CEO, David Adame, and his executive leadership team, in setting direction for the organization, making policy and strategy decisions, overseeing and monitoring

performance, and ensuring fiscal accountability. CPLC's mission is to drive economic and political empowerment and offers the promise of opportunity through four core service areas: Housing, Economic Development, Health and Human Services, and Education. CPLC's management team is made up of professionals with extensive experience in these areas and deep personal and professional roots in the low-income communities that they serve.
CPLC has internal controls in place to ensure funds are solely used for authorized purposes. Systems are used to provide continuous monitoring of all grant-funded programs to ensure compliance with applicable regulations and accurate reporting of all required performance measures. CPLC uses Blackbaud Accounting Software, which provides grant tracking capabilities by program/center/grant. All revenue and expenses are entered under a specific Project ID in the accounting software. When expenses are allocated to the grant, the approval of the expense and coding to the grant is validated with a signature from the program director. Internally, CPLC monitors compliance through monthly reports, site visits, and periodic internal audits. As part of CPLC's annual audits and in accordance with OMB Circular A-133, CPLC's internal controls are reviewed to ensure compliance with financial management obligations. CPLC's Policies and Procedures were updated last year and are continuously evaluated as technology and systems change.

CPLC has procedures in place for minimizing the time elapsing between transfer of funds from the United States Treasury and disbursement for project activities. For example, CPLC has been a recipient of an Early Childhood Development grant (federal funds), which requires payment for all grant expenditures within three days of receiving funds. Drawdown funds are received on Wednesday and weekly check runs are done on Thursday.

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:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
1b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
2. Project Name:	De Colores FY2018
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 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA).	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

The proposed project will provide 20 units of rapid re-housing, anticipating that we will provide services to over 40 families who are fleeing domestic violence over the course of the year. The project will use a Housing First approach. Families will be referred through UMOM Family Coordinated Entry System and will work with a Housing Navigator (.5 FTE) and Program Advocate (.5 FTE) to assess a wide array of housing options (scattered site studio, one- and two-bedroom apartments) to accommodate their needs. These rapid re-housing options will be provided by Tiempo, Inc., a for-profit real estate development and management subsidiary of CPLC with its own Board of Directors and staff. Tiempo oversees a portfolio of more than 2,500 apartment units and 50+ single-family homes for lease and specializes in providing housing options for vulnerable populations. Each Tiempo community is operated by a team of highly skilled individuals who are willing to work with vulnerable, hard-to-serve individuals and families to increase retention in permanent housing.

Program Advocate will work with families to develop a service plan (if desired) to help remove barriers to placement in permanent, safe housing and aid in retention of permanent, safe housing. Supportive services based on service plan will then be offered. Flexible financial assistance for moving costs and other costs associated with housing placement and retention will be offered to accommodate a wide range of needs. The Program Advocate and Housing Navigator will also offer mobile services to accommodate a wide range of needs and reduce barriers to placement in and retention of long-term, safe housing.

Under this proposed rapid rehousing program, it is anticipated that families will become self-sufficient by six months. This will enable 20 families to receive assistance at one time, allowing a projected 40 families to be served during the contract year.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	60			
Participants begin to occupy leased units or structure(s), and supportive services begin?	105			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	180			
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

3. Will your project participate in a CoC Coordinated Entry Process? Yes

*** 4. Please identify the project's specific population focus. (Select ALL that apply)**

Chronic Homeless		Domestic Violence	X
Veterans		Substance Abuse	
Youth (under 25)		Mental Illness	
Families	X	HIV/AIDS	
		Other (Click 'Save' to update)	

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	X
Active or history of substance use	X

Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

d. Will the project follow a "Housing First" approach? (Click 'Save' to update) Yes

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.

N/A

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. Will the project use an existing homeless facility or incorporate activities provided by an existing project?	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.

Tiempo will provide an experienced Housing Navigator who will work with families to locate housing options that align with their needs and ensure long-term affordability. The wide range of housing options and locations available through Tiempo helps to accommodate a wide range of participant needs and minimizes housing placement barriers. Tiempo will continue to build relationships with other property managers to further increase housing options. The Housing Navigator is well-versed in informing clients of their rights under the Fair Housing Act, checking for landlord compliance with Fair Housing requirements, working with landlords to ensure Fair Housing compliance, and connecting clients with resources to address Fair Housing violations. Our proposed program will also provide mobile advocacy/case management services and flexible financial assistance to help with associated move-in and other costs that may present barriers to rapidly attaining and then sustaining permanent housing.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

CPLC's Workforce Solutions will be leveraged to help participants in this rapid rehousing program not only secure employment but enter career paths that will help support long-term financial and housing stability. CPLC Workforce Solutions has provided culturally- and linguistically-competent workforce programs to under-served, vulnerable populations for close to forty years. The program uses a comprehensive approach to effectively respond to the ever-

changing economic landscape and ensure all individuals have the resources and support needed to become self-sufficient. Workforce Solutions addresses obstacles facing vulnerable population, identifies the needs of local employers, and bridges the gap to connect individuals with rewarding careers with growth opportunity.

Recently, CPLC's Workforce Solutions has joined with other local stakeholders to help residents of Maryvale enter financially sustaining and rewarding careers. Members of the initiative, “Maryvale+,” include other non-profits, the Maricopa Community College District, government entities, and a variety of local employers from high growth business sectors. De Colores’s community-based services are also housed in Maryvale, and this provides an excellent opportunity for our rapid rehousing participants to utilize these services.

Upon entry in the Workforce Solutions program, a "College and Career Navigator" helps participants develop a "College and Career Blueprint" or similar document based on participant’s work-readiness assessment. This serves as their service plan. A strengths-based approach is used in creating this plan, recognizing and building upon marketable skills and attributes participants already possess, such as bilingualism. The service plan is participant-driven and made up of a series of small, easily achievable goals to help foster self-confidence and self-efficacy. Workforce Solutions provides access to a wide range of services to help participants enter financially sustaining career paths. These include basic education and GED programs, post-secondary education, vocational training, workplace readiness training, and job search assistance.

Participation in Workforce Solutions is voluntary. Program Advocate and Housing Navigator will also help participants gain access to mainstream resources to support financial stability.

In efforts to raise awareness about economic abuse and bolster the financial skills of victims, De Colores has partnered with the Allstate Foundation to bring their Purple Purse program to our community. In a study by the Allstate Foundation, it was found that financial abuse occurs in 99% of domestic violence cases. Survivors are often faced with economic barriers that impede their ability to leave their abuser. The goal of the program, which is offered in both English and Spanish, is to educate survivors on how to manage their finances and meet personal goals.

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	Daily
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	Weekly
Child Care		Applicant	As needed
Education Services		Applicant	As needed
Employment Assistance and Job Training		Applicant	As needed

Food	Applicant	As needed
Housing Search and Counseling Services	Applicant	Weekly
Legal Services	Applicant	Weekly
Life Skills Training	Applicant	Weekly
Mental Health Services	Applicant	As needed
Outpatient Health Services	Applicant	As needed
Outreach Services	Partner	As needed
Substance Abuse Treatment Services	Applicant	As needed
Transportation	Applicant	As needed
Utility Deposits	Applicant	As needed

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?	Yes
5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed?	Yes
6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	Yes
6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	No

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: 20

Total Beds: 60

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	20	60

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: 20

b. Beds: 60

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:

Street 2: not available due to DV status

City: Phoenix

State: Arizona

ZIP Code:

***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)**

040330 Phoenix

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	20	0	0	20

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	16	0		16
Adults ages 18-24	4	0		4
Accompanied Children under age 18	40		0	40
Unaccompanied Children under age 18			0	0
Total Persons	60	0	0	60

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							16			
Adults ages 18-24							4			
Children under age 18							40			
Total Persons	0	0	0	0	0	0	60	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										
Adults ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

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

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

	Directly from the street or other locations not meant for human habitation.
	Directly from emergency shelters.
	Directly from safe havens.
100%	**Persons fleeing domestic violence.**
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	**Total of above percentages**

2. Describe the outreach plan to bring these homeless participants into the project.

This project will participate in our CoC's coordinated entry system. This coordinated entry system will provide outreach and access to the proposed Rapid Rehousing program.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. What type of CoC funding is this project applying for in the 2018 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
Department of Health and Human Services	16%	$28,709,817

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	X
Supportive Services	X

HMIS

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:	$196,440
Total Units:	20

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	20	$196,440

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: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$468	x	12		=	$0
0 Bedroom	2	x	$624	x	12		=	$14,976
1 Bedroom	10	x	$757	x	12		=	$90,840

2 Bedrooms	8	x	$944	x	12		=	$90,624
3 Bedrooms		x	$1,374	x	12		=	$0
4 Bedrooms		x	$1,594	x	12		=	$0
5 Bedrooms		x	$1,833	x	12		=	$0
6 Bedrooms		x	$2,072	x	12		=	$0
7 Bedrooms		x	$2,311	x	12		=	$0
8 Bedrooms		x	$2,550	x	12		=	$0
9 Bedrooms		x	$2,790	x	12		=	$0
Total Units and Annual Assistance Requested	20							$196,440
Grant Term								1 Year
Total Request for Grant Term								$196,440

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and limits HUD’s understanding of what is being requested. Failure to enter adequate ‘Quantity AND Detail’ may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs	$400/familly x 40 families	$16,000
3. Case Management	.25 FTE Housing Navigator	$15,000
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

14. Substance Abuse Treatment Services		
15. Transportation	bus passes $125 x 40 families	$5,000
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		$36,000
Grant Term		1 Year
Total Request for Grant Term		$36,000

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:	$63,715
Total Value of All Commitments:	$63,715

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Private	Tiempo	07/27/2018	$17,200
Yes	In-Kind	Government	CPLC De Colores	07/27/2018	$46,515

Sources of Match Detail

1. Will this commitment be used towards match ?	Yes
2. Type of commitment:	In-Kind
3. Type of source:	Private
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)	Tiempo
5. Date of Written Commitment:	07/27/2018
6. Value of Written Commitment:	$17,200

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 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: (Be as specific as possible and include the office or grant program as applicable)	CPLC De Colores
5. Date of Written Commitment:	07/27/2018
6. Value of Written Commitment:	$46,515

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	$196,440	1 Year	$196,440
4. Supportive Services	$36,000	1 Year	$36,000
5. Operating	$0	1 Year	$0
6. HMIS	$0	1 Year	$0
7. Sub-total Costs Requested			$232,440
8. Admin (Up to 10%)			$22,418
9. Total Assistance Plus Admin Requested			$254,858
10. Cash Match			$0
11. In-Kind Match			$63,715
12. Total Match			$63,715
13. Total Budget			$318,573

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	Indirect Cost Rate	07/26/2018
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Indirect Cost Rate

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: Pedro Cons

Date: 08/21/2018

Title: Executive Vice President Integrated Health

Applicant Organization: Chicanos Por La Causa, Inc.

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, ficticious, or fraudulent X

statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

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
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/01/2018
1E. SF-424 Compliance	07/20/2018
1F. SF-424 Declaration	07/20/2018
1G. HUD 2880	07/26/2018
1H. HUD 50070	07/20/2018
1I. Cert. Lobbying	07/20/2018
1J. SF-LLL	07/20/2018
2A. Subrecipients	No Input Required
2B. Experience	08/01/2018
3A. Project Detail	07/25/2018
3B. Description	08/21/2018
3C. Expansion	07/24/2018
4A. Services	07/30/2018
4B. Housing Type	08/21/2018
5A. Households	08/21/2018
5B. Subpopulations	No Input Required
5C. Outreach	07/25/2018
6A. Funding Request	07/26/2018
6E. Rental Assistance	07/27/2018
6F. Supp Srvcs Budget	07/27/2018
6I. Match	07/27/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	07/26/2018
7A. In-Kind MOU Attachment	No Input Required
7D. Certification	07/30/2018

NONPROFIT RATE AGREEMENT

EIN: 86-0227210

ORGANIZATION:
Chicanos Por La Causa
1112 East Buckeye Road
Phoenix, AZ 85034-4043

DATE:06/06/2016

FILING REF.: The preceding agreement was dated 09/10/2015

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

EFFECTIVE PERIOD

TYPE	FROM	TO	RATE(%)	LOCATION	APPLICABLE TO
PRED.	07/01/2014	06/30/2018	16.10	All	All Programs
PROV.	07/01/2018	06/30/2020	16.10	All	All Programs

*BASE

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations), subawards and flow-through funds.

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

DEFINITION OF EQUIPMENT
Equipment is defined as tangible nonexpendable personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit.

The following fringe benefits are treated as direct costs:
FICA, WORKERS COMPENSATION, HEALTH INSURANCE, AND UNEMPLOYMENT INSURANCE.

The Head Start indirect cost rate has been negotiated in compliance with the Administration for Children and Families Program Instruction (ACF PI HS 08-03) dated 5/12/2008, which precludes using any Head Start grant funds to pay any part of the compensation of an individual either as a direct cost or any pro ration as an indirect cost if that individual's compensation exceeds the rate payable of an Executive Level II. As of January 11, 2015 the rate of compensation for an Executive Level II is $183,300 per year.

The four year extension of the indirect cost rate was granted in accordance with 2 CFR 200.414(g).

NEXT PROPOSAL DUE DATE
A proposal based on actual costs for fiscal year ending 06/30/19, will be due no later than 12/31/19.

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted: such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

Chicanos Por La Causa

(INSTITUTION)

(SIGNATURE)

ALICIA NUÑEZ

(NAME)

CFO

(TITLE)

6/9/16

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Arif M. Karim -S

Digitally signed by Arif M. Karim -S
DN: c=US, o=U.S. Government, ou=HHS, ou=PSC, ou=People, cn=Arif M. Karim -S, 0.9.2342.19200300.100.1.1=2000212895
Date: 2016.06.09 09:35:34 -05'00'

(SIGNATURE)

Arif Karim

(NAME)

Director, Cost Allocation Services

(TITLE)

6/6/2016

(DATE) 0105

HHS REPRESENTATIVE: Kitty Unti

Telephone: (415) 437-7820

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 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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 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 onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. 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.
- 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 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/17/2018
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: Crisis Response Network, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 26-0446321

	c. Organizational DUNS:	831919571	**PLUS 4:**	

d. Address

Street 1: 1275 West Washington Street

Street 2: Suite 108

City: Tempe

County:

State: Arizona

Country: United States

Zip / Postal Code: 85281

e. Organizational Unit (optional)

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Tyler

Middle Name:

Last Name: Rosensteel

Suffix:

Title: Director, HMIS

Organizational Affiliation: Crisis Response Network, Inc.

Telephone Number: (480) 334-0226

Extension:
Fax Number: (602) 633-0520
Email: Tyler.Rosensteel@crisisnetwork.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	CRN - Housing Crisis Hotline
16. Congressional District(s):	
a. Applicant:	AZ-005, AZ-004, AZ-003, AZ-002, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-004, AZ-003, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
17. Proposed Project	
a. Start Date:	04/01/2019
b. End Date:	03/31/2020
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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Justin
Middle Name:	
Last Name:	Chase
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 427-4600
Fax Number: (Format: 123-456-7890)	(602) 633-0520
Email:	Justin.Chase@crisisnetwork.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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:	Crisis Response Network, Inc.
Prefix:	Mr.
First Name:	Justin
Middle Name:	
Last Name:	Chase
Suffix:	
Title:	Chief Executive Officer
Organizational Affiliation:	Crisis Response Network, Inc.
Telephone Number:	(602) 427-4600
Extension:	
Email:	Justin.Chase@crisisnetwork.org
City:	Tempe
County:	
State:	Arizona
Country:	United States
Zip/Postal Code:	85281

2. Employer ID Number (EIN):	26-0446321
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$400,000.00

(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? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA		$0.00	

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 (%)
Mediware Software	721440820	Software Hosting / Maintenance	$130,000.00	25%

Note: If there are no other people included, write NA in the boxes.

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Justin Chase, Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/17/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Crisis Response Network, Inc.

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;**		

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 hereby certify that all the information stated herein, as well as any information provided in X

the accompaniment herewith, is true and 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:	Justin
Middle Name	
Last Name:	Chase
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 427-4600
Fax Number: (Format: 123-456-7890)	(602) 633-0520
Email:	Justin.Chase@crisisnetwork.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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

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:	Crisis Response Network, Inc.
Name / Title of Authorized Official:	Justin Chase, Chief Executive Officer
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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:	Crisis Response Network, Inc.
Street 1:	1275 West Washington Street
Street 2:	Suite 108
City:	Tempe
County:	
State:	Arizona
Country:	United States
Zip / Postal Code:	85281

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:	Mr.
First Name:	Justin
Middle Name:	
Last Name:	Chase
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 427-4600
Fax Number: (Format: 123-456-7890)	(602) 633-0520
Email:	Justin.Chase@crisisnetwork.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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.

Crisis Response Network is the parent company to Community Information and Referral, an agency that effectively administered federal funds since 2009. Community Information and Referral / Crisis Response Network is the HMIS Lead for the Maricopa Continuum of Care.

Crisis Response Network operates a Crisis Hotline that is funded through multiple Regional Behavioral Health Authorities in Arizona with a budget of over 10 million dollars. It operates 24 hours a day, 7 days a week and 365 days a year.The hotline receives over 25,000 calls per month and has a call abandonment rate of less than 2%. The call center provides triage, dispatch services, and connection to mainstream services.The Crisis Hotline is seen as a national best practice and is a primary reason why Crisis Response Network has expanded into multiple lines of business, operating a veteran support line and the 211 resource and referral line for Arizona.

In addition, Crisis Response Network is contracted by Arizona's Medicaid Agency (AHCCCS) for over 5 million dollars to complete Serious Mental Illness (SMI) determinations throughout the state of Arizona. This contract was re-awarded in 2018 to provide 5 additional years of service.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

Crisis Response Network is seen in the community as a trusted unbiased third party. The primary work that Crisis Response Network does, is triage and connection to other service providers. The connection is done through unbiased and objective criteria, which creates a level of trust in the process. The continued effectiveness of Crisis Response Network programs and the maintenance of community trust has resulted in Crisis Response Network obtaining multiple funding sources. Crisis Response Network has an annual budget of over 15 million dollars by leveraging Federal, State and local funds. Some of those partners include: Arizona Department of Housing, Regional Behavioral Health Authorities, private foundations, and Arizona's Medicaid Agency.

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.

Crisis Response Network is an established 501c3 organization with a Board of

Directors made up of 10 community leaders and related experts. There are multiple Chief level positions, departments and committees that structure the operations and oversight of the organization. The Chief Administrative Officer oversees the Human Resources, Information Technology (IT), Contracts and Fundraising departments. These departments are separate from program operations. The Chief Financial Officer oversees the accounting department which operates to provide ethical and transparent financial practices. The Chief Operating Officer oversees the administration of all Crisis Response Network programs. The Chief Experience officer is responsible for maintaining a healthy employee culture, internal and external communication and training. Crisis Response Network has a robust employee orientation process that ensures all staff understand company policy and are trained to be effective at their role. Crisis Response Network has a Compliance Department that is responsible for ensuring all policies and procedures are followed. This department reports directly to the Board of Directors so as to be objective in all matters related to compliance. Lastly, Crisis Response Network developed a Policy Committee. This committee is made up of at least one member from each department and operates to develop policies and procedures in a collaborative way. Each department provides input and feedback to policies that will be implemented at Crisis Response Network. The robust infrastructure of Crisis Response Network allows for the effective implementation of programs with an operating budget of over 15 million dollars.

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:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
1b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
2. Project Name:	CRN - Housing Crisis Hotline
3. Project Status:	Standard
4. Component Type:	SSO
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 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA).	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Crisis Response Network Inc. (CRN), in collaboration with the Coordinated Entry Lead Agencies, is proposing a Housing Crisis Hotline that covers the geographic area of Maricopa County. The hotline will be utilized for the purpose of expanding access to Coordinated Entry, maintaining compliance with HUD's Coordinated Entry Notice CPD-17-01 with an emphasis on providing diversion services.
We believe this expansion will not only increase access to the entire county but streamline and simplify the process for individuals seeking homeless services. Well-trained staff will provide Coordinated Entry services via the Housing Crisis Hotline. These staff will provide initial triage, diversion services and integration to mainstream services such as shelter, street outreach and Coordinated Entry sites for clients seeking homeless services.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	45			
Participants begin to occupy leased units or structure(s), and supportive services begin?				
Leased or rental assistance units or structure, and supportive services near 100% capacity?				
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

*** 3. Please identify the project's specific population focus.**

(Select ALL that apply)

Chronic Homeless	☐	**Domestic Violence**	☐
Veterans	☐	**Substance Abuse**	☐
Youth (under 25)	☐	**Mental Illness**	☐
Families	☐	**HIV/AIDS**	☐
		Other (Click 'Save' to update)	☐

4. Please select the type of SSO project: Coordinated Entry

4a. Will the coordinated entry process funded in part by this grant cover the CoC's entire geographic area? Yes

4b. Will the coordinated entry process funded in part by this grant be easily accessible? Yes

4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

Crisis Response Network will advertise the Housing Crisis Hotline through our local 211, the Coordinated Entry System and the Continuum of Care. The Housing Crisis Hotline will be accessed through our community 211 Resource and Referral line which is widely known in Maricopa County. In addition, the hotline will be added to existing advertisement documents developed and distributed through the Coordinated Entry Lead agencies for those seeking homeless services. Lastly, the information will be distributed through community partners, including our local Continuum of Care which has representation of many homeless service providers in the Maricopa Region.

4d. Does the coordinated entry process use a comprehensive, standardized assessment process? Yes

4e. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services.

Each client that enters the system will go through a standard process of safety planning, homeless verification, diversion, and a housing assessment. If the client completes a housing assessment and is not diverted, the client will be added to a priority list for housing. The prioritization schema in place was adopted by the Continuum of Care board to ensure equitable and standard access to the system. Based on the housing assessment, homeless verification and available housing resources, the client will be referred to the most appropriate opportunity. In this proposal Crisis Response Network can provide all the services of an access point to ensure those utilizing the hotline provides equitable access to the system.

4f. If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following five groups: Chronically Homeless, Individuals, Families, Youth, and Persons At Risk of Homelessness?	Yes

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?	Yes
2. Is this New project application requesting a “Project Expansion” of an eligible renewal project of the same component type?	No
3. Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details.	Coordinated entry, Provide additional supportive services to homeless persons

Additional supportive services to homeless persons

Indicate how the project is proposing to "provide additional supportive services to the homeless persons served."	Increase number of and/or expand variety of supportive services provided, Increase frequency and/or intensity of supportive services, Coordinated entry

Describe the reason for the supportive service increase indicated above.

The Housing Crisis Hotline will significantly expand diversion services to the entire region. It is currently a service only offered in person at physical sites. Offering it over the phone, allows for the service to be provided at more times and in more locations. We expect this to relieve strain on the rest of the system as more people will be diverted from homeless services before they enter a physical site. In addition to diversion, clients will be provided with service information and access to Coordinated Entry prioritization. This simplifies the process for clients while expanded access.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020?	Yes
2. What type of CoC funding is this project applying for in the 2018 CoC Competition?	Reallocation + Bonus
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Select a grant term:	1 Year
*** 5. Select the costs for which funding is being requested:**	
Supportive Services	X

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and limits HUD’s understanding of what is being requested. Failure to enter adequate ‘Quantity AND Detail’ may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	This Includes: 7 FTEs to provide services and oversight, IT expenses to ensure staff have necessary equipment, training expenses, space and rent expenses	$363,636
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		

13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		$363,636
Grant Term		1 Year
Total Request for Grant Term		$363,636

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:	$100,000
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$100,000

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Private Fundraisi...	07/31/2018	$100,000

Sources of Match Detail

1. Will this commitment be used towards match ?	Yes
2. Type of commitment:	Cash
3. Type of source:	Private
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)	Private Fundraising or CRN General Operating Funds
5. Date of Written Commitment:	07/31/2018
6. Value of Written Commitment:	$100,000

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	$0	1 Year	$0
4. Supportive Services	$363,636	1 Year	$363,636
5. Operating	$0	1 Year	$0
6. HMIS	$0	1 Year	$0
7. Sub-total Costs Requested			$363,636
8. Admin (Up to 10%)			$36,364
9. Total Assistance Plus Admin Requested			$400,000
10. Cash Match			$100,000
11. In-Kind Match			$0
12. Total Match			$100,000
13. Total Budget			$500,000

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	Match Letter - CRN	08/01/2018
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Match Letter - CRN

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:	Justin Chase
Date:	08/17/2018
Title:	Chief Executive Officer
Applicant Organization:	Crisis Response Network, Inc.
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, ficticious, or fraudulent	X

statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/17/2018
1E. SF-424 Compliance	07/27/2018
1F. SF-424 Declaration	07/27/2018

1G. HUD 2880	07/27/2018
1H. HUD 50070	07/27/2018
1I. Cert. Lobbying	07/27/2018
1J. SF-LLL	07/27/2018
2A. Subrecipients	No Input Required
2B. Experience	08/01/2018
3A. Project Detail	07/30/2018
3B. Description	07/30/2018
3C. Expansion	07/31/2018
6A. Funding Request	07/30/2018
6F. Supp Srvcs Budget	07/31/2018
6I. Match	07/30/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/01/2018
7D. Certification	07/30/2018

Crisis Response
NETWORK Inspiring Hope

July 30, 2018

Maricopa Association of Governments
Continuum of Care Board
301 N. 1st Avenue
Phoenix, AZ 85003

Re: Cash Match Commitment HUD New Application 2018
Housing Crisis Hotline

Dear CoC Board:

This letter is to serve as Crisis Response Network's commitment to collect and provide a minimum of $100,000 in cash match funds to CRN's Housing Crisis Hotline application for the dates designated by the HUD Grant approximated as August 1st, 2019 through July 31st, 2020.

CRN will provide cash match for 25% of the HUD CoC grant award in the amount of $100,000 through private fundraising or CRN general operating funds. Current partners interested in funding the initiative include corporate sponsors, local cities & municipalities and local and national family and community foundations.

Housing Crisis Hotline Award Requested:	$400,000
Total Cash Match Commitment (25%):	**$100,000**

Sincerely,

Justin Chase
Chief Executive Officer

1275 West Washington Street, Suite 108
Tempe, Arizona 85281
602.427.4600
CrisisNetwork.org

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 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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 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 onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. 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.
- 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 2018 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:	09/11/2018
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 Information and Referral Services

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0374813

	c. Organizational DUNS:	018577718	**PLUS 4:**	

d. Address

Street 1: 1275 W. Washington St

Street 2: Suite 108

City: Tempe

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85281

e. Organizational Unit (optional)

Department Name: HMIS

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Tyler

Middle Name:

Last Name: Rosensteel

Suffix:

Title: Director of HMIS

Organizational Affiliation: Crisis Response Network

Telephone Number: (480) 334-0226

Extension:
Fax Number: (602) 633-0520
Email: Tyler.Rosensteel@crisisnetwork.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	Maricopa HMIS Project Reporting Expansion
16. Congressional District(s):	
a. Applicant:	AZ-005, AZ-004, AZ-003, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-004, AZ-003, AZ-007, AZ-008, AZ-006, AZ-001
17. Proposed Project	
a. Start Date:	08/01/2019
b. End Date:	07/31/2020
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:	07/30/2018
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Justin
Middle Name:	
Last Name:	Chase
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 427-4600
Fax Number: (Format: 123-456-7890)	(602) 633-0520
Email:	Justin.Chase@crisisnetwork.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/11/2018

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:	Community Information and Referral Services
Prefix:	Mr.
First Name:	Justin
Middle Name:	
Last Name:	Chase
Suffix:	
Title:	Chief Executive Officer
Organizational Affiliation:	Community Information and Referral Services
Telephone Number:	(602) 427-4600
Extension:	
Email:	Justin.Chase@crisisnetwork.org
City:	Tempe
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85281

2. Employer ID Number (EIN):	86-0374813
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$159,500.00

(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? (For further information, see 24 CFR Sec. 4.3). Yes

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			
N/A			
N/A			
N/A			

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 (%)
Bowman/Mediware Software	721440820	Software Maintenance/Hosting	$130,000.00	25%

Note: If there are no other people included, write NA in the boxes.

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Justin Chase, Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/24/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Community Information and Referral Services

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;**		

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 hereby certify that all the information stated herein, as well as any information provided in X

the accompaniment herewith, is true and 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:	Justin
Middle Name	
Last Name:	Chase
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 427-4600
Fax Number: (Format: 123-456-7890)	(602) 633-0520
Email:	Justin.Chase@crisisnetwork.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/11/2018

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

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 Information and Referral Services
Name / Title of Authorized Official:	Justin Chase, Chief Executive Officer
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/11/2018

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:	Community Information and Referral Services
Street 1:	1275 W. Washington St
Street 2:	Suite 108
City:	Tempe
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85281

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:	Mr.
First Name:	Justin
Middle Name:	
Last Name:	Chase
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 427-4600
Fax Number: (Format: 123-456-7890)	(602) 633-0520
Email:	Justin.Chase@crisisnetwork.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/11/2018

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.

Crisis Response Network is the parent company to Community Information and Referral (CIR), an agency that effectively administered federal funds since 2009. Community Information and Referral / Crisis Response Network is the HMIS Lead for the Maricopa Continuum of Care. The Maricopa HMIS Team Vision is to drive and inspire data informed decisions to improve homeless systems. The Maricopa HMIS is quickly becoming a national expert in HMIS. Crisis Response Network operates a Crisis Hotline that is funded through multiple Regional Behavioral Health Authorities in Arizona with a budget of over 10 million dollars. It operates 24 hours a day, 7 days a week and 365 days a year. The hotline receives over 25,000 calls per month and has a call abandonment rate of less than 2%. The call center provides triage, dispatch services, and connection to mainstream services.The Crisis Hotline is seen as a national best practice and is a primary reason why Crisis Response Network has expanded into multiple lines of business, operating a veteran support line and the 211 resource and referral line for Arizona. In addition, Crisis Response Network is contracted by Arizona's Medicaid Agency (AHCCCS) for over 5 million dollars to complete Serious Mental Illness (SMI) determinations throughout the state of Arizona. This contract was reawarded in 2018 to provide 5 additional years of service.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

Crisis Response Network is seen in the community as a trusted unbiased third party. The primary work that Crisis Response Network does, is triage and connection to other service providers. The connection is done through unbiased and objective criteria, which creates a level of trust in the process. The continued effectiveness of Crisis Response Network programs and the maintenance of community trust has resulted in Crisis Response Network obtaining multiple funding sources. Crisis Response Network has an annual budget of over 15 million dollars by leveraging Federal, State and local funds. Some of those partners include: Arizona Department of Housing, Regional Behavioral Health Authorities, private foundations, and Arizona's Medicaid Agency.

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.

Crisis Response Network is an established 501c3 organization with a Board of

Directors made up of 10 community leaders and related experts. There are multiple Chief level positions, departments and committees that structure the operations and oversight of the organization. The Chief Administrative Officer oversees the Human Resources, Information Technology (IT), Contracts and Fundraising departments. These departments are separate from program operations. The Chief Financial Officer oversees the accounting department which operates to provide ethical and transparent financial practices. The Chief Operating Officer oversees the administration of all Crisis Response Network programs. The Chief Experience officer is responsible for maintaining a healthy employee culture, internal and external communication and training. Crisis Response Network has a robust employee orientation process that ensures all staff understand company policy and are trained to be effective at their role. Crisis Response Network has a Compliance Department that is responsible for ensuring all policies and procedures are followed. This department reports directly to the Board of Directors so as to be objective in all matters related to compliance. Lastly, Crisis Response Network developed a Policy Committee. This committee is made up of at least one member from each department and operates to develop policies and procedures in a collaborative way. Each department provides input and feedback to policies that will be implemented at Crisis Response Network. The robust infrastructure of Crisis Response Network allows for the effective implementation of programs with an operating budget of over 15 million dollars.

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:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
1b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
2. Project Name:	Maricopa HMIS Project Reporting Expansion
3. Project Status:	Standard
4. Component Type:	HMIS
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 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA).	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

The need for reliable reporting from a community's HMIS has never been stronger. This project expands the current capacity of HMIS to provide two much needed services for the community: stronger reporting and analytic capabilities for the community and more reliable and usable reporting within the HMIS for users and HMIS participating agencies.
Stronger Reporting and Analytic Capabilities for the community and for agencies are desperately needed in Maricopa County. The HMIS team has turned the corner in terms of efficiently training and ensuring appropriate data entry to reliably produce the standard federal reports but this is not sufficient for the level of local analysis needed to better understand homelessness in Maricopa County. The funding of a dedicated Business Intelligence Developer will allow for the continual creation and improvement of necessary reporting and data warehousing tools. This would include fully automated public facing dashboards as well as data integration projects with other systems of care.
More Reliable and usable reporting within the HMIS for users and HMIS participating agencies is essential. Many HMIS participating agencies use HMIS as their sole reporting database. We encourage this because it allows them to capture data in a uniform way across the organization, reduce duplicitive data entry burdens and ultimately improve care to homeless individuals. To support this requires a substantial amount of technical reporting requirements outside of the standard federal reports. HMIS Vendors are unable to reliably produce and update local reports that are useful for local decisions. The funding of a dedicated HMIS Technical Supervisor with experience in developing reports will allow for the HMIS team to focus on delivering quality reports and allow the current HMIS Director to focus on analysis of reports and providing recommendations to the community and agencies rather than completing dayto-day technical supervision and production of work.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement

	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	30			
Participants begin to occupy leased units or structure(s), and supportive services begin?				
Leased or rental assistance units or structure, and supportive services near 100% capacity?				
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. 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.

3C. HMIS Expansion

1. Will the requested funds increase the capacity or function of the CoC's existing HMIS?	Yes
2. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type?	Yes

Enter the PIN number (first 6 numbers of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2017 upon which this project proposes to expand.

Eligible Renewal Grant PIN Number:	AZ0076
Eligible Renewal Grant Project Name:	Maricopa HMIS Project
3. Indicate the scope of the proposed expansion: Click 'Save' to update form.	Increase HMIS functionality, Increase # of HMIS participating agencies and/or programs

If increasing HMIS functionality, respond to the following:

a) Describe the increased functionality.

The need for reliable reporting from a community's HMIS has never been stronger. This project expands the current capacity of HMIS to provide two much needed services for the community: stronger reporting and analytic capabilities including data integration for the community and more reliable and usable reporting within the HMIS for users and HMIS participating agencies.

If increasing the number of participating agencies and/or programs, respond to the following:

a) Identify the additional participants in each of the following programs that will be added.

HUD - Emergency Solutions Grant (ESG)	10
HUD - Housing Opportunities for Persons with AIDS (HOPWA)	0
HHS - Projects for Assistance in Transition from Homelessness (PATH)	0
HHS - Runaway and Homeless Youth Programs (RHY)	2
VA	2
Other	10
Total	30

4A. HMIS Standards

1a. Is the HMIS currently programmed to collect all Universal Data Elements (UDE's) as set forth in the 2017 HMIS Data Standards?	Yes
1b. If no, explain why and the planned steps for compliance. Max. 500 characters	
2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells (this will be the Logitudinal System Analysis next year), data for CAPER/ESG reporting, SPM and Data Quality Table, etc).	Yes
2b. If no, explain why and the planned steps for compliance. Max. 500 characters.	
3a. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS?	Yes
3b. If No, explain why and the planned steps for compliance. Max. 500 characters.	
4. Can the HMIS currently provide the CoC with an unduplicated count of clients receiving services in the CoC?	Yes
5. Does your HMIS implementation have a staff person responsible for insuring the implementation meets all privacy and security standards as required by HUD and the federal partners?	Yes
6. Does your organization conduct a background check on all employees who access HMIS or view HMIS data?	Yes

7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis?	Yes
8. Do you have a process in place to remove community members who no longer need access to HMIS (e.g. leave their job, fired, etc.)	Yes
a. How long does it take to remove access rights to former HMIS users?	Within 24 hours

4B. HMIS Training

Indicate the last training date or proposed training date for each HMIS training, as applicable.

Activity	**Enter date of last training or proposed next training (mm/yyyy)**
Basic Computer Training	07/2018
HMIS Software Training for Sys Admin	07/2018
HMIS Software Training	07/2018
Data Quality Training	07/2018
Security Training	07/2018
Privacy/Ethics Training	07/2018
HMIS PIT Count Training	01/2019
Other (must specify)	

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020?	Yes
2. What type of CoC funding is this project applying for in the 2018 CoC Competition?	Reallocation + Bonus
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Select a grant term:	1 Year
HMIS	X

6H. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount funds requested for each activity.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant term: This field is populated based on the grant term selected on Screen “6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment	Hardware Purchases for Business Intelligence	$10,000
2. Software	Software Purchases & Licenses for Business Intelligence	$10,000
3. Services		$0
4. Personnel	1 FTE Business Intelligence Developer, 1 FTE HMIS Technical Supervisor, Training and ERE	$110,000
5. Space & Operations	Rent, Space and Utilities for additional positions	$15,000
Total Annual Assistance Requested:		$145,000
Grant Term:		1 Year
Total Request for Grant Term:		$145,000

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:	$40,500
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$40,500

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Yes

1a. Briefly describe the source of the program income: (limit 1000 characters)

Participating HMIS agencies pay a per agency access fee and a per user fee.

1b. Estimate the amount of program income that will be used as Match for this project: $40,500

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	User Fees	07/31/2018	$40,500

Sources of Match Detail

1. Will this commitment be used towards match ?	Yes
2. Type of commitment:	Cash
3. Type of source:	Private
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)	User Fees
5. Date of Written Commitment:	07/31/2018
6. Value of Written Commitment:	$40,500

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	$0	1 Year	$0
4. Supportive Services	$0	1 Year	$0
5. Operating	$0	1 Year	$0
6. HMIS	$145,000	1 Year	$145,000
7. Sub-total Costs Requested			$145,000
8. Admin (Up to 10%)			$14,500
9. Total Assistance Plus Admin Requested			$159,500
10. Cash Match			$40,500
11. In-Kind Match			$0
12. Total Match			$40,500
13. Total Budget			$200,000

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	HMIS Match Letters	09/11/2018
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description: HMIS Match Letters

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: Justin Chase

Date: 09/11/2018

Title: Chief Executive Officer

Applicant Organization: Community Information and Referral Services

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, ficticious, or fraudulent X

statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/11/2018
1E. SF-424 Compliance	07/26/2018

1F. SF-424 Declaration	07/26/2018
1G. HUD 2880	07/26/2018
1H. HUD 50070	07/26/2018
1I. Cert. Lobbying	07/26/2018
1J. SF-LLL	07/26/2018
2A. Subrecipients	No Input Required
2B. Experience	09/11/2018
3A. Project Detail	09/11/2018
3B. Description	09/11/2018
3C. HMIS Expansion	09/11/2018
4A. HMIS Standards	09/11/2018
4B. HMIS Training	09/11/2018
6A. Funding Request	09/11/2018
6H. HMIS Budget	09/11/2018
6I. Match	09/11/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/11/2018
7D. Certification	09/11/2018

Crisis Response
NETWORK Inspiring Hope

July 30, 2018

Maricopa Association of Governments
Continuum of Care Board
301 N. 1st Avenue
Phoenix, AZ 85003

Re: Cash Match Commitment HUD Renewal/Expansion Application 2018
Maricopa HMIS Project

Dear CoC Board:

This letter is to serve as Crisis Response Network's commitment to collect and provide a minimum of $131,500 in HMIS User Fees to Maricopa HMIS Project's Renewal/Expansion Application for the dates of August 1st, 2019 through July 31, 2020.

Sincerely,

Justin Chase
Chief Executive Officer

1275 West Washington Street, Suite 108
Tempe, Arizona 85281
602.427.4600
CrisisNetwork.org

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/11/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0076
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Community Information and Referral Services

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0374813

	c. Organizational DUNS:	018577718	**PLUS 4**	

d. Address

Street 1: 1275 W. Washington St

Street 2: Suite 108

City: Tempe

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85281

e. Organizational Unit (optional)

Department Name: HMIS

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Tyler

Middle Name:

Last Name: Rosensteel

Suffix:

Title: Director of HMIS

Organizational Affiliation: Crisis Response Network

Telephone Number: (480) 334-0226

Extension:
Fax Number: (602) 633-0520
Email: Tyler.Rosensteel@crisisnetwork.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	Maricopa HMIS Project
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-005, AZ-004, AZ-003, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-004, AZ-003, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
17. Proposed Project	
a. Start Date:	08/01/2018
b. End Date:	07/31/2019
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:	07/30/2018
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Justin
Middle Name:	
Last Name:	Chase
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 427-4600
Fax Number: (Format: 123-456-7890)	(602) 633-0520
Email:	Justin.Chase@crisisnetwork.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/11/2018

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:	Community Information and Referral Services
Prefix:	Mr.
First Name:	Justin
Middle Name:	
Last Name:	Chase
Suffix:	
Title:	Chief Executive Officer
Organizational Affiliation:	Community Information and Referral Services
Telephone Number:	(602) 427-4600
Extension:	
Email:	Justin.Chase@crisisnetwork.org
City:	Tempe
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85281

2. Employer ID Number (EIN):	86-0374813
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$400,921.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Maricopa HMIS Project 1275 W. Washington St Tempe 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? (For further information, see 24 CFR Sec. 4.3). Yes

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			
N/A			
N/A			
N/A			

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
Bowman/Mediware Software	721440820	Software Maintenance/Hosting	$130,000.00	25%

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: X

Name / Title of Authorized Official: Justin Chase, Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/11/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Community Information and Referral Services

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:	Justin
Middle Name	
Last Name:	Chase
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 427-4600
Fax Number: (Format: 123-456-7890)	(602) 633-0520
Email:	Justin.Chase@crisisnetwork.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/11/2018

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

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 Information and Referral Services
Name / Title of Authorized Official:	Justin Chase, Chief Executive Officer
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/11/2018

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:	Community Information and Referral Services
Street 1:	1275 W. Washington St
Street 2:	Suite 108
City:	Tempe
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85281

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:	Mr.
First Name:	Justin
Middle Name:	
Last Name:	Chase
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 427-4600
Fax Number: (Format: 123-456-7890)	(602) 633-0520
Email:	Justin.Chase@crisisnetwork.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/11/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

Organization	Type	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: AZ0076

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: AZ-502 - Phoenix, Mesa/Maricopa County CoC

2b. CoC Collaborative Applicant Name: Maricopa Association of Governments

3. Project Name: Maricopa HMIS Project

4. Project Status: Standard

5. Component Type: HMIS

6. Does this project use one or more properties that have been conveyed through the Title V process? No

7. Will this renewal project be part of a new application for a Renewal Expansion Grant? Yes

a. Input the name of the New renewal Expansion Project

3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Provide a description that addresses the entire scope of the proposed project.

The Maricopa HMIS Project is the dedicated HMIS for the AZ502 Phoenix/Mesa/Maricopa County Continuum of Care. Community Information and Referral Services is the designated HMIS Lead Agency by the Maricopa Continuum of Care Board. The Maricopa HMIS Project includes 50 participating agencies, over 300 projects, over 600 users who served approximately 29,643 unique homeless individuals in FY16. The team completed 1600 hours of user training in FY17.

HMIS provides homeless service agencies with proprietary software they use to record shelter management data, intake information, service records, and reporting providing longitudinal data, so that service providers can track service provisions and service demand trends. The HMIS system provides essential information about who is accessing various homeless and housing services as well as identifies housing needs, service gaps and outcomes.

There are a wide range of project types using the HMIS database. The following project types actively use the database, coordinated entry, emergency shelter, transitional shelter, permanent supportive housing, other permanent housing, rapid-rehousing, outreach, homeless prevention, SSVF, RHY, and service only. These providers are from a wide range of different funding streams including HUD, faith based, ESG, private funding, and United Way.

The project is continually working to increase HMIS coverage. This includes encouraging current agencies to increase their HMIS use and encouraging non-HMIS projects to start using the database. The team is striving for 100% bed coverage in each housing area.

The Maricopa HMIS project continues to submit all HUD required reports and requirements successfully and timely. The Annual Housing Assessment Report (AHAR) was again approved and marked useable in all areas for both submittal areas, Maricopa County and the City of Phoenix.

The project team works closely with the CoC Lead on the PIT and HIC. The HMIS team entered over 1600 street count surveys into the database in 2017. This is the third year the project has entered the street count surveys. The team also completes all the sheltered PIT information coordinating data for projects who are in HMIS and who are not in HMIS. The team then compiles the data and completes the HIC timely and successfully on behalf of the

Continuum.

The HMIS project has been working with community leaders on initiatives relating to Veteran and Chronic Homelessness providing monthly placement data and by name lists to help the initiative as requested, we are involved in multiple committees, and are a critical data piece to the continuum of care.

2. Does your project have a specific population focus? No

4A. HMIS Standards

1a. Is the HMIS currently programmed to collect all required Data Elements as set forth in the 2017 HMIS Data Standards?	Yes

1b. If no, explain why and the planned steps for compliance. Max. 500 characters

2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells (this will be the Logitudinal System Analysis next year), data for CAPER/ESG reporting, SPM and Data Quality Table, etc).	Yes

2b. If no, explain why and the planned steps for compliance. Max. 500 characters

3a. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS?	Yes

3b. If no, explain why and the planned steps for achieving this. Max. 500 characters

4. Can the HMIS currently provide the CoC with an unduplicated count of clients receiving services in the CoC?	Yes
5. Does your HMIS implementation have a staff person responsible for insuring the implementation meets all privacy and security standards as required by HUD and the federal partners?	Yes
6. Does your organization conduct a background check on all employees who access HMIS or view HMIS data?	Yes

7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis?	Yes
8. Do you have a process in place to remove community members who no longer need access to HMIS (e.g. leave their job, fired, etc.)	Yes
a. How long does it take to remove access rights to former HMIS users?	Within 24 hours

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year
5. Select the costs for which funding is being requested:	
HMIS	X

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$111,500
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$111,500

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Yes

1a. Briefly describe the source of the program income:

User fees

1b. Estimate the amount of program income that will be used as Match for this project: $91,000

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	HMIS User Fees	07/31/2018	$91,000
Yes	Cash	Government	State, Municipal ...	07/31/2018	$20,500

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	HMIS User Fees
5. Date of Written Commitment:	07/31/2018
6. Value of Written Commitment:	$91,000

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	State, Municipal Grants
5. Date of Written Commitment:	07/31/2018
6. Value of Written Commitment:	$20,500

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$0
3. Supportive Services	$0
4. Operating	$0
5. HMIS	$364,474
6. Sub-total Costs Requested	$364,474
7. Admin (Up to 10%)	$36,447
8. Total Assistance plus Admin Requested	$400,921
9. Cash Match	$111,500
10. In-Kind Match	$0
11. Total Match	$111,500
12. Total Budget	$512,421

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	CRN - 501c3	09/22/2017
2) Other Attachmenbt	No	HMIS Match Letters	09/11/2018
3) Other Attachment	No		

Attachment Details

Document Description: CRN - 501c3

Attachment Details

Document Description: HMIS Match Letters

Attachment Details

Document Description: CIR MCoC HMIS Cash Match 2017

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Justin Chase

Date: 09/11/2018

Title: Chief Executive Officer

Applicant Organization: Community Information and Referral Services

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	
Part 4 - Housing Services and HMIS	
4A. HMIS Standards	X
Part 5 - Participants and Outreach Information	
Part 6 - Budget Information	
6A. Funding Request	
6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

4A)q4 marked not responded, need to record answer 6D) Updating Match to

reflect current grant applications and new user fee structures. 6E)Updating Admin % to 10% as agreed to by CoC and by the HUD field office that also equals current grant setup in esnaps.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/11/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/11/2018
1E. SF-424 Compliance	09/11/2018
1F. SF-424 Declaration	09/11/2018
1G. HUD-2880	09/11/2018
1H. HUD-50070	09/11/2018

1I. Cert. Lobbying	09/11/2018
1J. SF-LLL	09/11/2018
Recipient Performance	09/11/2018
Renewal Grant Consolidation	09/11/2018
2A. Subrecipients	No Input Required
3A. Project Detail	09/11/2018
3B. Description	09/11/2018
4A. HMIS Standards	09/11/2018
6A. Funding Request	09/11/2018
6D. Match	09/11/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/11/2018
7B. Certification	09/11/2018
Submission Without Changes	09/11/2018

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

REC'D MAR 23 2010

In reply refer to: 0248164875
Mar. 18, 2010 LTR 4168C E0
26-0446321 000000 00
00027647
BODC: TE

CRISIS RESPONSE NETWORK INC
1275 W WASHINGTON ST STE 201
TEMPE AZ 85281-1859

21342

Employer Identification Number: 26-0446321
Person to Contact: Mrs. Miller
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Mar. 09, 2010, request for information regarding your tax-exempt status.

Our records indicate that your organization was recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in November 2008.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Beginning with the organization's sixth taxable year and all succeeding years, it must meet one of the public support tests under section 170(b)(1)(A)(vi) or section 509(a)(2) as reported on Schedule A of the Form 990. If your organization does not meet the public support test for two consecutive years, it is required to file Form 990-PF, Return of Private Foundation, for the second tax year that the organization failed to meet the support test and will be reclassified as a private foundation.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

0248164875
Mar. 18, 2010 LTR 4168C E0
26-0446321 000000 00
00027648

CRISIS RESPONSE NETWORK INC
1275 W WASHINGTON ST STE 201
TEMPE AZ 85281-1859

Sincerely yours,

Michele M. Sullivan

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I

Crisis Response
NETWORK Inspiring Hope

July 30, 2018

Maricopa Association of Governments
Continuum of Care Board
301 N. 1st Avenue
Phoenix, AZ 85003

Re: Cash Match Commitment HUD Renewal/Expansion Application 2018
Maricopa HMIS Project

Dear CoC Board:

This letter is to serve as Crisis Response Network's commitment to collect and provide a minimum of $20,500 in Cash Match Funds to Maricopa HMIS Project's Renewal application for the dates of August 1st, 2019 through July 31st, 2020.

Crisis Response Network will provide Cash Match in the amount of $20,500 from the following sources:

AZ Department of Economic Security:	$13,500
Valley of the Sun United Way:	$5,000
City of Peoria:	$2,000
Total:	**$20,500**

Sincerely,

Justin Chase
Chief Executive Officer

1275 West Washington Street, Suite 108
Tempe, Arizona 85281
602.427.4600
CrisisNetwork.org

Crisis Response
NETWORK Inspiring Hope

July 30, 2018

Maricopa Association of Governments
Continuum of Care Board
301 N. 1st Avenue
Phoenix, AZ 85003

Re: Cash Match Commitment HUD Renewal/Expansion Application 2018
Maricopa HMIS Project

Dear CoC Board:

This letter is to serve as Crisis Response Network's commitment to collect and provide a minimum of $131,500 in HMIS User Fees to Maricopa HMIS Project's Renewal/Expansion Application for the dates of August 1st, 2019 through July 31, 2020.

Sincerely,

Justin Chase
Chief Executive Officer

1275 West Washington Street, Suite 108
Tempe, Arizona 85281
602.427.4600
CrisisNetwork.org

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	07/31/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0194
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Lodestar Day Resource Center

b. Employer/Taxpayer Identification Number (EIN/TIN): 26-0235106

	c. Organizational DUNS:	884754263	**PLUS 4**	

d. Address

Street 1: 204 S. 12th Ave.

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85007

e. Organizational Unit (optional)

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Steve

Middle Name:

Last Name: Davis

Suffix:

Title: Director of Development

Organizational Affiliation: Lodestar Day Resource Center

Telephone Number: (602) 705-4719

Extension:
Fax Number: (602) 258-4615
Email: sdavis@hsc-az.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	Regional Coordinated Entry MC LDRC
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-007
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-004, AZ-003, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
17. Proposed Project	
a. Start Date:	12/01/2019
b. End Date:	11/30/2020
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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Amy
Middle Name:	
Last Name:	Schwabenlender
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(602) 281-8628
Fax Number: (Format: 123-456-7890)	(602) 258-4615
Email:	amys@hsc-az.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/31/2018

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:	Lodestar Day Resource Center
Prefix:	Ms.
First Name:	Amy
Middle Name:	
Last Name:	Schwabenlender
Suffix:	
Title:	Executive Director
Organizational Affiliation:	Lodestar Day Resource Center
Telephone Number:	(602) 281-8628
Extension:	
Email:	amys@hsc-az.org
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85007

2. Employer ID Number (EIN):	26-0235106
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$552,600.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Regional Coordinated Entry MC LDRC 204 S. 12th Ave. 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? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$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: X

Name / Title of Authorized Official: Amy Schwabenlender, Executive Director

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/24/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Lodestar Day Resource Center

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:	Ms.
First Name:	Amy
Middle Name	
Last Name:	Schwabenlender
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(602) 281-8628
Fax Number: (Format: 123-456-7890)	(602) 258-4615
Email:	amys@hsc-az.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/31/2018

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

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: Lodestar Day Resource Center

Name / Title of Authorized Official: Amy Schwabenlender, Executive Director

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/31/2018

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:	Lodestar Day Resource Center
Street 1:	204 S. 12th Ave.
Street 2:	
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85007

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Ms.
First Name:	Amy
Middle Name:	
Last Name:	Schwabenlender
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(602) 281-8628
Fax Number: (Format: 123-456-7890)	(602) 258-4615
Email:	amys@hsc-az.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	07/31/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

Contract has not yet been executed.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? No

Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.

Contract has not yet been executed.

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $0

Organization	Type	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: AZ0194

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: AZ-502 - Phoenix, Mesa/Maricopa County CoC

2b. CoC Collaborative Applicant Name: Maricopa Association of Governments

3. Project Name: Regional Coordinated Entry MC LDRC

4. Project Status: Standard

5. Component Type: SSO

6. Does this project use one or more properties that have been conveyed through the Title V process? No

7. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

The Lodestar Day Resource Center) began coordinating housing for individuals in 2014 as a pilot project as a part of the the Maricopa Regional Continuum of Care. In 2017, coordinated entry for individuals was approved for funding from the CoC. The Lodestar Day Resource Center provided services as a sub-recipient of UMOM New Day Center. For the 2017 NOFA, the Lodestar Day Resource Center submitted an application as a new project. The project was approved and beginning in 12/1/18, coordinated entry for singles with be a direct recipient for funding.

The Lodestar Day Resource Center serves as the lead operating agency of coordinated entry for single adults. There is an access point at the Human Services Campus and 12satellite access points throughout Maricopa County. This facilitates coordinated entry for individuals experiencing homelessness from throughout the county.

Lodestar Day Resource Center Service Navigators and Welcome Center Front Desk staff facilitate coordinated entry and assist individuals with completing VI-SPDAT for assessment of housing needs related to acuity of needs. Staff assist the individual in developing a housing plan and supporting access and coordination with other service systems (e.g. Veteran, Domestic Violence, Families, and Youth), crisis triage, and connection to shelter. Staff enter all information, as appropriate, in to HMIS within the timeframes established by the CoC.

Coordinated entry outcomes vary based on each client but include: successful diversions to safe a stable environment, and connection to sustainable services through coordinated assessment. Staff also facilitate case conferencing for single adults. These meetings focus on care coordination and housing referrals for veterans, chronically homeless and highly vulnerable individuals.

Timely coordinated entry, case conferencing and current By Name Lists are the tools that support the navigators and front desk staff to help individuals rapidly connect to permanent housing opportunities. Staff and CRN/CIR (HMIS partner) have worked to improve the accuracy of data used in HMIS so that the By Name List is accurate and current which facilitates the process.

2. Does your project have a specific population focus? No

3. Housing First

3a. Does the project quickly move Yes

participants into permanent housing

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

4. Please select the type of SSO Project: Coordinated Entry

4a. Will the coordinated entry process funded in part by this grant cover the CoC's entire geographic area? Yes

4b. Will the coordinated entry process funded in part by this grant be easily accessible? Yes

4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

Coordinated Entry is advertised through flyers outlining hours and locations of services and what to expect when accessing those services. Flyers are distributed with providers in the continuum, at libraries, and other common public spaces. Campus liaisons conduct outreach to behavioral health clinics and other providers to educate staff about how to connect their clients experiencing homelessness to coordinated entry. Additional outreach and community trainings are done occasionally at various city level forums in Maricopa County. Lodestar Day Resource Center staff participate in eight

Valley of the Sun United Way Project Connect events that are held throughout the year. These events occur at various locations in Maricopa County to ensure geographic location is not a barrier to services.

Through Lodestar Day Resource Center staff, coordinated entry has continued to expand access to services by adding multiple access points. This ensures that individuals experiencing homelessness, regardless of their location in Maricopa County can access services. The entry points consist of static shelter locations and teams which conduct outreach throughout the county. The most vulnerable individuals can connect to services through these access points.

As individuals are identified and prioritized, outreach teams or shelter case managers are notified to reach out to the individual to provide follow-up navigation services so that the individual can connect to services and housing options.

4d. Does the coordinated entry process use a comprehensive, standardized assessment process? Yes

4e. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services.

Staff through completing an assessment with an individual may discuss diversion as an option to ensure all individuals seeking services are screened for potential referrals outside of the homeless services system.

Lodestar Day Resource Center staff through the coordinated entry process have standard referral processes for use with providers to ensure timely referrals for outreach, navigation, and housing. The Coordinate Entry Housing Match Team uses the community by-name-list to guide the process of prioritizing and referring chronically homeless individuals with the longest time homeless.

The Housing Match Team assigns clients to coordinated entry specific navigators, or shelter and community case managers through information from HMIS and weekly case conferencing staffing. Caseload capacity is communicated to the Housing Match Team who assign clients for priority follow-up. Most of these referrals are tracked through HMIS. Navigators and Case Managers are trained on the CE process, including what documents are needed for various housing programs. The goal is to expedite the process of obtaining all documents to house clients as quickly as possible regardless of perceived or actual barriers.

Navigation remains open until the client is referred to housing, a higher level of care, or continually declines services. The Housing Match Team determines eligibility of each client and offers available options.

Additionally, on boarded housing providers must accept at least 85% of eligible referrals to curb discrimination. Because the Housing Match Team manages the referral list, providers understand cherry picking clients is not acceptable and coordinated entry referrals must be respected.

Housing providers are incentivized to notify the Housing Match Team of

vacancies as soon as possible. Referrals to rapid rehousing (RRH) providers can generally be made same day. If providers have difficulty connecting with clients, case conferencing is used to review the issues with connecting with the individual. In other situations, the issue of connecting is communicated back to the Housing Match Team to be staffed for additional outreach or support.

Through established processes and tracking mechanisms, coordinated entry ensures client progress and access to services is consistent regardless of that client's position geographically, economically, physically, or mentally.

4f. If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth?	Yes

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year
5. Select the costs for which funding is being requested:	
Leased Structures	
Supportive Services	X
HMIS	

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$138,150
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$138,150

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Lodestar Day Reso...	08/01/2018	$138,150

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Lodestar Day Resource Center
5. Date of Written Commitment:	08/01/2018
6. Value of Written Commitment:	$138,150

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$0
3. Supportive Services	$502,369
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$502,369
7. Admin (Up to 10%)	$50,231
8. Total Assistance plus Admin Requested	$552,600
9. Cash Match	$138,150
10. In-Kind Match	$0
11. Total Match	$138,150
12. Total Budget	$690,750

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Lodestar Day Reso...	07/24/2018
2) Other Attachmenbt	No	LDRC Match Letter	07/29/2018
3) Other Attachment	No	Survey on Ensurin...	07/29/2018

Attachment Details

Document Description: Lodestar Day Resource Center 501c3

Attachment Details

Document Description: LDRC Match Letter

Attachment Details

Document Description: Survey on Ensuring Equal Opportunity

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Amy Schwabenlender

Date: 07/31/2018

Title: Executive Director

Applicant Organization: Lodestar Day Resource Center

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
Part 4 - Housing Services and HMIS	
Part 5 - Participants and Outreach Information	
Part 6 - Budget Information	
6A. Funding Request	X
6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

The address for the facility has been updated. The Executive Director has been updated. Project Information has been updated. The Lodestar 501c3 letter has been uploaded as required.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/24/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	07/31/2018
1E. SF-424 Compliance	07/24/2018
1F. SF-424 Declaration	07/24/2018
1G. HUD-2880	07/24/2018
1H. HUD-50070	07/24/2018
1I. Cert. Lobbying	07/24/2018

1J. SF-LLL	07/24/2018
Recipient Performance	07/24/2018
Renewal Grant Consolidation	07/24/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/24/2018
3B. Description	07/31/2018
6A. Funding Request	07/24/2018
6D. Match	07/24/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/29/2018
7B. Certification	07/31/2018
Submission Without Changes	07/24/2018

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

AUG 02 2007

Date:

LODESTAR DAY RESOURCE CENTER INC
C/O JEFFREY MCMULLIN
1222 E BASELINE RD STE 200
TEMPE, AZ 85283

Employer Identification Number:
26-0235106
DLN:
17053184069037
Contact Person:
ROGER W VANCE ID# 31173
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
June 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
June 14, 2007
Contribution Deductibility:
Yes
Advance Ruling Ending Date:
June 30, 2011

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

LODESTAR DAY RESOURCE CENTER INC

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c)(3)
Statute Extension

LODESTAR DAY RESOURCE CENTER INC

INFORMATION FOR ORGANIZATIONS EXEMPT UNDER SECTION 501(c)(3)

WHERE TO GET FORMS AND HELP

You can obtain forms and instructions by calling toll free 1-800-829-3676, through the Internet Web Site at www.irs.gov, and at local tax assistance centers.

You can obtain additional information about most topics discussed below through our customer service function by calling toll free 1-877-829-5500, or on our Web Site at www.irs.gov/eo. In addition, you should sign up for Exempt Organization's EO Update, a regular e-mail newsletter that highlights new information posted on the charities pages of irs.gov. To subscribe, go to www.irs.gov/eo and click on "EO Newsletter."

NOTIFY US ON THESE MATTERS

If you change your name, address, purposes, operations or sources of financial support, please inform our TE/GE EO Determinations Office at the following address: Internal Revenue Service, P.O. Box 2508, Cincinnati, Ohio 45201. If you amend your organizational document or by-laws, or dissolve, provide the EO Determinations Office with a copy of the amended documents. Please use your employer identification number on all returns you file and in all correspondence with the Internal Revenue Service.

FILING REQUIREMENTS

In your exemption letter, we indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If your exemption letter states that you are not required to file Form 990, you are exempt from these requirements. Otherwise, if your gross receipts are normally more than $25,000, you must file Form 990 or Form 990-EZ with the Ogden Submission Processing Center, Ogden, UT 84201-0027.

You are eligible to file Form 990-EZ if your gross receipts are normally between $25,000 and $100,000, and your total assets are less than $250,000. You must file the complete Form 990 if your gross receipts are over $100,000, or your total assets are over $250,000. The Form 990 instructions show how to compute your "normal" receipts.

Form 990 Schedule A is required for both Form 990 and Form 990-EZ.

Organizations With Gross Receipts of $25,000 or Less

For tax periods beginning after December 31, 2006, you must file an annual electronic notice if your gross receipts are normally $25,000 or less. Alternatively, you may file a complete Form 990 Package if we send one to you.

Exception: Section 509(a)(3) supporting organizations must file Form 990 or

Form 990-EZ even if gross receipts are normally $25,000 or less. However, supporting organizations of religious groups with gross receipts that are normally $5,000 or less may file an annual electronic notice instead of Form 990 or Form 990-EZ.

Due Date of Return or Annual Electronic Notice

Your return or annual electronic notice is due by the 15th day of the fifth month after the end of your annual accounting period. There are penalties for failing to file a complete return timely. For additional information on penalties, see the Form 990 instructions or call our toll free number.

Revocation of Tax-Exempt Status

For tax periods beginning after December 31, 2006, your tax-exempt status will be revoked as of the filing due date of the third year if you fail to file for three consecutive years Form 990, Form 990-EZ, or the annual electronic notice.

If your tax-exempt status is revoked because you failed to file for three consecutive years, you must reapply for exemption and pay the appropriate user fee.

UNRELATED BUSINESS INCOME TAX RETURN

If you receive more than $1,000 annually in gross receipts from a regular trade or business, you may be subject to Unrelated Business Income Tax and required to file Form 990-T, Exempt Organization Business Income Tax Return. There are several exceptions to this tax:

1. Income you receive from the performance of your exempt activity,
2. Income from fundraisers conducted by volunteer workers, or where donated merchandise is sold, and

3. Income from routine investments such as certificates of deposit, savings accounts, or stock dividends.

There are special rules for income derived from real estate or other investments purchased with borrowed funds. This income is called "debt financed" income. For additional information regarding unrelated business income tax, see Publication 598, Tax on Unrelated Business Income of Exempt Organizations, or call our toll free number shown above.

PUBLIC INSPECTION OF APPLICATION AND INFORMATION RETURN

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return, or the date the return is filed. This rule also applies to any Form 990-T filed after August 17, 2006. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. You must also provide copies

of these documents to any individual, upon written or in person request, without charge other than reasonable fees for copying and postage.

You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or call our toll free number shown above.

FUNDRAISING

Contributions to you are deductible only to the extent that they are gifts and no consideration is received in return. Depending on the circumstances, ticket purchases and similar payments in conjunction with fundraising events may not qualify as fully deductible contributions.

CONTRIBUTIONS OF $250 OR MORE

Donors must have written substantiation from the charity for any charitable contribution of $250 or more. Although it is the donor's responsibility to obtain written substantiation from the charity, you can assist donors by providing a written statement listing any cash contribution or describing any donated property.

This written statement must be provided at the time of the contribution. There is no prescribed format for the written statement. Letters, postcards and electronic (e-mail) or computer-generated forms are acceptable.

The donor is responsible for the valuation of donated property. However, your written statement must provide a sufficient description to support the donor's contribution.

For contributions of cash, a check or other monetary gift made on or after January 1, 2007, a donor cannot claim a tax deduction unless the donor maintains a record of the contribution in the form of either a bank record (such as a cancelled check) or a written communication from the charity (such as a receipt or letter) showing the name of the charity, the date of the contribution, and the amount of the contribution.

For additional information regarding donor substantiation, see Publication 1771, Charitable Contributions - Substantiation and Disclosure Requirements. For information about the valuation of donated property, see Publication 561, Determining the Value of Donated Property.

CONTRIBUTIONS OF MORE THAN $75 AND
CHARITY PROVIDES GOODS OR SERVICES

You must provide a written disclosure statement to donors who receive goods or services from you in exchange for contributions in excess of $75.

Contribution deductions are allowable to donors only to the extent their contributions exceed the value of the goods or services received in exchange.

Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as fully deductible contributions, depending on the circumstances. If you conduct fundraising events such as benefit dinners, shows, membership drives, etc., where something of value is received, you are required to provide a written statement informing donors of the fair market value of the specific items or services you provided in exchange for contributions of more than $75.

You should provide the written disclosure statement in advance of any event, determine the fair market value of any benefit received, determine the amount of the contribution that is deductible, and state this information in your fundraising materials such as solicitations, tickets, and receipts. The amount of the contribution that is deductible is limited to the excess of any money (and the value of any property other than money) contributed by the donor less the value of goods or services provided by the charity. Your disclosure statement should be made, no later than, at the time payment is received. Subject to certain exceptions, your disclosure responsibility applies to any fundraising circumstances where each complete payment, including the contribution portion, exceeds $75. For additional information, see Publication 1771 and Publication 526, Charitable Contributions.

EXCESS BENEFIT TRANSACTIONS

Excess benefit transactions are governed by section 4958 of the Code. Excess benefit transactions involve situations where a section 501(c)(3) organization provides an unreasonable benefit to a person who is in a position to exercise substantial influence over the organization's affairs. If you believe there may be an excess benefit transaction in which you are involved, you should report the transaction on Form 990 or 990-EZ. For information on how to correct and report this transaction, see the instructions for Form 990 and Form 990-EZ, or call our toll free number shown above.

EMPLOYMENT TAXES

If you have employees, you are subject to income tax withholding and the social security taxes imposed under the Federal Insurance Contribution Act (FICA). You are required to withhold Federal income tax from your employee's wages and you are required to pay FICA on each employee who is paid more than $100 in wages during a calendar year. To know how much income tax to withhold, you should have a Form W-4, Employee's Withholding Allowance Certificate, on file for each employee. Organizations described in section 501(c)(3) of the Code are not required to pay Federal Unemployment Tax Act (FUTA) tax.

Employment taxes are reported on Form 941, Employer's Quarterly Federal Tax Return. The requirements for withholding, depositing, reporting and paying employment taxes are explained in Circular E, Employer's Tax Guide, (Publication 15), and Employer's Supplemental Tax Guide, (Publication 15-A). These publications explain your tax responsibilities as an employer.

CHURCHES

Churches may employ both ministers and church workers. Employees of churches or church-controlled organizations are subject to income tax withholding, but may be exempt from FICA taxes. Churches are not required to pay FUTA tax. In addition, although ministers are generally common law employees, they are not treated as employees for employment tax purposes. These special employment tax rules for members of the clergy and religious workers are explained in Publication 517, Social Security and Other Information for Members of the Clergy and Religious Workers. Churches should also consult Publications 15 and 15-A. Publication 1828, Tax Guide for Churches and Religious Organizations, also discusses the various benefits and responsibilities of these organizations under Federal tax law.

PUBLIC CHARITY STATUS

Every organization that qualifies for tax-exemption as an organization described in section 501(c)(3) is a private foundation unless it falls into one of the categories specifically excluded from the definition of that term [referred to in section 509(a)(1), (2), (3), or (4)]. In effect, the definition divides these organizations into two classes, namely private foundations and public charities.

The Code section under which you are classified as a public charity is shown in the heading of your exemption letter. This determination is based on the information you provided and the request you made on your Form 1023 application. Please refer to Publication 557 for additional information about public charity status.

GRANTS TO INDIVIDUALS

The following information is provided for organizations that make grants to individuals. If you begin an individual grant program that was not described in your exemption application, please inform us about the program.

Funds you distribute to an individual as a grant must be made on a true charitable basis in furtherance of the purposes for which you are organized. Therefore, you should keep adequate records and case histories that demonstrate that grants to individuals serve your charitable purposes. For example, you should be in a position to substantiate the basis for grants awarded to individuals to relieve poverty or under a scholarship or education loan program. Case histories regarding grants to individuals should show names, addresses, purposes of grants, manner of selection, and relationship (if any) to members, officers, trustees, or donors of funds to you.

For more information on the exclusion of scholarships from income by an individual recipient, see Publication 970, Tax Benefits for Education.

Part X Public Charity Status *(Continued)*

e 509(a)(4)—an organization organized and operated exclusively for testing for public safety. ☐

f 509(a)(1) and 170(b)(1)(A)(iv)—an organization operated for the benefit of a college or university that is owned or operated by a governmental unit. ☐

g 509(a)(1) and 170(b)(1)(A)(vi)—an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public. ☑

h 509(a)(2)—an organization that normally receives not more than one-third of its financial support from gross **investment income** and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions). ☐

i A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status. ☐

6 If you checked box g, h, or i in question 5 above, you must request either an **advance** or a **definitive ruling** by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.

a **Request for Advance Ruling:** By checking this box and signing the consent, pursuant to section 6501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, *Extending the Tax Assessment Period,* provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at *www.irs.gov* or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling. ☑

Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

For Organization

Jessica Berg — (Signature of Officer, Director, Trustee, or other authorized official)

Jessica Berg — (Type or print name of signer)

6/29/07 — (Date)

Executive Director, LDRC — (Type or print title or authority of signer)

For IRS Use Only

Robert Choi — IRS Director, Exempt Organizations

AUG 02 2007 — (Date)

b **Request for Definitive Ruling:** Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii). ☐

(i) (a) Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expenses. _____

(b) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box. ☐

(ii) (a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each **disqualified person.** If the answer is "None," check this box. ☐

(b) For each year amounts are included on line 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A. Statement of Revenues and Expenses, or (2) $5,000. If the answer is "None," check this box. ☐

7 Did you receive any unusual grants during any of the years shown on Part IX-A. Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual. ☐ **Yes** ☑ **No**

LODESTAR
DAY RESOURCE CENTER

July 27, 2018

Ms. Anne Scott
Human Services Planner II
Maricopa Regional Continuum of Care
302 N. 1st Ave., Suite 300
Phoenix, Arizona 85003

Dear Ms. Scott

Please consider this the formal match letter for the Regional Coordinated Entry MC LDRC.

A total of $138,150 of match is available for this project for the program year from December 1, 2019 through November 30, 2020. The match will be provided as follows:

Category (i.e. cash, personnel, household items, services provided by the agency) List categories here-add rows as needed.	Basis include the basis for figuring the amount i.e. household items @$200 per household unit.	In-Kind or Cash	Amount
Personnel – Case Management	Staff - $20 per hour + Benefits	Cash	$ 59,900
Personnel – Housing Counseling	Services/Staff – 15 per hour + Benefits	Cash	$ 42,000
Transportation – Diversion	Bus Tickets - $50 to 500	Cash	$ 11,950
Telephone & Data Lines	Monthly fees of $750	Cash	$ 9,000
Equipment Leasing	Monthly printer/copier - $825	Cash	$ 9,900
Utilities	Monthly cost of $450	Cash	$ 5,400
Total			$138,150

LODESTAR
DAY RESOURCE CENTER

Please call Steve Davis, Director of Development at 602-705-4719 if you need any additional information.

Sincerely,

On Behalf of Amy Schwabenlender
Executive Director as of 8/1/18

Sheila Harris, PhD
Exiting Executive Director

1125 West Jackson Street Phoenix, AZ 85007 | (602) 393-9930 | Fax (602) 258-4615

www.LodestarDRC.org Info@LodestarDRC.org

OMB Number: 1894-0010
Expiration Date: 01/31/2016

Survey on Ensuring Equal Opportunity For Applicants

Purpose:

The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey

If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name: Lodestar Day Resource Center

Applicant's DUNS Name: 88-475-4263

Federal Program: U.S. Department of Housing and Urban Development, NOFA FY 2018 Continuum of Care FR-6100-N-25

CFDA Number: 14.267

1. Has the applicant ever received a grant or contract from the Federal government?

   [X] **Yes** [ ] **No**

2. Is the applicant a faith-based organization?

   [ ] **Yes** [X] **No**

3. Is the applicant a secular organization?

   [X] **Yes** [ ] **No**

4. Does the applicant have 501(c)(3) status?

   [X] **Yes** [ ] **No**

5. Is the applicant a local affiliate of a national organization?

   [ ] **Yes** [X] **No**

6. How many full-time equivalent employees does the applicant have? (Check only one box).

   [ ] **3 or fewer** [X] **15-50**

   [ ] **4-5** [ ] **51-100**

   [ ] **6-14** [ ] **over 100**

7. What is the size of the applicant's annual budget? (Check only one box.)

   [ ] **Less Than $150,000**

   [ ] **$150,000 - $299,999**

   [ ] **$300,000 - $499,999**

   [ ] **$500,000 - $999,999**

   [X] **$1,000,000 - $4,999,999**

   [ ] **$5,000,000 or more**

Survey Instructions on Ensuring Equal Opportunity for Applicants

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. Self-explanatory.

2. Self-identify.

3. Self-identify.

4. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.

5. Self-explanatory.

6. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.

7. Annual budget means the amount of money your organization spends each year on all of its activities.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary (EO 13198 and 13199).

If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: The Agency Contact listed in this grant application package.

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/16/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0122
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Mesa Housing Authority

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-6000252

	c. Organizational DUNS:	020141404	**PLUS 4**	

d. Address

Street 1: 20 E. Main Street Suite 250
Street 2: P.O. Box 1466
City: Mesa
County: Maricopa
State: Arizona
Country: United States
Zip / Postal Code: 85211-1466

e. Organizational Unit (optional)

Department Name: Community Services
Division Name: Housing and Community Development

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.
First Name: Mary
Middle Name: J
Last Name: Brandon
Suffix:
Title: Housing Supervisor
Organizational Affiliation: City of Mesa Housing Authority
Telephone Number: (480) 644-5852

Extension:
Fax Number: (480) 644-2923
Email: Mary.Brandon@mesaaz.gov

1C. SF-424 Application Details

9. Type of Applicant:	C. City or Township Government
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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	2018 Shelter + Care
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-005, AZ-006
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-006
17. Proposed Project	
a. Start Date:	03/01/2019
b. End Date:	02/29/2020
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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Elizabeth
Middle Name:	M
Last Name:	Morales
Suffix:	
Title:	Housing and Community Development Director
Telephone Number: (Format: 123-456-7890)	(480) 644-4546
Fax Number: (Format: 123-456-7890)	(480) 644-2923
Email:	Liz.Morales@mesaaz.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

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:	City of Mesa Housing Authority
Prefix:	Ms.
First Name:	Elizabeth
Middle Name:	M
Last Name:	Morales
Suffix:	
Title:	Housing and Community Development Director
Organizational Affiliation:	City of Mesa Housing Authority
Telephone Number:	(480) 644-4546
Extension:	
Email:	Liz.Morales@mesaaz.gov
City:	Mesa
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85211-1466

2. Employer ID Number (EIN):	86-6000252
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$88,232.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: 2018 Shelter + Care 20 E. Main Street Suite 250 Mesa 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? (For further information, see 24 CFR Sec. 4.3). Yes

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. No

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: X

Name / Title of Authorized Official: Elizabeth Morales, Housing and Community Development Director

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/25/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Mesa Housing Authority

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:	Ms.
First Name:	Elizabeth
Middle Name	M
Last Name:	Morales
Suffix:	
Title:	Housing and Community Development Director
Telephone Number: (Format: 123-456-7890)	(480) 644-4546
Fax Number: (Format: 123-456-7890)	(480) 644-2923
Email:	Liz.Morales@mesaaz.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

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

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:	City of Mesa Housing Authority
Name / Title of Authorized Official:	Elizabeth Morales, Housing and Community Development Director
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

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:	City of Mesa Housing Authority
Street 1:	20 E. Main Street Suite 250
Street 2:	P.O. Box 1466
City:	Mesa
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85211-1466

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Ms.
First Name:	Elizabeth
Middle Name:	M
Last Name:	Morales
Suffix:	
Title:	Housing and Community Development Director
Telephone Number: (Format: 123-456-7890)	(480) 644-4546
Fax Number: (Format: 123-456-7890)	(480) 644-2923
Email:	Liz.Morales@mesaaz.gov
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

During the reporting time period for this grant, $2,526 in rental dollars was not expended. This amount was not expended as rental increases or market increases in rent tend to be a lagging indicator. 97% of the rental budget was expended. Unfortunately, with the fluctuation in the tenant portion of the rent the amount of expended rental funds fluctuates. It would not be possible for this project to add an additional unit to draw down these funds without securing additional rental income to offset the difference. In addition, the amount of administration dollars allotted in this grant was not fully expended during the grant period. Administrative fees were not fully expended because the City of Mesa housing only charges the time of direct service provided by the Housing Specialist. Mesa housing authority is unable to capture the additional time of other staff like inspections because of the volume and size of the overall program compared to the 9 units served by this project.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $0

Organization	Type	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0122
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	2018 Shelter + Care
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

This program is a collaboration between ARM, the City of Mesa Housing Authority (CMHA), Mercy Maricopa Integrated Health and Save the Family Foundation of Arizona (STF). All agencies have extensive experience in providing housing/services to low-income homeless families (disabled adult and dependent children), including those diagnosed as seriously mentally ill or with chronic alcohol/drug problems that impedes their ability to maintain safe, affordable housing for their families. These agencies will leverage current resources with HUD funds to provide a comprehensive project to help these families move quickly from the shelters/streets to a home.

Scattered site, sponsor based rental assistance to serve a minimum of nine families per year. S+C funds will be used for leasing and utilities. CMHA will certify family eligibility for S+C; ARM will provide the housing units. MMIC will provide mental health and substance abuse case management services. STF will provide support services including a Resident Service Coordinator and supportive services through their Family, Adult and Children's Empowerment Services (FACES), which will provide the following to all families:
*Legal Advocacy-helps families with legal barriers
*Career/Job Coaching-helps clients find higher paying jobs and acquire skills,education, and/or training
*Prevention and Intervention classes for families including:
-Training for Personal Success: a support group for parents covering various life skills topics
-Domestic Violence Support (DV) Groups address the issues encountered by both victims and their children
-Parenting Programs-classes that teach parents effective communication/discipline techniques including early childhood development,parenting through play, family meetings, and parenting of teens
-YEA! Youth Enrichment and Achievement-a program that expands on Strength’s based model of case management. The Community Youth Advocate (CYA) meets with youth and their families to develop a plan with youth (7-17) to engage them in strengths assessment, planning, resource acquisition and community resources. Culturally sensitive intervention is the focus in this model (Clark, 1998). The CYA is a liaison between families to ensure all children are enrolled in school and are connected to community services (McKinney-Vento Homeless Education and Assistance Act).
-DV Support Group for Youth
*Food Pantry
*Childcare
*Transportation assistance
*Household Furnishings/Professional Attire
*SSI/SSDI Outreach, Access and Recovery services
*Access to a Peer Navigation services provided through a contract with Community Bridges Inc.

The Resident Service Coordinator is trained in Critical Time Intervention,

Motivational Interviewing, Trauma Informed Care and Harm Reduction.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	X
Veterans		**Substance Abuse**	X
Youth (under 25)	X	**Mental Illness**	X
Families with Children	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X

Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section lll.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section lll.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section lll.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	DedicatedPLUS

4A. Supportive Services for Participants

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Partner	Weekly
Assistance with Moving Costs		Non-Partner	As needed
Case Management		Partner	Weekly
Child Care		Partner	As needed
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Partner	As needed
Food		Partner	As needed
Housing Search and Counseling Services		Partner	As needed
Legal Services		Partner	As needed
Life Skills Training		Partner	Monthly
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Partner	As needed
Substance Abuse Treatment Services		Partner	As needed
Transportation		Partner	As needed
Utility Deposits		Applicant	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 9

Total Beds: 36

Total Dedicated CH Beds: 36

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	9	36

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: 9

b. Beds: 36

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 36

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. 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: 125 E. University Drive

Street 2: 4808980228

City: Mesa

State: Arizona

ZIP Code: 85201

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

040270 Mesa

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	9			9

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	6			6
Adults ages 18-24	3			3
Accompanied Children under age 18	27			27
Unaccompanied Children under age 18				0
Total Persons	36	0	0	36

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	6			2		2	1	1		
Adults ages 18-24	3			2		2	2	2		
Children under age 18	27						25		2	
Total Persons	36	0	0	4	0	4	28	3	2	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										
Adults ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

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	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

40%	**Directly from the street or other locations not meant for human habitation.**
59%	**Directly from emergency shelters.**
	Directly from safe havens.
1%	**Persons fleeing domestic violence.**
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	**Total of above percentages**

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	Yes
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	
Operating	
HMIS	

6C. 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:	$86,184
Total Units:	9

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
PRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	9	$86,184

Rental Assistance Budget Detail

Type of Rental Assistance: PRA

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? Yes

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	$468	$447	x		=	$0
0 Bedroom		x	$624	$596	x		=	$0
1 Bedroom		x	$757	$735	x		=	$0
2 Bedrooms	9	x	$944	$798	x		=	$86,184
3 Bedrooms		x	$1,374	$1,332	x		=	$0
4 Bedrooms		x	$1,594	$1,558	x		=	$0
5 Bedrooms		x	$1,833	$1,792	x		=	$0
6 Bedrooms		x	$2,072	$2,025	x		=	$0
7 Bedrooms		x	$2,311	$2,259	x		=	$0
8 Bedrooms		x	$2,550	$2,493	x		=	$0
9 Bedrooms		x	$2,790	$2,727	x		=	$0
Total Units and Annual Assistance Requested	9							$86,184
Grant Term								1 Year
Total Request for Grant Term								$86,184

Click the 'Save' button to automatically calculate totals.

Are you requesting a 15 year renewal per section IV.B.3.b. This request is only available for PRA rental assistance projects and 1 year of funding according to the relevant section of the FY 2015 CoC Program Competition NOFA.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$0
Total Value of In-Kind Commitments:	$136,740
Total Value of All Commitments:	$136,740

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	Private	Mercy Maricopa In...	06/20/2018	$81,000
Yes	In-Kind	Private	Save the Family	07/27/2018	$55,740

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Mercy Maricopa Integrated Health
5. Date of Written Commitment:	06/20/2018
6. Value of Written Commitment:	$81,000

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 Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Save the Family
5. Date of Written Commitment:	07/27/2018
6. Value of Written Commitment:	$55,740

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$86,184
3. Supportive Services	$0
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$86,184
7. Admin (Up to 10%)	$2,048
8. Total Assistance plus Admin Requested	$88,232
9. Cash Match	$0
10. In-Kind Match	$136,740
11. Total Match	$136,740
12. Total Budget	$224,972

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Elizabeth Morales

Date: 08/16/2018

Title: Housing and Community Development Director

Applicant Organization: City of Mesa Housing Authority

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.	Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	X
Part 4 - Housing Services and HMIS	
4A. Services	X
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	X
6C. Rental Assistance	X

6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

*update to Project information description 3A
*update to Match 6D

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/25/2018
1B. SF-424 Legal Applicant	No Input Required

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	07/25/2018
1E. SF-424 Compliance	07/25/2018
1F. SF-424 Declaration	07/25/2018
1G. HUD-2880	07/25/2018
1H. HUD-50070	07/25/2018
1I. Cert. Lobbying	07/25/2018
1J. SF-LLL	07/25/2018
Recipient Performance	07/25/2018
Renewal Grant Consolidation	07/25/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/25/2018
3B. Description	08/16/2018
3C. Dedicated Plus	07/25/2018
4A. Services	07/25/2018
4B. Housing Type	07/25/2018
5A. Households	07/25/2018
5B. Subpopulations	No Input Required
5C. Outreach	07/25/2018
6A. Funding Request	07/25/2018
6C. Rental Assistance	08/16/2018
6D. Match	07/27/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	07/30/2018
Submission Without Changes	07/30/2018

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/17/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0170
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Native American Connections, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0293585

	c. Organizational DUNS:	079068177	**PLUS 4**	

d. Address

Street 1: 4520 N. Central Avenue, Ste. 600

Street 2:

City: Phoenix

County: Maricopa County

State: Arizona

Country: United States

Zip / Postal Code: 85012

e. Organizational Unit (optional)

Department Name: Administration

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Dangremond

Suffix:

Title: Grants Manager

Organizational Affiliation: Native American Connections, Inc.

Telephone Number: (602) 254-3247

Extension:
Fax Number: (602) 254-3247
Email: j.dangremond@nativeconnections.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	Camelback Pointe
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-004
b. Project: (for multiple selections hold CTRL key)	AZ-004
17. Proposed Project	
a. Start Date:	11/01/2019
b. End Date:	10/31/2020
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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Diana
Middle Name:	
Last Name:	Yazzie-Devine
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 254-3247
Fax Number: (Format: 123-456-7890)	(602) 256-7356
Email:	d.devine@nativeconnections.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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:	Native American Connections, Inc.
Prefix:	Ms.
First Name:	Diana
Middle Name:	
Last Name:	Yazzie-Devine
Suffix:	
Title:	President/CEO
Organizational Affiliation:	Native American Connections, Inc.
Telephone Number:	(602) 254-3247
Extension:	
Email:	d.devine@nativeconnections.org
City:	Phoenix
County:	Maricopa County
State:	Arizona
Country:	United States
Zip/Postal Code:	85012

2. Employer ID Number (EIN):	86-0293585
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$835,124.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Camelback Pointe 4520 N. Central Avenue, Ste. 600 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? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$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: X

Name / Title of Authorized Official: Diana Yazzie-Devine, President/CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/21/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Native American Connections, Inc.

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:	Ms.
First Name:	Diana
Middle Name	
Last Name:	Yazzie-Devine
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 254-3247
Fax Number: (Format: 123-456-7890)	(602) 256-7356
Email:	d.devine@nativeconnections.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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

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:	Native American Connections, Inc.
Name / Title of Authorized Official:	Diana Yazzie-Devine, President/CEO
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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:	Native American Connections, Inc.
Street 1:	4520 N. Central Avenue, Ste. 600
Street 2:	
City:	Phoenix
County:	Maricopa County
State:	Arizona
Country:	United States
Zip / Postal Code:	85012

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative	
Prefix:	Ms.
First Name:	Diana
Middle Name:	
Last Name:	Yazzie-Devine
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 254-3247
Fax Number: (Format: 123-456-7890)	(602) 256-7356
Email:	d.devine@nativeconnections.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

The original application projected construction would be complete and clients would be moved in earlier than actually happened. With the project not in operations according to the original timeline, $562,355 was recaptured. Construction was completed on Camelback Pointe in November, 2017 and the project is fully leased and fully operational.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

Organization	Type	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0170
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	Camelback Pointe
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Located along the Metro Light Rail route in Phoenix, Camelback Pointe is the first urban transit-oriented affordable housing community in Phoenix that employs the Housing First model. As designed, it offers 54 studio units of permanent supportive housing designed to serve chronically homeless individuals in a service-enriched environment. Its location at 1537 West Camelback Road is in a residential neighborhood with close proximity to a hospital, library, parks, quality bus and light rail transit, employment, and shopping amenities. The community itself consists of a single building designed around a secured community courtyard accessed through a single point of entry. In keeping with the Housing First model, residents can choose to participate in wraparound supportive services tailored to their specific needs.

The Camelback Pointe concept itself is a result of a multi-agency collaboration in Maricopa County seeking to develop 1,000 units of Housing First permanent affordable housing for persons who are chronically homeless and/or medically needy. As such, it will operate as a housing development intricately tied to the services provided by Native American Connections and also in partnership with our colleagues at other service agencies. In order to meet the needs and issues of the target population, NAC will make case managers available to assess tenant needs and goals related to a wide variety of issues including behavioral health, substance abuse, financial management, job training, and independent living skills. Should the tenant elect to work toward individual goals, the case manager will assist with connecting the tenant to services. Given its long history in the community, NAC enjoys strong relationships with many service organizations in Phoenix. Annually, NAC's Community Relations Manager and case management team produce a Resident Services Manual identifying key partner agencies in each of four major service need areas: Financial Literacy, Family Strengthening, Health and Wellness, and Job Readiness. These partner agencies provide the initial framework for assisting tenants with their individual goals and service plans.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	X
Veterans	X	**Substance Abuse**	X

Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section lll.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section lll.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section lll.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	DedicatedPLUS

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	Weekly
Assistance with Moving Costs			
Case Management		Applicant	Weekly
Child Care			
Education Services			
Employment Assistance and Job Training		Applicant	Weekly
Food		Applicant	As needed
Housing Search and Counseling Services			
Legal Services		Applicant	As needed
Life Skills Training		Applicant	Daily
Mental Health Services		Applicant	As needed
Outpatient Health Services		Applicant	As needed
Outreach Services		Applicant	Weekly
Substance Abuse Treatment Services		Applicant	As needed
Transportation		Applicant	As needed
Utility Deposits			

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 54

Total Beds: 54

Total Dedicated CH Beds: 54

Housing Type	Housing Type (JOINT)	Units	Beds
Clustered apartments	---	54	54

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 54

b. Beds: 54

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 54

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. 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: 1537 W. Camelback Road

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85015

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

040330 Phoenix, 049013 Maricopa County

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households		54		54

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		51		51
Adults ages 18-24		3		3
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	54	0	54

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										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

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	51			32	6	12	8	11	3	
Adults ages 18-24	3			2	1	1	2	2	1	
Total Persons	54	0	0	34	7	13	10	13	4	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	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

80%	**Directly from the street or other locations not meant for human habitation.**
20%	**Directly from emergency shelters.**
	Directly from safe havens.
0%	**Persons fleeing domestic violence.**
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	**Total of above percentages**

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	Yes
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$209,000
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$209,000

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Native American C...	07/24/2018	$209,000

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Native American Connections
5. Date of Written Commitment:	07/24/2018
6. Value of Written Commitment:	$209,000

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$0
3. Supportive Services	$147,999
4. Operating	$648,554
5. HMIS	$0
6. Sub-total Costs Requested	$796,553
7. Admin (Up to 10%)	$38,571
8. Total Assistance plus Admin Requested	$835,124
9. Cash Match	$209,000
10. In-Kind Match	$0
11. Total Match	$209,000
12. Total Budget	$1,044,124

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	NAC_501c3	08/22/2017
2) Other Attachmenbt	No	Camelback Pointe ...	07/25/2018
3) Other Attachment	No		

Attachment Details

Document Description: NAC_501c3

Attachment Details

Document Description: Camelback Pointe 2018 Match

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Diana Yazzie-Devine

Date: 08/17/2018

Title: President/CEO

Applicant Organization: Native American Connections, Inc.

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	☐
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	X
6D. Match	X

6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Updating project description to reflection completion of construction; updating households/subpopulations/outreach to reflect APR to date data; and updating match.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/21/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/16/2018

1E. SF-424 Compliance	07/21/2018
1F. SF-424 Declaration	07/21/2018
1G. HUD-2880	07/21/2018
1H. HUD-50070	07/21/2018
1I. Cert. Lobbying	07/21/2018
1J. SF-LLL	07/21/2018
Recipient Performance	07/24/2018
Renewal Grant Consolidation	07/21/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/21/2018
3B. Description	08/16/2018
3C. Dedicated Plus	07/21/2018
4A. Services	07/21/2018
4B. Housing Type	07/21/2018
5A. Households	07/24/2018
5B. Subpopulations	No Input Required
5C. Outreach	07/24/2018
6A. Funding Request	07/21/2018
6D. Match	07/25/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/25/2018
7B. Certification	07/21/2018
Submission Without Changes	07/25/2018

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248674152
June 24, 2011 LTR 4168C E0
86-0293585 000000 00
00014856
BODC: TE

NATIVE AMERICAN CONNECTIONS INC
4520 NORTH CENTRAL AVENUE
PHOENIX AZ 85012-1828

13542

Employer Identification Number: 86-0293585
Person to Contact: MS IVEY
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your June 15, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in JUNE 1975.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248674152
June 24, 2011 LTR 4168C E0
86-0293585 000000 00
00014857

NATIVE AMERICAN CONNECTIONS INC
4520 NORTH CENTRAL AVENUE
PHOENIX AZ 85012-1828

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

S. A. Martin, Operations Manager
Accounts Management Operations

NATIVE AMERICAN CONNECTIONS

July 24, 2018

Maricopa Association of Governments
Continuum of Care
302 N. 1st Ave., Suite 300
Phoenix, *AZ* 85003

Re: Continuum of Care Renewal Application – Camelback Pointe Match

Dear Ms. Scott:

Native American Connections, Inc. (NAC) commits to providing a minimum of 25% cash match or $209,000 for the above referenced project for the operating period of 11/1/2019 – 10/31/2020 including:

- Housing Operations and Supportive Services- NAC commits to covering the project's housing operations and supportive services along with providing an appropriate allocation of staff time towards volunteer management, in-kind donations, life skills, grant management, and human resources.

Should you have any questions or require any further information please contact Sean Shabestari at 602-254- 3247 or email s.shabestari@nativeconnections.org.

Sincerely,

Sean Shabestari,
MBA CFO

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/17/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0057
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Native American Connections, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0293585

	c. Organizational DUNS:	079068177	**PLUS 4**	

d. Address

Street 1: 4520 N. Central Avenue, Ste. 600

Street 2:

City: Phoenix

County: Maricopa County

State: Arizona

Country: United States

Zip / Postal Code: 85012

e. Organizational Unit (optional)

Department Name: Administration

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Dangremond

Suffix:

Title: Grants Manager

Organizational Affiliation: Native American Connections, Inc.

Telephone Number: (602) 254-3247

Extension:
Fax Number: (602) 254-3247
Email: j.dangremond@nativeconnections.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	Catherine Arms
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-004
b. Project: (for multiple selections hold CTRL key)	AZ-004
17. Proposed Project	
a. Start Date:	11/01/2019
b. End Date:	10/31/2020
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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Diana
Middle Name:	
Last Name:	Yazzie-Devine
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 254-3247
Fax Number: (Format: 123-456-7890)	(602) 256-7356
Email:	d.devine@nativeconnections.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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:	Native American Connections, Inc.
Prefix:	Ms.
First Name:	Diana
Middle Name:	
Last Name:	Yazzie-Devine
Suffix:	
Title:	President/CEO
Organizational Affiliation:	Native American Connections, Inc.
Telephone Number:	(602) 254-3247
Extension:	
Email:	d.devine@nativeconnections.org
City:	Phoenix
County:	Maricopa County
State:	Arizona
Country:	United States
Zip/Postal Code:	85012

2. Employer ID Number (EIN):	86-0293585
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$171,828.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Catherine Arms 4520 N. Central Avenue, Ste. 600 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? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$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: X

Name / Title of Authorized Official: Diana Yazzie-Devine, President/CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/24/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Native American Connections, Inc.

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:	Ms.
First Name:	Diana
Middle Name	
Last Name:	Yazzie-Devine
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 254-3247
Fax Number: (Format: 123-456-7890)	(602) 256-7356
Email:	d.devine@nativeconnections.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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

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: Native American Connections, Inc.

Name / Title of Authorized Official: Diana Yazzie-Devine, President/CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/17/2018

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:	Native American Connections, Inc.
Street 1:	4520 N. Central Avenue, Ste. 600
Street 2:	
City:	Phoenix
County:	Maricopa County
State:	Arizona
Country:	United States
Zip / Postal Code:	85012

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative	
Prefix:	Ms.
First Name:	Diana
Middle Name:	
Last Name:	Yazzie-Devine
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 254-3247
Fax Number: (Format: 123-456-7890)	(602) 256-7356
Email:	d.devine@nativeconnections.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

Organization	Type	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0057
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	Catherine Arms
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Catherine Arms is a 20-unit supportive housing community located in Central Phoenix that offers permanent housing to individuals experiencing homelessness. Staffing levels are consistent with the project's history of housing for homeless disabled individuals and small families through HUD CofC funding.

NAC provides case management and coordinates access to to life skills classes, financial literacy workshops and job readiness classes that include resume prep, interviewing techniques and help with job searches. Residents also have access to NAC's behavioral health services including outpatient treatment, peer recovery support and AA/NA groups.

Catherine Arms includes an additional 8 units which are affordable housing units made possible through low-income tax credit funding.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	X
Veterans	X	**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	X
		Other (Click 'Save' to update)	X

Other: Homeless Disabled

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based

on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section lll.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section lll.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section lll.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	DedicatedPLUS

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	Daily
Assistance with Moving Costs			
Case Management		Applicant	Weekly
Child Care			
Education Services			
Employment Assistance and Job Training		Partner	Weekly
Food			
Housing Search and Counseling Services			
Legal Services			
Life Skills Training		Applicant	Weekly
Mental Health Services		Applicant	As needed
Outpatient Health Services		Applicant	As needed
Outreach Services			
Substance Abuse Treatment Services		Applicant	As needed
Transportation		Applicant	As needed
Utility Deposits			

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 20

Total Beds: 20

Total Dedicated CH Beds: 20

Housing Type	Housing Type (JOINT)	Units	Beds
Clustered apartments	---	20	20

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 20

b. Beds: 20

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 20

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. 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: 315 W. Filmore

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85003

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

040330 Phoenix, 049013 Maricopa County

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households		20		20

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		20		20
Adults ages 18-24				0
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	20	0	20

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										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

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	20			9	1	8	4	7		
Adults ages 18-24										
Total Persons	20	0	0	9	1	8	4	7	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	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

70%	**Directly from the street or other locations not meant for human habitation.**
30%	**Directly from emergency shelters.**
0%	**Directly from safe havens.**
0%	**Persons fleeing domestic violence.**
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	**Total of above percentages**

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$43,000
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$43,000

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Native American C...	07/24/2018	$43,000

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Native American Connections
5. Date of Written Commitment:	07/24/2018
6. Value of Written Commitment:	$43,000

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$0
3. Supportive Services	$97,151
4. Operating	$72,346
5. HMIS	$0
6. Sub-total Costs Requested	$169,497
7. Admin (Up to 10%)	$2,331
8. Total Assistance plus Admin Requested	$171,828
9. Cash Match	$43,000
10. In-Kind Match	$0
11. Total Match	$43,000
12. Total Budget	$214,828

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	NAC_501c3	08/22/2017
2) Other Attachmenbt	No	Catherine Arms 20...	07/25/2018
3) Other Attachment	No		

Attachment Details

Document Description: NAC_501c3

Attachment Details

Document Description: Catherine Arms 2018 Match

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Diana Yazzie-Devine

Date: 08/17/2018

Title: President/CEO

Applicant Organization: Native American Connections, Inc.

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	☐
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	☐
6D. Match	X

6E. Summary Budget	☐
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Update 3B to reflect Housing First; update 5C to reflect current outreach percentages and update amount of match provided by NAC.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/24/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	07/24/2018

1E. SF-424 Compliance	07/24/2018
1F. SF-424 Declaration	07/24/2018
1G. HUD-2880	07/24/2018
1H. HUD-50070	07/24/2018
1I. Cert. Lobbying	07/24/2018
1J. SF-LLL	07/24/2018
Recipient Performance	07/24/2018
Renewal Grant Consolidation	07/24/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/24/2018
3B. Description	07/24/2018
3C. Dedicated Plus	07/24/2018
4A. Services	07/24/2018
4B. Housing Type	07/24/2018
5A. Households	08/16/2018
5B. Subpopulations	No Input Required
5C. Outreach	07/24/2018
6A. Funding Request	07/24/2018
6D. Match	07/25/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/25/2018
7B. Certification	07/25/2018
Submission Without Changes	08/16/2018

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248674152
June 24, 2011 LTR 4168C E0
86-0293585 000000 00
00014856
BODC: TE

NATIVE AMERICAN CONNECTIONS INC
4520 NORTH CENTRAL AVENUE
PHOENIX AZ 85012-1828

13542

Employer Identification Number: 86-0293585
Person to Contact: MS IVEY
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your June 15, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in JUNE 1975.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248674152
June 24, 2011 LTR 4168C E0
86-0293585 000000 00
00014857

NATIVE AMERICAN CONNECTIONS INC
4520 NORTH CENTRAL AVENUE
PHOENIX AZ 85012-1828

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

S. A. Martin, Operations Manager
Accounts Management Operations

NATIVE AMERICAN CONNECTIONS

July 24, 2018

Maricopa Association of Governments
Continuum of Care
302 N. 1st Ave., Suite 300
Phoenix, *AZ* 85003

Re: Continuum of Care Renewal Application – Catherine Arms Match

Dear Ms. Scott:

Native American Connections, Inc. (NAC) commits to providing a minimum of 25% cash match or $43,000 for the above referenced project for the operating period of 11/1/2019 – 10/31/2020 including:

- Housing Operations and Supportive Services- NAC commits to covering the project's housing operations and supportive services along with providing an appropriate allocation of staff time towards volunteer management, in-kind donations, life skills, grant management, and human resources.

Should you have any questions or require any further information please contact Sean Shabestari at 602-254- 3247 or email s.shabestari@nativeconnections.org.

Sincerely,

Sean Shabestari,
MBA CFO

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/17/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0057
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Native American Connections, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0293585

	c. Organizational DUNS:	079068177	**PLUS 4**	

d. Address

Street 1: 4520 N. Central Avenue, Ste. 600

Street 2:

City: Phoenix

County: Maricopa County

State: Arizona

Country: United States

Zip / Postal Code: 85012

e. Organizational Unit (optional)

Department Name: Administration

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Dangremond

Suffix:

Title: Grants Manager

Organizational Affiliation: Native American Connections, Inc.

Telephone Number: (602) 254-3247

Extension:
Fax Number: (602) 254-3247
Email: j.dangremond@nativeconnections.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	Catherine Arms
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-004
b. Project: (for multiple selections hold CTRL key)	AZ-004
17. Proposed Project	
a. Start Date:	11/01/2019
b. End Date:	10/31/2020
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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Diana
Middle Name:	
Last Name:	Yazzie-Devine
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 254-3247
Fax Number: (Format: 123-456-7890)	(602) 256-7356
Email:	d.devine@nativeconnections.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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:	Native American Connections, Inc.
Prefix:	Ms.
First Name:	Diana
Middle Name:	
Last Name:	Yazzie-Devine
Suffix:	
Title:	President/CEO
Organizational Affiliation:	Native American Connections, Inc.
Telephone Number:	(602) 254-3247
Extension:	
Email:	d.devine@nativeconnections.org
City:	Phoenix
County:	Maricopa County
State:	Arizona
Country:	United States
Zip/Postal Code:	85012

2. Employer ID Number (EIN):	86-0293585
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$171,828.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Catherine Arms 4520 N. Central Avenue, Ste. 600 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? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$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: X

Name / Title of Authorized Official: Diana Yazzie-Devine, President/CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/24/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Native American Connections, Inc.

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:	Ms.
First Name:	Diana
Middle Name	
Last Name:	Yazzie-Devine
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 254-3247
Fax Number: (Format: 123-456-7890)	(602) 256-7356
Email:	d.devine@nativeconnections.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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

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: Native American Connections, Inc.

Name / Title of Authorized Official: Diana Yazzie-Devine, President/CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/17/2018

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:	Native American Connections, Inc.
Street 1:	4520 N. Central Avenue, Ste. 600
Street 2:	
City:	Phoenix
County:	Maricopa County
State:	Arizona
Country:	United States
Zip / Postal Code:	85012

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative	
Prefix:	Ms.
First Name:	Diana
Middle Name:	
Last Name:	Yazzie-Devine
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 254-3247
Fax Number: (Format: 123-456-7890)	(602) 256-7356
Email:	d.devine@nativeconnections.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

Organization	Type	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0057
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	Catherine Arms
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Catherine Arms is a 20-unit supportive housing community located in Central Phoenix that offers permanent housing to individuals experiencing homelessness. Staffing levels are consistent with the project's history of housing for homeless disabled individuals and small families through HUD CofC funding.

NAC provides case management and coordinates access to to life skills classes, financial literacy workshops and job readiness classes that include resume prep, interviewing techniques and help with job searches. Residents also have access to NAC's behavioral health services including outpatient treatment, peer recovery support and AA/NA groups.

Catherine Arms includes an additional 8 units which are affordable housing units made possible through low-income tax credit funding.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	X
Veterans	X	**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	X
		Other (Click 'Save' to update)	X

Other: Homeless Disabled

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based

on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section lll.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section lll.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section lll.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	DedicatedPLUS

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	Daily
Assistance with Moving Costs			
Case Management		Applicant	Weekly
Child Care			
Education Services			
Employment Assistance and Job Training		Partner	Weekly
Food			
Housing Search and Counseling Services			
Legal Services			
Life Skills Training		Applicant	Weekly
Mental Health Services		Applicant	As needed
Outpatient Health Services		Applicant	As needed
Outreach Services			
Substance Abuse Treatment Services		Applicant	As needed
Transportation		Applicant	As needed
Utility Deposits			

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 20

Total Beds: 20

Total Dedicated CH Beds: 20

Housing Type	Housing Type (JOINT)	Units	Beds
Clustered apartments	---	20	20

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 20

b. Beds: 20

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 20

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. 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: 315 W. Filmore

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85003

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

040330 Phoenix, 049013 Maricopa County

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households		20		20

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		20		20
Adults ages 18-24				0
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	20	0	20

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										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

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	20			9	1	8	4	7		
Adults ages 18-24										
Total Persons	20	0	0	9	1	8	4	7	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	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

70%	**Directly from the street or other locations not meant for human habitation.**
30%	**Directly from emergency shelters.**
0%	**Directly from safe havens.**
0%	**Persons fleeing domestic violence.**
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	**Total of above percentages**

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$43,000
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$43,000

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Native American C...	07/24/2018	$43,000

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Native American Connections
5. Date of Written Commitment:	07/24/2018
6. Value of Written Commitment:	$43,000

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$0
3. Supportive Services	$97,151
4. Operating	$72,346
5. HMIS	$0
6. Sub-total Costs Requested	$169,497
7. Admin (Up to 10%)	$2,331
8. Total Assistance plus Admin Requested	$171,828
9. Cash Match	$43,000
10. In-Kind Match	$0
11. Total Match	$43,000
12. Total Budget	$214,828

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	NAC_501c3	08/22/2017
2) Other Attachmenbt	No	Catherine Arms 20...	07/25/2018
3) Other Attachment	No		

Attachment Details

Document Description: NAC_501c3

Attachment Details

Document Description: Catherine Arms 2018 Match

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Diana Yazzie-Devine

Date: 08/17/2018

Title: President/CEO

Applicant Organization: Native American Connections, Inc.

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	☐
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	☐
6D. Match	X

6E. Summary Budget	☐
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Update 3B to reflect Housing First; update 5C to reflect current outreach percentages and update amount of match provided by NAC.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/24/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	07/24/2018

1E. SF-424 Compliance	07/24/2018
1F. SF-424 Declaration	07/24/2018
1G. HUD-2880	07/24/2018
1H. HUD-50070	07/24/2018
1I. Cert. Lobbying	07/24/2018
1J. SF-LLL	07/24/2018
Recipient Performance	07/24/2018
Renewal Grant Consolidation	07/24/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/24/2018
3B. Description	07/24/2018
3C. Dedicated Plus	07/24/2018
4A. Services	07/24/2018
4B. Housing Type	07/24/2018
5A. Households	08/16/2018
5B. Subpopulations	No Input Required
5C. Outreach	07/24/2018
6A. Funding Request	07/24/2018
6D. Match	07/25/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/25/2018
7B. Certification	07/25/2018
Submission Without Changes	08/16/2018

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248674152
June 24, 2011 LTR 4168C E0
86-0293585 000000 00
00014856
BODC: TE

NATIVE AMERICAN CONNECTIONS INC
4520 NORTH CENTRAL AVENUE
PHOENIX AZ 85012-1828

13542

Employer Identification Number: 86-0293585
Person to Contact: MS IVEY
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your June 15, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in JUNE 1975.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248674152
June 24, 2011 LTR 4168C E0
86-0293585 000000 00
00014857

NATIVE AMERICAN CONNECTIONS INC
4520 NORTH CENTRAL AVENUE
PHOENIX AZ 85012-1828

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

S. A. Martin, Operations Manager
Accounts Management Operations

NATIVE AMERICAN CONNECTIONS

July 24, 2018

Maricopa Association of Governments
Continuum of Care
302 N. 1st Ave., Suite 300
Phoenix, *AZ* 85003

Re: Continuum of Care Renewal Application – Catherine Arms Match

Dear Ms. Scott:

Native American Connections, Inc. (NAC) commits to providing a minimum of 25% cash match or $43,000 for the above referenced project for the operating period of 11/1/2019 – 10/31/2020 including:

- Housing Operations and Supportive Services- NAC commits to covering the project's housing operations and supportive services along with providing an appropriate allocation of staff time towards volunteer management, in-kind donations, life skills, grant management, and human resources.

Should you have any questions or require any further information please contact Sean Shabestari at 602-254- 3247 or email s.shabestari@nativeconnections.org.

Sincerely,

Sean Shabestari,
MBA CFO

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/17/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0089
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Native American Connections, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0293585

	c. Organizational DUNS:	079068177	**PLUS 4**	

d. Address

Street 1: 4520 N. Central Avenue, Ste. 600

Street 2:

City: Phoenix

County: Maricopa County

State: Arizona

Country: United States

Zip / Postal Code: 85012

e. Organizational Unit (optional)

Department Name: Administration

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Dangremond

Suffix:

Title: Grants Manager

Organizational Affiliation: Native American Connections, Inc.

Telephone Number: (602) 254-3247

Extension:
Fax Number: (602) 254-3247
Email: j.dangremond@nativeconnections.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	Stepping Stones
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-004
b. Project: (for multiple selections hold CTRL key)	AZ-004
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Diana
Middle Name:	
Last Name:	Yazzie-Devine
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 254-3247
Fax Number: (Format: 123-456-7890)	(602) 256-7356
Email:	d.devine@nativeconnections.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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:	Native American Connections, Inc.
Prefix:	Ms.
First Name:	Diana
Middle Name:	
Last Name:	Yazzie-Devine
Suffix:	
Title:	President/CEO
Organizational Affiliation:	Native American Connections, Inc.
Telephone Number:	(602) 254-3247
Extension:	
Email:	d.devine@nativeconnections.org
City:	Phoenix
County:	Maricopa County
State:	Arizona
Country:	United States
Zip/Postal Code:	85012

2. Employer ID Number (EIN):	86-0293585
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$91,043.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Stepping Stones 4520 N. Central Avenue, Ste. 600 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? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$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: X

Name / Title of Authorized Official: Diana Yazzie-Devine, President/CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/24/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Native American Connections, Inc.

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:	Ms.
First Name:	Diana
Middle Name	
Last Name:	Yazzie-Devine
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 254-3247
Fax Number: (Format: 123-456-7890)	(602) 256-7356
Email:	d.devine@nativeconnections.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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

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:	Native American Connections, Inc.
Name / Title of Authorized Official:	Diana Yazzie-Devine, President/CEO
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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:	Native American Connections, Inc.
Street 1:	4520 N. Central Avenue, Ste. 600
Street 2:	
City:	Phoenix
County:	Maricopa County
State:	Arizona
Country:	United States
Zip / Postal Code:	85012

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative	
Prefix:	Ms.
First Name:	Diana
Middle Name:	
Last Name:	Yazzie-Devine
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 254-3247
Fax Number: (Format: 123-456-7890)	(602) 256-7356
Email:	d.devine@nativeconnections.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

Organization	Type	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0089
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	Stepping Stones
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

HUD funding is for supportive services for the residents of 24 studio apartments at Stepping Stone Place; a NAC permanent supportive housing community. Native American Connections provides on-site case management and supportive services including financial literacy, job readiness, assistance with benefit acquisition, life skills classes, and connections to substance use treatment and behavioral health services. These 24 units have project based Section 8 vouchers.

NAC has increased attention to ensuring residents have access to healthy food. Healthy cooking classes are offered to help residents prepare meals within their own apartments with the help of onsite staff and access to an on-site food pantry. In addition, the Fresh Express, a mobile fruit and vegetable market, visits Stepping Stone each week.

If needed, residents may access Native American Connections Behavioral Health Services including outpatient services, peer recovery coaches and NA/AA meetings. Stepping Stone continues to operate in close proximity to public transportation, as well as, medical care at Banner Samaritan Health Regional Hospital. ASU Nursing students provide weekly well checks and Circle the City (a federally qualified health center) brings a mobile medical van to Stepping Stone twice each month.

Stepping Stone Place remains a part of local housing initiatives to house the chronically homeless and new residents come to Stepping Stone via Coordinated Entry. In the first year of residency, staff work to connect the resident with public benefits including SSI/SSDI. As stability is gained, residents who are able and interested in employment are connected with employment resources.

This project is Phase I of a two phased project. There are a total of 83 units currently available within the two phases on this site. Native American Connections has begun Phase 3 which will add 50 new units of housing on the site and is covered in a new project application in the 2017 NOFA cycle (Stepping Stones III).

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	X

Veterans	X	**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	X
		Other (Click 'Save' to update)	X

Other: Disabled

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section lll.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section lll.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section lll.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	DedicatedPLUS

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	Daily
Assistance with Moving Costs			
Case Management		Applicant	Daily
Child Care			
Education Services		Applicant	Quarterly
Employment Assistance and Job Training		Applicant	Weekly
Food		Applicant	As needed
Housing Search and Counseling Services			
Legal Services		Applicant	As needed
Life Skills Training		Applicant	Daily
Mental Health Services		Applicant	As needed
Outpatient Health Services		Applicant	As needed
Outreach Services		Applicant	As needed
Substance Abuse Treatment Services		Applicant	As needed
Transportation		Applicant	As needed
Utility Deposits			

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 24

Total Beds: 24

Total Dedicated CH Beds: 24

Housing Type	Housing Type (JOINT)	Units	Beds
Clustered apartments	---	24	24

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 24

b. Beds: 24

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 24

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. 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: 1311 North 14th Street

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85006

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

040330 Phoenix, 049013 Maricopa County

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	0	24	0	24

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	0	24		24
Adults ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	24	0	24

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										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

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	24			20		2		3	2	
Adults ages 18-24										
Total Persons	24	0	0	20	0	2	0	3	2	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	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

40%	**Directly from the street or other locations not meant for human habitation.**
60%	**Directly from emergency shelters.**
	Directly from safe havens.
0%	**Persons fleeing domestic violence.**
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	**Total of above percentages**

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	
HMIS	

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$22,761
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$22,761

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Native American C...	08/18/2017	$22,761

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Native American Connections
5. Date of Written Commitment:	08/18/2017
6. Value of Written Commitment:	$22,761

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$0
3. Supportive Services	$89,742
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$89,742
7. Admin (Up to 10%)	$1,301
8. Total Assistance plus Admin Requested	$91,043
9. Cash Match	$22,761
10. In-Kind Match	$0
11. Total Match	$22,761
12. Total Budget	$113,804

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	NAC_501c3	08/22/2017
2) Other Attachmenbt	No	Stepping Stone 20...	07/25/2018
3) Other Attachment	No		

Attachment Details

Document Description: NAC_501c3

Attachment Details

Document Description: Stepping Stone 2018 Match

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Diana Yazzie-Devine

Date: 08/17/2018

Title: President/CEO

Applicant Organization: Native American Connections, Inc.

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	
Part 4 - Housing Services and HMIS	
4A. Services	
4B. Housing Type	
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	
6D. Match	X

6E. Summary Budget	☐
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Update 3B Housing First; Update 5C Outreach to align with current sources; and provide current match letter.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/24/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	07/24/2018

1E. SF-424 Compliance	07/24/2018
1F. SF-424 Declaration	07/24/2018
1G. HUD-2880	07/24/2018
1H. HUD-50070	07/24/2018
1I. Cert. Lobbying	07/24/2018
1J. SF-LLL	07/24/2018
Recipient Performance	07/24/2018
Renewal Grant Consolidation	07/24/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/24/2018
3B. Description	07/24/2018
3C. Dedicated Plus	07/24/2018
4A. Services	07/24/2018
4B. Housing Type	07/24/2018
5A. Households	07/24/2018
5B. Subpopulations	No Input Required
5C. Outreach	07/24/2018
6A. Funding Request	07/24/2018
6D. Match	07/24/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/25/2018
7B. Certification	07/24/2018
Submission Without Changes	07/24/2018

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248674152
June 24, 2011 LTR 4168C E0
86-0293585 000000 00
00014856
BODC: TE

NATIVE AMERICAN CONNECTIONS INC
4520 NORTH CENTRAL AVENUE
PHOENIX AZ 85012-1828

13542

Employer Identification Number: 86-0293585
Person to Contact: MS IVEY
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your June 15, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in JUNE 1975.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248674152
June 24, 2011 LTR 4168C E0
86-0293585 000000 00
00014857

NATIVE AMERICAN CONNECTIONS INC
4520 NORTH CENTRAL AVENUE
PHOENIX AZ 85012-1828

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

S. A. Martin, Operations Manager
Accounts Management Operations

NATIVE AMERICAN CONNECTIONS

July 24, 2018

Maricopa Association of Governments
Continuum of Care
302 N. 1st Ave., Suite 300
Phoenix, *AZ* 85003

Re: Continuum of Care Renewal Application – Stepping Stone Match

Dear Ms. Scott:

Native American Connections, Inc. (NAC) commits to providing a minimum of 25% cash match or $22,761 for the above referenced project for the operating period of 7/1/2019 – 6/30/2020 including:

- Housing Operations and Supportive Services- NAC commits to covering the project's housing operations and supportive services along with providing an appropriate allocation of staff time towards volunteer management, in-kind donations, life skills, grant management, and human resources.

Should you have any questions or require any further information please contact Sean Shabestari at 602-254- 3247 or email s.shabestari@nativeconnections.org.

Sincerely,

Sean Shabestari,
MBA CFO

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/17/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0132
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Native American Connections, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0293585

	c. Organizational DUNS:	079068177	**PLUS 4**	

d. Address

Street 1: 4520 N. Central Avenue, Ste. 600

Street 2:

City: Phoenix

County: Maricopa County

State: Arizona

Country: United States

Zip / Postal Code: 85012

e. Organizational Unit (optional)

Department Name: Administration

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Dangremond

Suffix:

Title: Grants Manager

Organizational Affiliation: Native American Connections, Inc.

Telephone Number: (602) 254-3247

Extension:
Fax Number: (602) 254-3247
Email: j.dangremond@nativeconnections.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	Stepping Stones II
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-004
b. Project: (for multiple selections hold CTRL key)	AZ-004
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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Diana
Middle Name:	
Last Name:	Yazzie-Devine
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 254-3247
Fax Number: (Format: 123-456-7890)	(602) 256-7356
Email:	d.devine@nativeconnections.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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:	Native American Connections, Inc.
Prefix:	Ms.
First Name:	Diana
Middle Name:	
Last Name:	Yazzie-Devine
Suffix:	
Title:	President/CEO
Organizational Affiliation:	Native American Connections, Inc.
Telephone Number:	(602) 254-3247
Extension:	
Email:	d.devine@nativeconnections.org
City:	Phoenix
County:	Maricopa County
State:	Arizona
Country:	United States
Zip/Postal Code:	85012

2. Employer ID Number (EIN):	86-0293585
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$511,408.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Stepping Stones II 4520 N. Central Avenue, Ste. 600 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? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$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: X

Name / Title of Authorized Official: Diana Yazzie-Devine, President/CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/24/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Native American Connections, Inc.

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:	Ms.
First Name:	Diana
Middle Name	
Last Name:	Yazzie-Devine
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 254-3247
Fax Number: (Format: 123-456-7890)	(602) 256-7356
Email:	d.devine@nativeconnections.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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

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:	Native American Connections, Inc.
Name / Title of Authorized Official:	Diana Yazzie-Devine, President/CEO
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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:	Native American Connections, Inc.
Street 1:	4520 N. Central Avenue, Ste. 600
Street 2:	
City:	Phoenix
County:	Maricopa County
State:	Arizona
Country:	United States
Zip / Postal Code:	85012

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative	
Prefix:	Ms.
First Name:	Diana
Middle Name:	
Last Name:	Yazzie-Devine
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 254-3247
Fax Number: (Format: 123-456-7890)	(602) 256-7356
Email:	d.devine@nativeconnections.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $0

Organization	Type	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0132
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	Stepping Stones II
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

HUD funding is for supportive services and operations for the residents of 38 one-bedroom apartments at Stepping Stone Place; a NAC permanent supportive housing community. Native American Connections provides on-site case management and supportive services including financial literacy, job readiness, assistance with benefit acquisition, life skills classes, and connections to substance use treatment and behavioral health services.

NAC has increased attention to ensuring residents have access to healthy food. Healthy cooking classes are offered to help residents prepare meals within their own apartments with the help of onsite staff and access to a food pantry. In addition, the Fresh Express, a mobile fruit and vegetable market, visits Stepping Stone each week.

If needed, residents may access Native American Connections Behavioral Health Services including outpatient services, peer recovery coaches and NA/AA meetings. Stepping Stone continues to operate in close proximity to public transportation, as well as, medical care at Banner Samaritan Health Regional Hospital. ASU Nursing students provide weekly well checks and Circle the City (a federally qualified health center) brings a mobile medical van to Stepping Stone twice each month.

Stepping Stone Place remains a part of local housing initiatives to house the chronically homeless and new residents come to Stepping Stone via Coordinated Entry. In the first year of residency, staff work to connect the resident with public benefits including SSI/SSDI. As stability is gained, residents who are able and interested in employment are connected with employment resources.

This project is Phase II of a two phased project. There are a total of 83 units currently available within the two phases on this site. Native American Connections has begun Phase 3 which will add 50 new units of housing on the site and is covered in a new project application in the 2017 NOFA cycle (Stepping Stones III).

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	X
Veterans	X	**Substance Abuse**	X

Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section lll.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section lll.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section lll.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	DedicatedPLUS

4A. Supportive Services for Participants

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	Daily
Assistance with Moving Costs			
Case Management		Applicant	Weekly
Child Care			
Education Services			
Employment Assistance and Job Training		Partner	Weekly
Food		Partner	Bi-weekly
Housing Search and Counseling Services			
Legal Services			
Life Skills Training		Applicant	Daily
Mental Health Services		Applicant	As needed
Outpatient Health Services		Applicant	As needed
Outreach Services		Applicant	As needed
Substance Abuse Treatment Services		Applicant	As needed
Transportation		Applicant	As needed
Utility Deposits			

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 38

Total Beds: 38

Total Dedicated CH Beds: 38

Housing Type	Housing Type (JOINT)	Units	Beds
Clustered apartments	---	38	38

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 38

b. Beds: 38

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 38

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. 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: 1311 North 14th Street

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85006

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

040330 Phoenix, 049013 Maricopa County

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	0	38	0	38

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	0	36		36
Adults ages 18-24	0	2		2
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	38	0	38

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										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

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	36			20		15		2		
Adults ages 18-24	2			2						
Total Persons	38	0	0	22	0	15	0	2	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	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

47%	**Directly from the street or other locations not meant for human habitation.**
53%	**Directly from emergency shelters.**
	Directly from safe havens.
0%	**Persons fleeing domestic violence.**
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	**Total of above percentages**

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	
Operating	X
HMIS	

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$128,000
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$128,000

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Native American C...	07/24/2018	$128,000

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Native American Connections
5. Date of Written Commitment:	07/24/2018
6. Value of Written Commitment:	$128,000

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$0
3. Supportive Services	$0
4. Operating	$488,608
5. HMIS	$0
6. Sub-total Costs Requested	$488,608
7. Admin (Up to 10%)	$22,800
8. Total Assistance plus Admin Requested	$511,408
9. Cash Match	$128,000
10. In-Kind Match	$0
11. Total Match	$128,000
12. Total Budget	$639,408

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	NAC_501c3	08/22/2017
2) Other Attachmenbt	No	Stepping Stone II...	07/25/2018
3) Other Attachment	No		

Attachment Details

Document Description: NAC_501c3

Attachment Details

Document Description: Stepping Stone II 2018 Match

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Diana Yazzie-Devine

Date: 08/17/2018

Title: President/CEO

Applicant Organization: Native American Connections, Inc.

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	
Part 4 - Housing Services and HMIS	
4A. Services	X
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	
6D. Match	X

6E. Summary Budget	☐
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Update 3C to reflect Housing First; Update 5C to reflect current outreach; and update current amount of match.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/24/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	07/24/2018

1E. SF-424 Compliance	07/24/2018
1F. SF-424 Declaration	07/24/2018
1G. HUD-2880	07/24/2018
1H. HUD-50070	07/24/2018
1I. Cert. Lobbying	07/24/2018
1J. SF-LLL	07/24/2018
Recipient Performance	07/24/2018
Renewal Grant Consolidation	07/24/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/24/2018
3B. Description	07/24/2018
3C. Dedicated Plus	07/24/2018
4A. Services	08/16/2018
4B. Housing Type	07/24/2018
5A. Households	07/24/2018
5B. Subpopulations	No Input Required
5C. Outreach	07/24/2018
6A. Funding Request	07/24/2018
6D. Match	07/25/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/25/2018
7B. Certification	07/24/2018
Submission Without Changes	07/24/2018

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248674152
June 24, 2011 LTR 4168C E0
86-0293585 000000 00
00014856
BODC: TE

NATIVE AMERICAN CONNECTIONS INC
4520 NORTH CENTRAL AVENUE
PHOENIX AZ 85012-1828

13542

Employer Identification Number: 86-0293585
Person to Contact: MS IVEY
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your June 15, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in JUNE 1975.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248674152
June 24, 2011 LTR 4168C E0
86-0293585 000000 00
00014857

NATIVE AMERICAN CONNECTIONS INC
4520 NORTH CENTRAL AVENUE
PHOENIX AZ 85012-1828

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

S. A. Martin, Operations Manager
Accounts Management Operations

NATIVE AMERICAN CONNECTIONS

July 24, 2018

Maricopa Association of Governments
Continuum of Care
302 N. 1st Ave., Suite 300
Phoenix, *AZ* 85003

Re: Continuum of Care Renewal Application – Stepping Stone II Match

Dear Ms. Scott:

Native American Connections, Inc. (NAC) commits to providing a minimum of 25% cash match or $128,000 for the above referenced project for the operating period of 10/1/2019 – 9/30/2020 including:

- Housing Operations and Supportive Services- NAC commits to covering the project's housing operations and supportive services along with providing an appropriate allocation of staff time towards volunteer management, in-kind donations, life skills, grant management, and human resources.

Should you have any questions or require any further information please contact Sean Shabestari at 602-254- 3247 or email s.shabestari@nativeconnections.org.

Sincerely,

Sean Shabestari,
MBA CFO

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/17/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0090
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Native American Connections, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0293585

	c. Organizational DUNS:	079068177	**PLUS 4**	

d. Address

Street 1: 4520 N. Central Avenue, Ste. 600

Street 2:

City: Phoenix

County: Maricopa County

State: Arizona

Country: United States

Zip / Postal Code: 85012

e. Organizational Unit (optional)

Department Name: Administration

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Dangremond

Suffix:

Title: Grants Manager

Organizational Affiliation: Native American Connections, Inc.

Telephone Number: (602) 254-3247

Extension:
Fax Number: (602) 254-3247
Email: j.dangremond@nativeconnections.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	Sunrise Circle
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-004
b. Project: (for multiple selections hold CTRL key)	AZ-004
17. Proposed Project	
a. Start Date:	09/01/2019
b. End Date:	08/31/2020
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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Diana
Middle Name:	
Last Name:	Yazzie-Devine
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 254-3247
Fax Number: (Format: 123-456-7890)	(602) 256-7356
Email:	d.devine@nativeconnections.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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:	Native American Connections, Inc.
Prefix:	Ms.
First Name:	Diana
Middle Name:	
Last Name:	Yazzie-Devine
Suffix:	
Title:	President/CEO
Organizational Affiliation:	Native American Connections, Inc.
Telephone Number:	(602) 254-3247
Extension:	
Email:	d.devine@nativeconnections.org
City:	Phoenix
County:	Maricopa County
State:	Arizona
Country:	United States
Zip/Postal Code:	85012

2. Employer ID Number (EIN):	86-0293585
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$35,452.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Sunrise Circle 4520 N. Central Avenue, Ste. 600 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? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$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: X

Name / Title of Authorized Official: Diana Yazzie-Devine, President/CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/24/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Native American Connections, Inc.

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:	Ms.
First Name:	Diana
Middle Name	
Last Name:	Yazzie-Devine
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 254-3247
Fax Number: (Format: 123-456-7890)	(602) 256-7356
Email:	d.devine@nativeconnections.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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

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:	Native American Connections, Inc.
Name / Title of Authorized Official:	Diana Yazzie-Devine, President/CEO
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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:	Native American Connections, Inc.
Street 1:	4520 N. Central Avenue, Ste. 600
Street 2:	
City:	Phoenix
County:	Maricopa County
State:	Arizona
Country:	United States
Zip / Postal Code:	85012

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative	
Prefix:	Ms.
First Name:	Diana
Middle Name:	
Last Name:	Yazzie-Devine
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 254-3247
Fax Number: (Format: 123-456-7890)	(602) 256-7356
Email:	d.devine@nativeconnections.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

Organization	Type	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0090
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	Sunrise Circle
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Sunrise Circle is a permanent housing community located in a residential neighborhood in Phoenix east of the downtown area. HUD funding supports case management for homeless residents living in 10 units. An additional 15 units have Section 8 Vouchers for chronically homeless individuals that are included in the HUD housing case management services.

Residents at Sunrise Circle benefit greatly from access to Native American Connections wide array of behavioral health services, housing communities and service partnerships. This affords residents with the opportunity to access benefit specialists, NA/AA meetings along with recovery coaches, outpatient care and treatment, and supportive services such as job readiness classes and resume assistance. Residents also benefit from Native American Connections large volunteer program which brings individuals and groups on-site for social and recreational events along with help with general maintenance and care of apartment units.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans	X	**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	X

Other: Homeless disabled

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section lll.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section lll.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section lll.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	DedicatedPLUS

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	Daily
Assistance with Moving Costs			
Case Management		Applicant	Daily
Child Care			
Education Services			
Employment Assistance and Job Training		Partner	As needed
Food		Applicant	As needed
Housing Search and Counseling Services			
Legal Services			
Life Skills Training		Applicant	Weekly
Mental Health Services		Applicant	As needed
Outpatient Health Services		Applicant	As needed
Outreach Services			
Substance Abuse Treatment Services		Applicant	As needed
Transportation		Applicant	As needed
Utility Deposits			

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 10

Total Beds: 10

Total Dedicated CH Beds: 10

Housing Type	Housing Type (JOINT)	Units	Beds
Clustered apartments	---	10	10

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 10

b. Beds: 10

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 10

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. 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: 2922 North 39th Street

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85018

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

040330 Phoenix, 049013 Maricopa County

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households		10		10

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		10		10
Adults ages 18-24				0
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	10	0	10

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										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

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		2	8	8		6	1	5	1	
Adults ages 18-24										
Total Persons	0	2	8	8	0	6	1	5	1	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	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

42%	**Directly from the street or other locations not meant for human habitation.**
58%	**Directly from emergency shelters.**
	Directly from safe havens.
0%	**Persons fleeing domestic violence.**
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	**Total of above percentages**

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$8,900
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$8,900

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Native American C...	07/24/2018	$8,900

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Native American Connections
5. Date of Written Commitment:	07/24/2018
6. Value of Written Commitment:	$8,900

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$0
3. Supportive Services	$31,167
4. Operating	$3,785
5. HMIS	$0
6. Sub-total Costs Requested	$34,952
7. Admin (Up to 10%)	$500
8. Total Assistance plus Admin Requested	$35,452
9. Cash Match	$8,900
10. In-Kind Match	$0
11. Total Match	$8,900
12. Total Budget	$44,352

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	NAC_501c3	08/22/2017
2) Other Attachmenbt	No	Sunrise Circle 20...	07/25/2018
3) Other Attachment	No		

Attachment Details

Document Description: NAC_501c3

Attachment Details

Document Description: Sunrise Circle 2018 Match

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Diana Yazzie-Devine

Date: 08/17/2018

Title: President/CEO

Applicant Organization: Native American Connections, Inc.

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	☐
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	☐
6D. Match	X

6E. Summary Budget	☐
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Update 3B Project Description to reflect Housing First; Update 5A to reflect current number of households; Updated 5B to reflect current subpopulations (chronic vets); and update match to reflect current amount.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/24/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	07/24/2018

1E. SF-424 Compliance	07/24/2018
1F. SF-424 Declaration	07/24/2018
1G. HUD-2880	07/24/2018
1H. HUD-50070	07/24/2018
1I. Cert. Lobbying	07/24/2018
1J. SF-LLL	07/24/2018
Recipient Performance	07/24/2018
Renewal Grant Consolidation	07/24/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/24/2018
3B. Description	07/24/2018
3C. Dedicated Plus	07/24/2018
4A. Services	07/24/2018
4B. Housing Type	07/24/2018
5A. Households	08/16/2018
5B. Subpopulations	No Input Required
5C. Outreach	07/24/2018
6A. Funding Request	07/24/2018
6D. Match	07/25/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/25/2018
7B. Certification	07/24/2018
Submission Without Changes	07/24/2018

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248674152
June 24, 2011 LTR 4168C E0
86-0293585 000000 00
00014856
BODC: TE

NATIVE AMERICAN CONNECTIONS INC
4520 NORTH CENTRAL AVENUE
PHOENIX AZ 85012-1828

13542

Employer Identification Number: 86-0293585
Person to Contact: MS IVEY
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your June 15, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in JUNE 1975.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248674152
June 24, 2011 LTR 4168C E0
86-0293585 000000 00
00014857

NATIVE AMERICAN CONNECTIONS INC
4520 NORTH CENTRAL AVENUE
PHOENIX AZ 85012-1828

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

S. A. Martin, Operations Manager
Accounts Management Operations

NATIVE AMERICAN CONNECTIONS

July 24, 2018

Maricopa Association of Governments
Continuum of Care
302 N. 1st Ave., Suite 300
Phoenix, *AZ* 85003

Re: Continuum of Care Renewal Application – Sunrise Circle Match

Dear Ms. Scott:

Native American Connections, Inc. (NAC) commits to providing a minimum of 25% cash match or $8,900 for the above referenced project for the operating period of 9/1/2019 – 8/31/2020 including:

- Housing Operations and Supportive Services- NAC commits to covering the project's housing operations and supportive services along with providing an appropriate allocation of staff time towards volunteer management, in-kind donations, life skills, grant management, and human resources.

Should you have any questions or require any further information please contact Sean Shabestari at 602-254- 3247 or email s.shabestari@nativeconnections.org.

Sincerely,

Sean Shabestari,
MBA CFO

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 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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 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 onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. 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.
- 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 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/30/2018
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: Native American Connections, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0293585

	c. Organizational DUNS:	079068177	**PLUS 4:**	

d. Address

Street 1: 4520 N. Central Avenue, Ste. 600

Street 2:

City: Phoenix

County: Maricopa County

State: Arizona

Country: United States

Zip / Postal Code: 85012

e. Organizational Unit (optional)

Department Name: Administration

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Dangremond

Suffix:

Title: Grants Manager

Organizational Affiliation: Native American Connections, Inc.

Telephone Number: (602) 254-3247

Extension:
Fax Number: (602) 254-3247
Email: j.dangremond@nativeconnections.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-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):
(for multiple selections hold CTRL key) Arizona

15. Descriptive Title of Applicant's Project: NAC Youth Housing

16. Congressional District(s):

a. Applicant: AZ-004

b. Project: AZ-004
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 11/01/2019

b. End Date: 10/31/2020

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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Diana
Middle Name:	
Last Name:	Yazzie-Devine
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 254-3247
Fax Number: (Format: 123-456-7890)	(602) 256-7356
Email:	d.devine@nativeconnections.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/30/2018

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:	Native American Connections, Inc.
Prefix:	Ms.
First Name:	Diana
Middle Name:	
Last Name:	Yazzie-Devine
Suffix:	
Title:	President/CEO
Organizational Affiliation:	Native American Connections, Inc.
Telephone Number:	(602) 254-3247
Extension:	
Email:	d.devine@nativeconnections.org
City:	Phoenix
County:	Maricopa County
State:	Arizona
Country:	United States
Zip/Postal Code:	85012

2. Employer ID Number (EIN): 86-0293585

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $436,880.00

(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? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%

Note: If there are no other people included, write NA in the boxes.

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Diana Yazzie-Devine, President/CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/21/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Native American Connections, Inc.

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;**		

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 hereby certify that all the information stated herein, as well as any information provided in X

the accompaniment herewith, is true and 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:	Ms.
First Name:	Diana
Middle Name	
Last Name:	Yazzie-Devine
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 254-3247
Fax Number: (Format: 123-456-7890)	(602) 256-7356
Email:	d.devine@nativeconnections.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/30/2018

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

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:	Native American Connections, Inc.
Name / Title of Authorized Official:	Diana Yazzie-Devine, President/CEO
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/30/2018

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:	Native American Connections, Inc.
Street 1:	4520 N. Central Avenue, Ste. 600
Street 2:	
City:	Phoenix
County:	Maricopa County
State:	Arizona
Country:	United States
Zip / Postal Code:	85012

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Ms.
First Name:	Diana
Middle Name:	
Last Name:	Yazzie-Devine
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 254-3247
Fax Number: (Format: 123-456-7890)	(602) 256-7356
Email:	d.devine@nativeconnections.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/30/2018

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: $47,005

Organization	Type	Sub-Award Amount
1N10	M. Nonprofit with 501C3 IRS Status	$47,005

2A. Project Subrecipients Detail

a. Organization Name: 1N10

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 86-0728990

	*** d. Organizational DUNS:**	826668472	**PLUS 4:**	

e. Physical Address
Street 1: 1101 North Central Avenue, Ste. 202
Street 2:
City: Phoenix
State: Arizona
Zip Code: 85004

f. Congressional District(s):
(for multiple selections hold CTRL key) AZ-004

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant,either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $47,005

j. Contact Person
Prefix: Mr.
First Name: Nate
Middle Name:

Last Name:	Rhoton
Suffix:	
Title:	Exective Director
E-mail Address:	nate@onenten.org
Confirm E-mail Address:	nate@onenten.org
Phone Number:	602-400-2601
Extension:	
Fax Number:	

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

For over 40 years, Native American Connections (NAC) has been fulfilling its mission to improve the lives of individuals and families through Native American culturally appropriate behavioral health, affordable housing, and community development services. As one of the premier Native behavioral health organizations, as well as, being recognized as a Title 5 Urban Indian Health Program, NAC provides a comprehensive and interwoven behavioral health and housing services model that keenly understands the complex relationship between stable housing and overall wellness. Geographically speaking, this has benefited Native people living in over 70 tribal communities within the 4-state area of Arizona, Utah, Nevada, and New Mexico as well as the approximately 110,000 Native people living in metropolitan Phoenix. NAC's services are also critical in supporting the housing stability and wellness of low- and extremely-low income individuals and families including those who are transitioning from homelessness. Each year, NAC provides residential treatment and/or affordable supportive housing to over 5,000 individuals and families. On a daily basis, NAC connects with approximately 100 clients in our outpatient program and walk-in service area. Another 1,200 men, women and children are living in a NAC housing community each and every night. Approximately 20% of all NAC clients and residents were formerly chronically homeless.

NAC began as a grassroots organization operating one safe haven with supportive services. This haven was targeted to individuals recovering from substance abuse, particularly Native Americans in the urban core of Phoenix. During the past 30 years, an incremental and strategic growth process took place as NAC expanded both its housing portfolio as well as its behavioral health service offerings. NAC now owns and operates 21 sites providing a full range of services and support. These sites include: 1. The Native American Community Service Center (Administration, Behavioral Health Services, Training); 2. The Patina Wellness Center, a 70-bed residential substance use treatment program; 3. Thirteen affordable housing communities with approximately 725 housing units (325 PSH and 400 affordable for families); and 4. 25 bed emergency housing program for homeless young adults.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

With over 40 years of experience, NAC understands the level of commitment involved in identifying and leveraging Federal, State, local, and private sector match sources to meet HUD project expectations. NAC is an active participant in housing initiatives aimed at ending homelessness sponsored by private sector partner Valley of the Sun United

Way, as well as, public entities include the Arizona Department of Housing, Arizona Department of Economic Security, Maricopa County and the City of Phoenix. This array of partners allows NAC to leverage funds from the Low Income Housing Tax Credit, Section 8 and VASH programs along with ESG and CDBG.

The NAC Youth TH-RRH project furthers NAC's commitment to leveraging public and private resources. Financial support for the development of the twenty-four Saguaro Ki housing units includes HOME and CDBG funds, Federal Home Loan Bank Board San Francisco AHP, a contribution from the Arizona Regional Behavioral Health Authority (Mercy Maricopa) and private foundation grant programs. Funds from the City of Phoenix, Maricopa County and the Arizona Department of Economic Security are supporting a portion of salary expense for a Housing Navigator and a Education/Employment Specialist who will be working with youth in the TH and RRH aspects of the project.

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.

Under the leadership of NAC President/CEO, Diana Yazzie Devine, along with the 170-member staff including the six-member senior leadership team, Native American Connections has transformed into one of the oldest and most respected nonprofit organizations reaching those in need throughout Phoenix. The senior leadership team includes the Chief Financial Officer and Directors of Real Estate Development, Human Resources, Clinical Services, Property Management and Housing Services. NAC’s all-volunteer governing Board of Directors is diverse in terms of the experiences and expertise offered by each member.

NAC uses the QuickBooks Enterprise financial and accounting management system to support over 170 NAC employees as well as NAC’s housing and supportive services activities. NAC Housing Development and Finance Department staff have agreed upon procedures that govern the periodic financial draw and reporting needs of various funders. Native American Connections has a strict Financial Internal Controls Policy & Procedures that are fully in compliance with: GAAP – Generally Accepted Accounting Principles; GASB – Government
Accounting Standards Board; FASB - Financial Accounting Standards Board;and OMB Circulars – HUD, HHS, DOL Audit Guidelines & IRS regulations; and OMB Circular 133 - Single Audit Reports Standard.

In addition to an annual audit, monthly financial statements (Balance Sheet,Statement of Activities, Cash flow, Cost Analysis, Budget Variance) are presented to the Finance Committee of the Board of Directors and then by the Chairperson of Finance Committee to the full Board.

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:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
1b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
2. Project Name:	NAC Youth Housing
3. Project Status:	Standard
4. Component Type:	Joint TH & PH-RRH
5. Does this project use one or more properties that have been conveyed through the Title V process?	No
6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA).	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Native American Connections and 1N10 are working in partnership to develop a continuum of care for youth, ages 18-24, experiencing homelessness in Maricopa County with a specific focus on LGBTQ youth and youth with a history of human trafficking, dating violence and family violence. Engaged through emergency shelter or coordinated entry, youth will benefit from access to transitional housing and rapid rehousing (TH-RRH) with case management available to support positive housing outcomes through exit to permanent housing.

Transitional Housing: Ten units of transitional housing will be provided by Native American Connections at Sahuaro Ki, a new NAC youth housing project located adjacent to HomeBase, an emergency shelter for youth operated by NAC. When open in mid-2019, Sahuaro Ki will provide 24 studio apartments specifically for youth along with access to case management and the supportive services/resources provided next door at HomeBase. Ten of the 24 units will be dedicated to this TH-RRH project.

Rapid Rehousing will be provided through tenant based rental assistance at scattered sites (youth choice) for 25 youth. The housing administration will be managed by HOM Inc., a local for profit corporation with significant experience in RRH, VASH, and PSH. Case management services will be provided by NAC and 1N10, a subrecipient. 1N10 is a nonprofit organization supporting LGBTQ youth in RRH and PSH. All RRH will follow the guidelines adopted by the Regional Continuum of Care.

While in TH or RRH, youth will have access to case management and supportive services needed to:

•Create a housing plan in order to exit with housing in place.
•Obtain mainstream benefits including AHCCCS (Medicaid) and SNAP.
•Address medical and behavioral health needs. Youth have immediate access to NAC's Behavioral Health Services including substance use treatment and counseling. Youth will also benefit from trauma informed care.
•Improve education history. Youth will be assisted with GED prep and test resources. Youth will also be connected with education resources depending upon their desired course of study.
•Improve employment status. Youth may attend the on-site employment/job readiness classes offered at HomeBase and receive staff help with learning soft skills, resume building, access to job postings and computers to complete on-line applications, and help with clothing appropriate for interviews.
•Resolve legal issues and make connections to victim services

NAC, 1N10 and all supportive service providers will:
•Value and respect the need for age appropriate, culturally sensitive, trauma informed care
•Support the unique stories of LGBTQ youth, youth of color and youth with

histories of human trafficking and dating violence

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	60			
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	X	Domestic Violence	X
Veterans		Substance Abuse	X
Youth (under 25)	X	Mental Illness	X
Families		HIV/AIDS	

Other (Click 'Save' to update)	

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

d. Will the project follow a "Housing First" approach? (Click 'Save' to update) Yes

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.

Specific to the TH units, the development, operation, and maintenance of Sahuaro Ki will be handled entirely by NAC staff. In development stage, Saguaro Ki will be shepherded through the development process by the NAC Housing Development division. After construction completion, the NAC Asset Management and Property Management divisions will assume responsibility for the units and all tenant issues. As an all-inclusive development, management, maintenance, and services organization, NAC enjoys a great deal of information

sharing and continuity in the development and operations activities.

The RRH units will be provided through tenant based rental assistance at scattered site locations and HOM Inc., (sub recipient) will manage/administer.

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. Will the project use an existing homeless facility or incorporate activities provided by an existing project?	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.

The project will help youth create a housing plan that includes identifying housing that meet the youth's location/community preference and budget, along with taking into consideration any need for a highly supportive environment or connections to care for youth with serious mental illness or behavioral health concerns. The project will help youth understand lease terms and work with youth to overcome barriers such as lack of rental history or poor credit. The team will be assisted by HOM Inc., a local housing organization with significant landlord relationships and experience administering RRH programs. Case managers will help youth to increase housing stability by improving education through GED or completion of high school classes; obtaining skills needed for successful employment; addressing substance use; and proficiency in life skills. The project embraces Positive Youth Development and uses Motivational Interviewing to help each youth capitalize on their strengths.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

The project will be supported by the NAC HomeBase Education, Employment and Life Skills Specialist. If youth are able to complete a high school diploma, they will be connected with on-line school programs or area high schools and supported towards success and graduation. If completing high school is no longer an option, youth will be connected to GED prep and testing programs. The Specialist and the project staff will help youth with resources, services and class training to ensure youth build a foundation to employment at a higher

wage. Job placement and job training are provided through existing NAC partnerships with resources such as the YMCA Christown, St. Joseph the Worker, AWEE, Maricopa Skills, Arizona@Work and Opportunity Youth partners, etc. Referrals for services and introductions to program staff can be made by either the case managers or the Specialist.

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	Weekly
Assistance with Moving Costs			
Case Management		Subrecipient	Weekly
Child Care			
Education Services		Applicant	Weekly
Employment Assistance and Job Training		Applicant	Weekly
Food		Applicant	As needed
Housing Search and Counseling Services		Applicant	As needed
Legal Services		Applicant	As needed
Life Skills Training		Applicant	Daily
Mental Health Services		Applicant	As needed
Outpatient Health Services		Applicant	As needed
Outreach Services			
Substance Abuse Treatment Services		Applicant	As needed
Transportation		Applicant	As needed
Utility Deposits			

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

List all CoC-funded and Non CoC-funded units and beds for this project

	TH	RRH	Total
Total Units:	10	25	35
Total Beds:	10	25	35

Housing Type	Housing Type (JOINT)	Units	Beds
---	Clustered apartments	10	10
---	Scattered-site ap...	25	25

4B. Housing Type and Location Detail

1. Is this housing type and location for the TH portion or the RRH portion of the project?	TH
1a. Does this TH portion of the project have private rooms per household?	Yes
1b. Is this a private or semi private room?	Yes
2. Housing Type:	Clustered apartments
3. What is the funding source for these units and beds? (If multiple sources, select "Mixed" from the dropdown menu)	CoC

4. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units:	10
b. Beds:	10

5. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1:	Address is confidential.
Street 2:	
City:	Phoenix
State:	Arizona
ZIP Code:	85012

6. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)

040330 Phoenix, 049013 Maricopa County

4B. Housing Type and Location Detail

1. Is this housing type and location for the TH portion or the RRH portion of the project? RRH

2. Housing Type: Scattered-site apartments (including efficiencies)

3. What is the funding source for these units and beds? (If multiple sources, select "Mixed" from the dropdown menu) CoC

4. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 25

b. Beds: 25

5. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: Address is confidential.

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85012

6. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)

040330 Phoenix, 049013 Maricopa County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households		35		35

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				0
Adults ages 18-24		35		35
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	35	0	35

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										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

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										
Adults ages 18-24				15	5	5	35	5	5	
Total Persons	0	0	0	15	5	5	35	5	5	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

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

70%	**Directly from the street or other locations not meant for human habitation.**
30%	**Directly from emergency shelters.**
	Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing.
	Directly from safe havens.
	Persons fleeing domestic violence.
	Directly from transitional housing.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	**Total of above percentages**

2. Describe the outreach plan to bring these homeless participants into the project.

Engagement will generally first occur at the Human Services Campus which is the entry point for the Coordinated Entry System serving Maricopa County. At the Campus, youth will be connected to the Campus Youth Navigator who specializes in connecting youth with youth focused housing and services. A second point of outreach will be Native American Connections' HomeBase Shelter that serves as an entry point for the Coordinated Entry System in its role as the community's only emergency shelter specifically for youth. In addition, the subrecipient, 1N10, is the local agency providing outreach and engagement to LGBTQ youth through a youth drop in center and multiple satellite sites located across the metro Phoenix area. 1N10 program staff will refer youth to either HomeBase or the Campus for entry. Lastly, as the target population is youth who are victims of human trafficking and dating violence, the availability of youth housing and services will be widely promoted to area law enforcement agencies and jails. HomeBase holds a shelter bed open at all times specifically for referrals from area law enforcement to accommodate youth in need of an immediate safe place to stay.

The Campus Youth Navigator or the HomeBase Housing Navigator assist youth in gathering all the documents for housing beginning with a birth certificate and state issued identification. In addition, either Navigator will conduct a vulnerability assessment (VI-SPDAT and SPDAT) to help which housing intervention is most appropriate. When fully adopted and integrated by the community, the Transition Aged Youth (TAY) SPDAT will be used. Youth are placed on a youth by name list for referral into the TH or RRH component and prioritized.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. What type of CoC funding is this project applying for in the 2018 CoC Competition? DV Bonus

Only RRH, SSO and JOINT component types can apply for this funding

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a grant term: 1 Year

*** 5. Select the costs for which funding is being requested:**

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	X
HMIS	

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:	$227,100
Total Units:	25

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	25	$227,100

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen “6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

Type of Rental Assistance: TRA

The RRH component of a Joint TH-RRH project can only use TRA. The TH component of a Joint TH-RRH project part of the component can only use PRA and SRA or the Leased Units budget.

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	12 Months	Total Request (Applicant)

SRO		x	$468	x	12		=	$0
0 Bedroom		x	$624	x	12		=	$0
1 Bedroom	25	x	$757	x	12		=	$227,100
2 Bedrooms		x	$944	x	12		=	$0
3 Bedrooms		x	$1,374	x	12		=	$0
4 Bedrooms		x	$1,594	x	12		=	$0
5 Bedrooms		x	$1,833	x	12		=	$0
6 Bedrooms		x	$2,072	x	12		=	$0
7 Bedrooms		x	$2,311	x	12		=	$0
8 Bedrooms		x	$2,550	x	12		=	$0
9 Bedrooms		x	$2,790	x	12		=	$0
Total Units and Annual Assistance Requested	25							$227,100
Grant Term								1 Year
Total Request for Grant Term								$227,100

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and limits HUD’s understanding of what is being requested. Failure to enter adequate ‘Quantity AND Detail’ may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	2 FTE Case Manager with ERE (1-TH and 1-RRH)	$95,200
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	On-site food pantry for youth in TH	$6,000
8. Housing/Counseling Services	Housing locating, leasing assistance, move-in, inspections @ $450/youth	$11,250
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

14. Substance Abuse Treatment Services		
15. Transportation	Client transportation - bus and light rail passes	$1,000
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		$113,450
Grant Term		1 Year
Total Request for Grant Term		$113,450

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	Building Repairs - $500; Landscaping - $500; Extermination - $200; Waste Disposal - $500; Supplies - $3900	$5,600
2. Property Taxes and Insurance	Property Insurance	$5,000
3. Replacement Reserve		
4. Building Security	1 FTE Security for 24/7 Coverage	$32,130
5. Electricity, Gas, and Water	Water - $3,000; Electricity - $4500; Phone/IT - $2500; Gas - $2500	$12,500
6. Furniture	Soft Goods - $1400; Replacement furniture - $1500	$2,900
7. Equipment (lease, buy)	Washer/Dryer Rental @$200/month (1 pair)	$1,200
Total Annual Assistance Requested		$59,330
Grant Term		1 Year
Total Request for Grant Term		$59,330

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:	$130,000
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$130,000

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Native American C...	07/27/2018	$130,000

Sources of Match Detail

1. Will this commitment be used towards match ?	Yes
2. Type of commitment:	Cash
3. Type of source:	Private
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)	Native American Connections
5. Date of Written Commitment:	07/27/2018
6. Value of Written Commitment:	$130,000

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	$227,100	1 Year	$227,100
4. Supportive Services	$113,450	1 Year	$113,450
5. Operating	$59,330	1 Year	$59,330
6. HMIS	$0	1 Year	$0
7. Sub-total Costs Requested			$399,880
8. Admin (Up to 10%)			$37,000
9. Total Assistance Plus Admin Requested			$436,880
10. Cash Match			$130,000
11. In-Kind Match			$0
12. Total Match			$130,000
13. Total Budget			$566,880

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Subrecipient 1N10...	07/31/2018
2) Other Attachment(s)	No	NAC 501c3	07/31/2018
3) Other Attachment(s)	No		

Attachment Details

Document Description: Subrecipient 1N10 tax cert

Attachment Details

Document Description: NAC 501c3

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: Diana Yazzie-Devine

Date: 08/30/2018

Title: President/CEO

Applicant Organization: Native American Connections, Inc.

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, ficticious, or fraudulent X

statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required

1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	07/24/2018
1E. SF-424 Compliance	07/24/2018
1F. SF-424 Declaration	07/24/2018
1G. HUD 2880	07/24/2018
1H. HUD 50070	07/24/2018
1I. Cert. Lobbying	07/24/2018
1J. SF-LLL	07/24/2018
2A. Subrecipients	07/30/2018
2B. Experience	07/30/2018
3A. Project Detail	07/30/2018
3B. Description	08/01/2018
3C. Expansion	07/30/2018
4A. Services	08/17/2018
4B. Housing Type	08/30/2018
5A. Households	08/17/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/16/2018
6A. Funding Request	07/30/2018
6E. Rental Assistance	07/30/2018
6F. Supp Srvcs Budget	08/01/2018
6G. Operating	07/30/2018
6I. Match	07/30/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	07/31/2018
7D. Certification	07/30/2018

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0752251399
Apr. 05, 2017 LTR 4168C 0
86-0728990 000000 00
Input Op: 0752251399 00026842
BODC: TE

1N10 INC
% LINDA ELLIOTT
1101 N CENTRAL AVE STE 202
PHOENIX AZ 85004

027329

Employer ID Number: 86-0728990
Form 990 required: Yes

Dear 1N10 INC:

We issued you a determination letter in June 1993, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(03).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

0752251399
Apr. 05, 2017 LTR 4168C 0
86-0728990 000000 00
Input Op: 0752251399 00026843

1N10 INC
% LINDA ELLIOTT
1101 N CENTRAL AVE STE 202
PHOENIX AZ 85004

Sincerely yours,

Teri M. Johnson
Operations Manager, AM Ops. 3

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0752427369
Mar. 16, 2018 LTR 4168C 0
86-0293585 000000 00
00008469
BODC: TE

NATIVE AMERICAN CONNECTIONS INC
4520 N CENTRAL AVE STE 600
PHOENIX AZ 85012-1848

017292

Employer ID Number: 86-0293585
Form 990 required: YES

Dear Taxpayer:

This is in response to your request dated Mar. 07, 2018, regarding your tax-exempt status.

We issued you a determination letter in June 1975, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(03).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

0752427369
Mar. 16, 2018 LTR 4168C 0
86-0293585 000000 00
00008470

NATIVE AMERICAN CONNECTIONS INC
4520 N CENTRAL AVE STE 600
PHOENIX AZ 85012-1848

Sincerely yours,

Teri M. Johnson
Operations Manager, AM Ops. 3

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	07/31/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0192
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Native American Connections, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0293585

	c. Organizational DUNS:	079068177	**PLUS 4**	

d. Address

Street 1: 4520 N. Central Avenue, Ste. 600

Street 2:

City: Phoenix

County: Maricopa County

State: Arizona

Country: United States

Zip / Postal Code: 85012

e. Organizational Unit (optional)

Department Name: Administration

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Dangremond

Suffix:

Title: Grants Manager

Organizational Affiliation: Native American Connections, Inc.

Telephone Number: (602) 254-3247

Extension:
Fax Number: (602) 254-3247
Email: j.dangremond@nativeconnections.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	Stepping Stones III
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-004
b. Project: (for multiple selections hold CTRL key)	AZ-004
17. Proposed Project	
a. Start Date:	01/01/2020
b. End Date:	12/31/2020
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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Diana
Middle Name:	
Last Name:	Yazzie-Devine
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 254-3247
Fax Number: (Format: 123-456-7890)	(602) 256-7356
Email:	d.devine@nativeconnections.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/31/2018

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:	Native American Connections, Inc.
Prefix:	Ms.
First Name:	Diana
Middle Name:	
Last Name:	Yazzie-Devine
Suffix:	
Title:	President/CEO
Organizational Affiliation:	Native American Connections, Inc.
Telephone Number:	(602) 254-3247
Extension:	
Email:	d.devine@nativeconnections.org
City:	Phoenix
County:	Maricopa County
State:	Arizona
Country:	United States
Zip/Postal Code:	85012

2. Employer ID Number (EIN):	86-0293585
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$346,797.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Stepping Stones III 4520 N. Central Avenue, Ste. 600 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? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$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: X

Name / Title of Authorized Official: Diana Yazzie-Devine, President/CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/27/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Native American Connections, Inc.

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:	Ms.
First Name:	Diana
Middle Name	
Last Name:	Yazzie-Devine
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 254-3247
Fax Number: (Format: 123-456-7890)	(602) 256-7356
Email:	d.devine@nativeconnections.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/31/2018

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

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: Native American Connections, Inc.

Name / Title of Authorized Official: Diana Yazzie-Devine, President/CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/31/2018

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:	Native American Connections, Inc.
Street 1:	4520 N. Central Avenue, Ste. 600
Street 2:	
City:	Phoenix
County:	Maricopa County
State:	Arizona
Country:	United States
Zip / Postal Code:	85012

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative	
Prefix:	Ms.
First Name:	Diana
Middle Name:	
Last Name:	Yazzie-Devine
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(602) 254-3247
Fax Number: (Format: 123-456-7890)	(602) 256-7356
Email:	d.devine@nativeconnections.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	07/31/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

The project has not yet completed construction and begun operations.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? No

Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.

The project contract was received in July 2018 and construction has not yet been completed. Drawdowns will begin when the project begins operations and services.

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0192
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	Stepping Stones III
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Stepping Stones III is located on approximately 1.37 acres of land at 1325 N.14th St. near downtown Phoenix. NAC is re-developing the Property to expand our current housing and programming at the neighboring Stepping Stones II, resulting in an integrated campus of housing and services for the Chronically Homeless. Stepping Stones III will offer 50 studio rental units of Permanent Supportive Housing with Resident Service Coordinators offering service coordination, community referrals, and entitlement assistance. Through reallocation in the 2017 NOFA, HUD funding will support 35 of the 50 planned units. The remaining 15 units will be supported through vouchers. Envisioned as a four story new construction building, a major feature of Stepping Stones III shall be a flexible multi-use space that can serve the unique needs of this population.

Stepping Stones III is a permanent supportive housing project for persons who are chronically homeless and is managed in alignment with the Housing First model. Very low barriers exist to residency and supportive services will be offered, however, residents are not required to participate. Individuals will connect with Stepping Stone III through the CoC Coordinated Entry Process. Residents will have access to onsite case managers who may connect the resident with services and resources as needed or requested including but not limited to: recovery services, employment support, mainstream benefits, healthcare, transportation, food resources,and social and community activities. In keeping with our commitment to cultural competency, residents may also engage in traditional healing practices such as talking circles and sweat lodges.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	X
Veterans	X	**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	X
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section lll.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section lll.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section lll.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	DedicatedPLUS

4A. Supportive Services for Participants

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	Weekly
Assistance with Moving Costs			
Case Management		Applicant	Weekly
Child Care			
Education Services			
Employment Assistance and Job Training		Applicant	Weekly
Food		Applicant	As needed
Housing Search and Counseling Services			
Legal Services		Applicant	As needed
Life Skills Training		Applicant	Daily
Mental Health Services		Applicant	As needed
Outpatient Health Services		Applicant	As needed
Outreach Services		Applicant	Weekly
Substance Abuse Treatment Services		Applicant	As needed
Transportation		Applicant	As needed
Utility Deposits			

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 35

Total Beds: 35

Total Dedicated CH Beds: 35

Housing Type	Housing Type (JOINT)	Units	Beds
Clustered apartments	---	35	35

4B. Housing Type and Location Detail

1. Housing Type: Clustered apartments

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 35

b. Beds: 35

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 35

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. 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: 1325 North 14th Street

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85006

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

040330 Phoenix, 049013 Maricopa County

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households		35		35

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		33		33
Adults ages 18-24		2		2
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	35	0	35

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										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

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	30	3		23	3	16	6	7	5	
Adults ages 18-24	2			2	0	1	1	1	2	
Total Persons	32	3	0	25	3	17	7	8	7	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	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

60%	**Directly from the street or other locations not meant for human habitation.**
40%	**Directly from emergency shelters.**
	Directly from safe havens.
	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	**Total of above percentages**

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$86,700
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$86,700

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Native American C...	07/27/2018	$86,700

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Native American Connections
5. Date of Written Commitment:	07/27/2018
6. Value of Written Commitment:	$86,700

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$0
3. Supportive Services	$125,200
4. Operating	$205,334
5. HMIS	$0
6. Sub-total Costs Requested	$330,534
7. Admin (Up to 10%)	$16,263
8. Total Assistance plus Admin Requested	$346,797
9. Cash Match	$86,700
10. In-Kind Match	$0
11. Total Match	$86,700
12. Total Budget	$433,497

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	NAC_501c3	07/27/2018
2) Other Attachmenbt	No	Stepping Stones I...	07/30/2018
3) Other Attachment	No		

Attachment Details

Document Description: NAC_501c3

Attachment Details

Document Description: Stepping Stones III 2018Match

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Diana Yazzie-Devine

Date: 07/31/2018

Title: President/CEO

Applicant Organization: Native American Connections, Inc.

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	X
Part 4 - Housing Services and HMIS	
4A. Services	X
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	X
6D. Match	X

6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

This is the first renewal on this project; no information carried forward on esnaps. All information is current.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/27/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	07/27/2018

1E. SF-424 Compliance	07/27/2018
1F. SF-424 Declaration	07/27/2018
1G. HUD-2880	07/27/2018
1H. HUD-50070	07/27/2018
1I. Cert. Lobbying	07/27/2018
1J. SF-LLL	07/27/2018
Recipient Performance	07/27/2018
Renewal Grant Consolidation	07/27/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/27/2018
3B. Description	07/27/2018
3C. Dedicated Plus	07/27/2018
4A. Services	07/27/2018
4B. Housing Type	07/30/2018
5A. Households	07/27/2018
5B. Subpopulations	No Input Required
5C. Outreach	07/27/2018
6A. Funding Request	07/27/2018
6D. Match	07/30/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/30/2018
7B. Certification	07/30/2018
Submission Without Changes	07/30/2018

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0752427369
Mar. 16, 2018 LTR 4168C 0
86-0293585 000000 00
00008469
BODC: TE

NATIVE AMERICAN CONNECTIONS INC
4520 N CENTRAL AVE STE 600
PHOENIX AZ 85012-1848

017292

Employer ID Number: 86-0293585
Form 990 required: YES

Dear Taxpayer:

This is in response to your request dated Mar. 07, 2018, regarding your tax-exempt status.

We issued you a determination letter in June 1975, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(03).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

0752427369
Mar. 16, 2018 LTR 4168C 0
86-0293585 000000 00
00008470

NATIVE AMERICAN CONNECTIONS INC
4520 N CENTRAL AVE STE 600
PHOENIX AZ 85012-1848

Sincerely yours,

Teri M. Johnson
Operations Manager, AM Ops. 3

NATIVE AMERICAN CONNECTIONS

July 27, 2018

Maricopa Association of Governments
Continuum of Care
302 N. 1st Ave., Suite 300
Phoenix, *AZ* 85003

Re: Continuum of Care Renewal Application – Stepping Stone III Match

Dear Ms. Scott:

Native American Connections, Inc. (NAC) commits to providing a minimum of 25% cash match or $86,700 for the above referenced project for the operating period of 1/1/2020 – 12/31/2020 including:

- Housing Operations and Supportive Services- NAC commits to covering the project's housing operations and supportive services along with providing an appropriate allocation of staff time towards volunteer management, in-kind donations, life skills, grant management, and human resources.

Should you have any questions or require any further information please contact Sean Shabestari at 602-254- 3247 or email s.shabestari@nativeconnections.org.

Sincerely,

Sean Shabestari,
MBA CFO

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/17/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0157
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Save the Family Foundation of Arizona

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0665712

	c. Organizational DUNS:	138827550	**PLUS 4**	

d. Address

Street 1: 125 E. University

Street 2:

City: Mesa

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85201

e. Organizational Unit (optional)

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mrs.

First Name: Jacki

Middle Name:

Last Name: Taylor

Suffix:

Title: Chief Executive Officer

Organizational Affiliation: Save the Family Foundation of Arizona

Telephone Number: (480) 898-0228

Extension: 212
Fax Number: (480) 898-9007
Email: grants@savethefamily.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	Homeless Families Intervention Project Rapid Re-housing
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-005, AZ-006
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-006
17. Proposed Project	
a. Start Date:	06/01/2019
b. End Date:	05/31/2020
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: X

21. Authorized Representative

Prefix:	Mrs.
First Name:	Jacki
Middle Name:	
Last Name:	Taylor
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(480) 898-0228
Fax Number: (Format: 123-456-7890)	(480) 898-9007
Email:	Lauras@savethefamily.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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:	Save the Family Foundation of Arizona
Prefix:	Mrs.
First Name:	Jacki
Middle Name:	
Last Name:	Taylor
Suffix:	
Title:	Chief Executive Officer
Organizational Affiliation:	Save the Family Foundation of Arizona
Telephone Number:	(480) 898-0228
Extension:	212
Email:	Lauras@savethefamily.org
City:	Mesa
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85201

2. Employer ID Number (EIN):	86-0665712
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$212,742.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Homeless Families Intervention Project Rapid Re-housing 125 E. University Mesa 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? (For further information, see 24 CFR Sec. 4.3). Yes

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
Housing and Urban Development	McKinney Vento	$212,742.00	Rapid Re-housing
Housing and Urban Development	McKinney Vento	430468.0	Rapid Re-housing

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$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: X

Name / Title of Authorized Official: Jacki Taylor, Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/23/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Save the Family Foundation of Arizona

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:	Mrs.
First Name:	Jacki
Middle Name	
Last Name:	Taylor
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(480) 898-0228
Fax Number: (Format: 123-456-7890)	(480) 898-9007
Email:	Lauras@savethefamily.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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

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:	Save the Family Foundation of Arizona
Name / Title of Authorized Official:	Jacki Taylor, Chief Executive Officer
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

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:	Save the Family Foundation of Arizona
Street 1:	125 E. University
Street 2:	
City:	Mesa
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85201

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:	Jacki
Middle Name:	
Last Name:	Taylor
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(480) 898-0228
Fax Number: (Format: 123-456-7890)	(480) 898-9007
Email:	Lauras@savethefamily.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/17/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

Organization	Type	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0157
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	Homeless Families Intervention Project Rapid Re-housing
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	RRH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

This project is designed to promote a community-wide commitment to the goal of ending family and youth (ages 18-24) homelessness. Rapid Re-housing services will be provided to a minimum of 10 vulnerable families living on the streets or in emergency shelters. STF will provide professional case coordination service, rapid re-housing (time-limited, step down rental assistance, utility turn-on assistance, security deposits and application fees) and support services.

The HFIP-RR program utilizes the Maricopa County Continuum of Care: Standards and Best Practices for Rapid Re-housing. This project helps in creating a systemic response to ending homelessness by taking a minimum of 100% of all families referred from the CoC-approved Coordinated Assessment system. This program reduces the average length of homelessness by rapidly re-housing households back in our community. Case Coordination services, community outreach, housing location, landlord negotiation/mediation, application fees, time-limited step-down rental subsidies, utility turn on assistance and security deposits are provided to assist households in overcoming the barriers that most critically impact their housing stability. This program promotes client choice in housing while assisting families in identifying the most cost effective quality housing in the community. The ultimate goal is to assist families to stabilize and achieve long-term self-sufficiency thus reducing the strain on the current homeless system. This is accomplished by strengthening the family's long-term ties to community services, mainstream benefits, family, and friends; and providing emotional and practical support during this critical time.

Each household creates a Housing/Case plan utilizing the Family Service Prioritization Decision Assessment Tool (F-SPDAT) with their assigned case coordinator within two weeks of entry. The case plan identifies Areas of Focus and outlines the types of intensive supports and resources each household will need to maintain permanent housing.
Throughout the household's stay in the program, the case coordinator assists clients by accessing and engaging clients in mainstream resources such as Food Stamps, health care, employment/educational services and identifying and enrolling children into school and daycare. The case coordinator and the Families, Adults, and Children's Empowerment Service (FACES) staff work to engage household members in critical supportive services such as parenting, financial management, domestic violence education, and job search. Household progress is evaluated during monthly professional learning teams. If necessary, the plan is adjusted to meet the household's needs in facilitating the achievement of goals. In addition, clients have access to an on-site SOAR Specialist and referral to a Peer Navigator if necessary.

This project is a cost-effective solution to family homelessness in Maricopa County.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		**Domestic Violence**	X
Veterans	X	**Substance Abuse**	X
Youth (under 25)	X	**Mental Illness**	X
Families with Children	X	**HIV/AIDS**	X
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X

Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

4A. Supportive Services for Participants

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	Daily
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	Bi-weekly
Child Care		Applicant	As needed
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Applicant	As needed
Food		Applicant	As needed
Housing Search and Counseling Services		Applicant	Bi-weekly
Legal Services		Partner	Bi-monthly
Life Skills Training		Applicant	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Partner	As needed
Substance Abuse Treatment Services		Partner	As needed
Transportation		Applicant	As needed
Utility Deposits		Applicant	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 10

Total Beds: 48

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	10	48

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: 10

b. Beds: 48

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: 125 E. University Drive

Street 2:

City: Mesa

State: Arizona

ZIP Code: 85201

4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

040072 Chandler, 040384 Scottsdale, 040468 Tempe, 040186 Glendale, 040270 Mesa, 040330 Phoenix, 049013 Maricopa County, 040324 Peoria City, 040180 Gilbert

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	10			10

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	5			5
Adults ages 18-24	5			5
Accompanied Children under age 18	28			28
Unaccompanied Children under age 18				0
Total Persons	38	0	0	38

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		1	1	2			
Adults ages 18-24				1		1	3			
Children under age 18						2	21	3	2	
Total Persons	0	0	1	1	1	4	26	3	2	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										
Adults ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

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	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

40%	**Directly from the street or other locations not meant for human habitation.**
60%	**Directly from emergency shelters.**
	Directly from safe havens.
0%	**Persons fleeing domestic violence.**
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	**Total of above percentages**

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year
5. Select the costs for which funding is being requested:	
Rental Assistance	X
Supportive Services	X
HMIS	X

6C. 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:	$133,920
Total Units:	10

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	10	$133,920

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$468	$468	x			=	$0
0 Bedroom		x	$624	$624	x			=	$0
1 Bedroom		x	$757	$757	x			=	$0
2 Bedrooms	6	x	$944	$944	x			=	$67,968
3 Bedrooms	4	x	$1,374	$1,374	x			=	$65,952
4 Bedrooms		x	$1,594	$1,594	x			=	$0
5 Bedrooms		x	$1,833	$1,833	x			=	$0
6 Bedrooms		x	$2,072	$2,072	x			=	$0
7 Bedrooms		x	$2,311	$2,311	x			=	$0
8 Bedrooms		x	$2,550	$2,550	x			=	$0
9 Bedrooms		x	$2,790	$2,790	x			=	$0
Total Units and Annual Assistance Requested	10								$133,920
Grant Term									1 Year
Total Request for Grant Term									$133,920

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$86,792
Total Value of In-Kind Commitments:	$14,200
Total Value of All Commitments:	$100,992

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	Private	Child Crisis Arizona	07/19/2018	$7,200
Yes	In-Kind	Government	MCC Dental Hygiene	07/10/2018	$7,000
Yes	Cash	Private	Save the Family	07/27/2018	$12,016
Yes	Cash	Private	Save the Family	07/27/2018	$74,776

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	In-Kind
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Child Crisis Arizona
5. Date of Written Commitment:	07/19/2018
6. Value of Written Commitment:	$7,200

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 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: (Be as specific as possible and include the office or grant program as applicable)	MCC Dental Hygiene
5. Date of Written Commitment:	07/10/2018
6. Value of Written Commitment:	$7,000

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 Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Save the Family
5. Date of Written Commitment:	07/27/2018
6. Value of Written Commitment:	$12,016

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Save the Family
5. Date of Written Commitment:	07/27/2018
6. Value of Written Commitment:	$74,776

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$133,920
3. Supportive Services	$68,353
4. Operating	$0
5. HMIS	$402
6. Sub-total Costs Requested	$202,675
7. Admin (Up to 10%)	$10,067
8. Total Assistance plus Admin Requested	$212,742
9. Cash Match	$86,792
10. In-Kind Match	$14,200
11. Total Match	$100,992
12. Total Budget	$313,734

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Mesa Public Schools Support letter

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Jacki Taylor

Date: 08/17/2018

Title: Chief Executive Officer

Applicant Organization: Save the Family Foundation of Arizona

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.	Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
Part 4 - Housing Services and HMIS	
4A. Services	X
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	X
6C. Rental Assistance	X
6D. Match	X

6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Project Description 6B was updated
Match 6D was updated/revised

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/23/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	08/16/2018
1E. SF-424 Compliance	07/23/2018
1F. SF-424 Declaration	07/23/2018
1G. HUD-2880	07/23/2018
1H. HUD-50070	07/24/2018
1I. Cert. Lobbying	07/24/2018
1J. SF-LLL	07/24/2018
Recipient Performance	07/23/2018
Renewal Grant Consolidation	07/24/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/24/2018
3B. Description	07/30/2018
4A. Services	07/23/2018
4B. Housing Type	07/24/2018
5A. Households	07/23/2018
5B. Subpopulations	No Input Required
5C. Outreach	07/24/2018
6A. Funding Request	07/23/2018
6C. Rental Assistance	07/23/2018
6D. Match	07/30/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	07/30/2018
Submission Without Changes	07/30/2018

Before Starting Technical Submission

HUD strongly encourages ALL grant recipients to review the following information BEFORE beginning Technical Submission.

Technical Submission

Congratulations on your FY 2015 Continuum of Care (CoC) Program conditional New, CoC Planning or UFA Costs Project award. All conditionally selected New, CoC Planning, and UFA Costs grant recipients must go through a "Technical Submission" process before HUD can execute a grant agreement. This process includes the acknowledgment and resolution of Issues and Conditions, the submission of additional project detail concerning administration costs and project milestones, and in some cases, minor adjustments to project information.

Completing the Technical Submission process in e-snaps ensures that accurate and current project information is available to HUD and the recipient at all times and that it will be correct for the next competition in which the grant is eligible for renewal. The screens in e-snaps that follow are very similar to the screens from the Project Application, and so should be easy to navigate.

Communication between HUD and recipients is essential to the proper and timely completion of the Technical Submission process. If you have questions about the specific information that you need to provide, contact your local HUD CPD field office for guidance. If you have technical questions about completing this form in e-snaps, please submit a question to the HUD Exchange via Ask A Question, which is accessible online at https://hudexchange.info/ask-a-question/.

Grant Agreements

HUD will enter into a grant agreement with the recipient who applied for and was conditionally awarded funding once the information provided at this step is received and approved by the local HUD CPD field office.

Things to Remember

- Only adjustments to project information submitted with the project application that resolve issues and conditions or reconcile budget changes made by HUD are allowed before grant agreement. Open conversation with the local HUD CPD field office is key to quickly addressing required adjustments and completing the technical submission. Adjustment requests must be addressed with HUD before submitting this form to make sure that the requests are eligible.
- Throughout the Technical Submission you will see frequent reference to the following terms:
- Form: The word "form" is used to describe the entire submission - e.g. The Technical Submission Form
- Screen: The word "screen" is used to describe each screen within a Form - e.g. The Attachments Screen
- Additional training resources can be found on the HUD Resource Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/.
- Program policy questions and problems related to completing the Technical Submission in e-snaps may be directed to HUD through the HUD Exchange via Ask A Question, which is accessible online at https://hudexchange.info/ask-a-question/.
- To ensure that this form is completed correctly, refer to 24 CFR 578, the FY 2013 – FY 2014 CoC Program NOFA, the FY 2014 Funding Notice and the FY 2014 General Section NOFA.
- All grant recipients should verify the accuracy of their applicant profile in e-snaps before submitting this form.
- HUD reserves the right to reject any New, CoC Planning, or UFA Costs Project that fails to acknowledge and then satisfy Issues and Conditions as listed on this form, or that fails to satisfy the requirements detailed in this technical submission request.

Recipient Acknowledgement

Instructions:

This text box presents comments and alerts, recorded by HUD, that do not qualify as issues or conditions: This text box includes comments and alerts written by HUD for the grant recipient. These comments cannot be edited, and are meant to clarify issues, conditions, and other nuances of the post award process that HUD wishes to communicate.

A red message will display below the text box if Issues or Conditions were placed on this project by HUD and the recipient has not acknowledged them. As long as the message is visible, the recipient will not be able to submit the Issues and Conditions form. Additional red messages may appear to alert the recipient to actions that must be taken using screens that appear later in this form or to expectations that HUD has set for the operation of the project (e.g. adhering to Housing First principles, if applicable).

For the itemized issues and conditions, three columns appear. The first column, "HUD Award," includes a check box for each row and each relevant issue or condition. Boxes in this column have been selected by HUD during the HUD application review. The second column, "Recipient Acknowledgement," includes a check box for each row. Recipients must click the check box for each relevant issue or condition selected by HUD to acknowledge the issue or condition. If either #6F or #16 has been selected additional issues and conditions have been placed on the award using the 6 "Other" check boxes and text boxes at the bottom of the screen. Recipients must check the box to acknowledge row #6f or #16 and the box associated with the "Other" conditions recorded at the bottom of the screen. The third column contains the actual issues and conditions.

Issues, Conditions, and Alerts

Issue - a concern or a point of clarification that may require HUD field office monitoring and may require the recipient to submit additional information to ensure compliance with program requirements. An issue may or may not be resolved before grant agreement execution.

Condition - a deficiency in the project application that is related to a regulation, statute, or program requirement and must be satisfied before a grant agreement can be executed.

Alert - a general comment or warning related to one or more potential problems with the recipient, subrecipient(s), or project application.

Additional Resources:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

This text box presents comments and alerts, recorded by the Field Office, that do not qualify as issues or conditions.

Additional alert(s) for recipients:

Recipients must submit match documentation to HUD before grant agreement. Upload match commitments using the Attachments Screen.

HUD has made at least one budget change that may require reconciliation before submission by adjusting budget subcategories on the following

screen(s). This may also require a change to the total match commitment on the Match/Leverage screen.

- Rental Assistance

HUD Award	Recipient Acknowledgement	Conditions Applicable to ALL Projects
		1. Incomplete or missing certification forms.
		The following certification forms were either incomplete or missing from the e-snaps Applicant Profile. The form(s) must be completed and uploaded into the Applicant Profile in e-snaps before HUD can execute a grant agreement. Please notify the local HUD Field Office once this condition has been satisfied in e-snaps.
		a. Recipient Disclosure/Update Report (HUD form 2880)
		b. Drug-Free Workplace (HUD form 50070)
		2. Conducting business in accordance with core values and ethical standards not confirmed.
		3. The Central Contract Registration (CCR)/System for Award Management (SAM) was not recorded.
		4. Confirm Eligibility of proposed project participants.
		5. Assisting homeless under other Federal statutes.
		6. Special performance/capacity.
		Before grant agreement execution, the recipient must provide a written, comprehensive management plan addressing the capacity concern(s) listed below.
		a. Outstanding obligation to HUD that is in arrears or no payment schedule established.
		b. Unresolved construction delays, or monitoring or audit findings.
		c. History of poor financial management/drawdown issues.
		d. History of low occupancy levels.
		e. Lack of experience in administering the project type.
		f. Other capacity issues (specified below).
X	X	**7. CoC Program interim rule costs compliance.**
		A budget line item cost request might be ineligible or lacks the detail necessary for HUD to determine the cost's eligibility. Before grant agreement execution, the recipient must either add sufficient cost quantity and detail or adjust the eligible supportive services, operating, and/or HMIS costs budget line items to be in compliance with 24 CFR 578.53, 578.55, and 578.57.
		9. Unclear expansion activities.

		10. Ineligible budget combinations.
		The following funds were requested within the same project and cannot be used for the same unit and/or structure:
		a. Leasing and acquisition, rehabilitation, and new construction
		b. Tenant-based rental assistance and acquisition, rehabilitation, and new construction
		c. Short-term/Medium term rental assistance and acquisition, rehabilitation, and new construction
		d. Rental assistance and leasing
		e. Rental assistance and operating
		11. Insufficient Match.
		12. Conflict of Interest - Leasing.
		13. Special Award PH Projects.
		All new PH-PSH projects applying for funds under reallocation or the Permanent Housing Bonus must serve 100% chronically homeless households.
		15. HMIS Lead does not match the HMIS Lead listed in the CoC Applicant Profile.
		16. Other policy and program related conditions:
X	X	**Other 1**
X	X	**Other 2**
X	X	**Other 3**
X	X	**Other 4**
		Other 5
		Other 6

Other 1

A budget line item cost request might be ineligible or lacks the detail necessary for HUD to determine the cost's eligibility. Before grant agreement execution, the recipient must either add sufficient cost quantity and detail or adjust the eligible supportive services, operating, and/or HMIS costs budget line items to be in compliance with 24 CFR 578.53, 578.55, and 578.57.

Other 2

Pleas attach Match Documentation.

Other 3

Please attach Job Descriptions.

Other 4

Please attach the Environmental Review.

Other 5

Other 6

Administrative Costs

Instructions:

Please complete the chart below for the administrative costs budget. If there are no subrecipients to the grant, complete lines 1 through 7. If there are subrecipients to the grant, and the subrecipients receive administrative costs, complete lines 1 through 9.

Administrative Costs: In this column, indicate the administrative activity to be paid for using CoC funds.

Year 1: In this column, enter the amount of CoC funds to be used to pay administrative costs in the first year.

If the grant is multi-year, enter the amount of CoC funds to be used for Years 2, 3, 4, and 5, as applicable.

Total: This column is read only. This column will automatically calculate when the screen is saved. The total amount must match the total for Admin Costs on the summary budget screen.

Amount for the Subrecipient: If a subrecipient(s) will receive Admin costs, enter the amounts out of the Totals for Itemized Administrative Costs in row 8 that will be allocated to the subrecipient(s). Complete the row according to the column instructions above. The amount under each column must be less than the amount calculated in the same column in row 8.

Additional Resources:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Total Assistance Requested for Administration: $19,606

** **

	Administrative Costs:	Year 1	Year 2	Year 3	Year 4	Year 5	Total
1.	Administrative costs for 5% of 4 FTEs to prepare program budgets, schedules, amendments, oversee monitoring activities, reporting and evaluation.	$19,606					$19,606
2.							$0
3.							$0
4.							$0
5.							$0
6.							$0
7.							$0
8.	**Totals for Itemized Administrative Costs**	$19,606	$0	$0	$0	$0	$19,606
9.	**Amount for the Subrecipient**						$0

Project Milestones

Instructions:

Enter the number of days it will take to complete each milestone that is relevant to your project. You must complete at least one milestone to submit the technical submission. You must enter a number. Text will not be accepted.

Additional Resources:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

For each structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur. If the project has only one structure or no structures, complete only column A. If a milestone is not applicable, leave the associated fields blank. If a milestone has already occurred, enter 0 in the associated field(s).

Project Milestone	Days from Execution of Grant Agreement Structure	Days from Execution of Grant Agreement Structure	Days from Execution of Grant Agreement Structure	Days from Execution of Grant Agreement Structure
	A	B	C	D
Closing on purchase of land, structure, or execution of lease				
Last unit leased, if leasing scattered units				
Rehabilitation started				
Rehabilitation completed				
New construction started				
New construction completed				
Operations staff hired	30			
Residents begin to occupy	30			
Supportive services begin	30			
Facility near 100% occupied	90			
Enrollment in supportive services near 100% capacity	120			

Attachments

Instructions

The Attachments screen provides the standard links necessary for all project types to complete a technical submission. Please note that many of the documents below are component type, project type, and activity specific and so may not be relevant to your project. Recipients are only required to attach match documentation in order to submit the technical submission form; however, additional attachments may be required for approval of the technical submission by HUD. Review the details below, the recipients post award guide, and the CoC Program interim rule for further details. You can also contact your local HUD CPD representative for more information.

Under the “Document Type” heading, select the most appropriate attachment slot related to the document you are uploading.

Match Documentation: (Required) Documentation that confirms the match commitments entered into the project application. Before grant execution, cash and in-kind services to be provided by a third party must be documented between the recipient or subrecipient and the third party that will provide the services. For more information, please review 24 CFR 578.73.

Job Descriptions: Documentation that describes the roles and responsibilities of staff employed to carry out the project activities. Attach narrative statements indicating job title(s) for each position to be funded. For each position describe the job responsibilities as they relate to the project.

Site Control: The recipient's contracted control over the properties that will be used during project implementation. If the project has more than three structures that require site control, please combine documentation into one attachment. For more information on what types of projects and structures require site control, please review 24 CFR 578.25.

Environmental Review: Documentation that confirms an environmental review has been performed with satisfactory results in accordance with 24 CFR Part 58 and 578.31. Recipients, subrecipients, project partners, and their contractors may not acquire, rehabilitate, convert, lease, repair, dispose of, demolish, or construct property for a project, or commit or expend HUD or local funds for eligible activities until an environmental review has been completed. For more information, please review 24 CFR 578.31 and https://www.hudexchange.info/resource/4045/coc-program-environmental-review-flow-chart/.

Zoning Documentation: One of three documents verifying that new construction and rehabilitation projects conform to local zoning and building codes:

1. A statement on letterhead stationary from the unit of general local government indicating that the proposed use is permissible under applicable zoning ordinances and regulations 2. A statement that the zoning will be changed to allow for the proposed use within one year from the date of HUD's award letter 3. An existing lawsuit filing or HUD complaint, or a commitment that a filing or complaint will be filed within three months challenging the legality of the current zoning ordinance or regulations under the Fair Housing Act.

For more information on this type of documentation, please review 24 CFR 578.75.

Documentation of Financial Feasibility: Documentation that confirms the financial feasibility of both implementing and operating the eligible costs requested in the project application. A project must demonstrate that is has enough cash resources to carry out project activities and that the resources will be available to meet the reported project milestones. For more information, please refer to 24 CFR 578.21(c).

Restrictive Covenant: Documentation required for projects that have capital costs (e.g. construction, rehabilitation and/or acquisition). Projects with acquisition costs are also required to provide the purchase agreement. For more information, please refer to 24 CFR 578.81.

Other Attachments: Upload additional documentation that relates to the technical submission,

including justification for project adjustments. Use a zip file to attach multiple documents.

Additional Resources:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Document Type	Required?	Document Description	Date Attached
01) Match Documentation	Yes	2015-16 Match New...	08/15/2016
02) Job Descriptions	No	New Directions Ca...	08/15/2016
03) Site Control 1	No		
04) Site Control 2	No		
05) Site Control 3	No		
06) Environmental Review 1	No	New Directions RR...	08/15/2016
07) Environmental Review 2	No		
08) Environmental Review 3	No		
09) Documentation of Financial Feasibility (New Construction, Acquisition, Rehabilitation)	No		
10) Zoning Documentation	No		
11) Restrictive Covenant	No		
12) Other Attachment(s)	No		

Attachment Details

Document Description: 2015-16 Match New Directions RRH

Attachment Details

Document Description: New Directions Case Coordinator Job Description

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: New Directions RRH Environmental Review

Attachment Details

Document Description:

Attachment Details

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Document Description:

Adjustments

Instructions:

HUD will only accept adjustments that specifically address and resolve an issue or condition or reconcile a budget change made by HUD to the conditional award.

Select "Yes" or "No" to the question, "Has HUD required that you adjust information submitted with your application to resolve Issues and Conditions and/or reconcile budget changes made by HUD?"

If "No" then select "Next".

If "Yes" then a text box will appear that asks, "Briefly describe the adjustments being requested." List the adjustments (bullets are appropriate) and then select "Save & Next".

Additional Resources:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Has HUD required that you adjust information submitted with your application to resolve Issues and Conditions and/or reconcile budget changes made by HUD? Yes

Adjustments can only be made to resolve issues and conditions and to reconcile budget changes made by HUD before award. No new requests for changes to your project may be initiated using this form. All adjustments will be reviewed by HUD before grant agreement and may be rejected.

Briefly describe the adjustments being requested.

Save the Family added additional information to our HMIS budget request documenting additional detail.

1A. Application Type

This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/15/2016
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: (e.g., expiring grant number)	
6. Date Received by State:	
7. State Application Identifier:	

1B. Legal Applicant

This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.

8. Applicant

a. Legal Name: Save the Family Foundation of Arizona

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0665712

	c. Organizational DUNS:	138827550	**PLUS 4**	

d. Address

Street 1: 125 E. University

Street 2:

City: Mesa

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85201

e. Organizational Unit (optional)

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mrs.

First Name: Jacki

Middle Name:

Last Name: Taylor

Suffix:

Title: Chief Executive Officer

Organizational Affiliation: Save the Family Foundation of Arizona

Telephone Number: (480) 898-0228
Extension: 212
Fax Number: (480) 898-9007
Email: grants@savethefamily.org

1C. Application Details

This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.

9. Type of Applicant:	M. Nonprofit with 501C3 IRS Status
If "Other" please specify:	
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-5900-N-18B
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. Congressional District(s)

Instructions:

All fields on this screen will populate with information from the project application. These fields can be adjusted.

Areas Affected By Project: This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project screen when the project application was created. To change the project name, click Back to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

Congressional District(s):

a. Applicant: This field populates from the Project Applicant Profile. Project applicants cannot modify the data in this field. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. Project: This field is required. Select the congressional district(s) in which the project operates. For new projects, select the district(s) in which the project is expected to operate.

Proposed Project Start and End Dates: In this required field, indicate the operating start date and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

Estimated Funding: Fields intentionally left blank, cannot edit.

Additional Resources:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

14. Area(s) affected by the project (State(s) only):
(for multiple selections hold CTRL key) Arizona

15. Descriptive Title of Applicant's Project: New Directions Rapid Re-housing for Families

16. Congressional District(s):

a. Applicant: AZ-005, AZ-006

b. Project: AZ-005, AZ-006
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 05/01/2016

b. End Date: 04/30/2017

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.

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. Declaration

This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.

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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Jacki
Middle Name:	
Last Name:	Taylor
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(480) 898-0228
Fax Number: (Format: 123-456-7890)	(480) 898-9007
Email:	Lauras@savethefamily.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/15/2016

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: $0

Number of Subrecipients: 0

Organization	Type	Sub-Award Amount
This list contains no items		

2B. Experience of Applicant, Subrecipient(s), and Other Partners

Instructions:

All fields on this screen will populate with information from the project application. These fields can be adjusted.

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: This is a required field. Describe why the applicant, subrecipients, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) are the appropriate entities to receive funding. Provide concrete examples that illustrate their experience and expertise in the following: 1) working with and addressing the target population's identified housing and supportive service needs; 2) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; 3) identifying and securing matching funds from a variety of sources; and 4) managing basic organization operations including financial accounting systems.

Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds: This is a required field. Include experience with all Federal, State, local and private sector funds. If the applicant and subrecipient have no experience leveraging other funds, include the phrase "No experience leveraging other Federal, State, local, or private sector funds."

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: This is a required field. Include the organization and management structure of the applicant and all subrecipients, making sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.

Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any): This is a required field. Select "Yes" or "No" to indicate whether or not the subrecipient has open OIG audit findings; poor or non-compliance with applicable Civil Rights Laws and/or Executive Orders; or open McKinney-Vento related monitoring findings. The question is related to those projects for which the subrecipient organization is either a direct recipient or a subrecipient.

Describe the unresolved monitoring or audit findings: This is a required field if "Yes" to the previous question. Use the space provided to explain the details of the unresolved monitoring or audit findings and the steps the applicant or subrecipient will take to resolve the findings.

Additional Resources:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

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.

Save the Family Foundation of Arizona has been serving homeless families with children for more than 27 years. Founded in 1988, Save the Family was established to address poverty and overcome homelessness. Save the Family has been a recipient of funding from Housing and Urban Development (HUD) for over 23 years including contracts awarded through the SAFAH programs and the McKinney-Vento programs. In July, 2008 Congress appropriated $25

million to the McKinney-Vento Homeless Assistance program to reduce family homelessness through the
provision of Rapid Re-housing. 23 programs were awarded nationally through this pilot. Save the Family and UMOM were awarded one of these grants. Families participating in this program are eligible for services which include housing location assistance, step-down rental subsidies, case coordination and supportive services. In addition, Save the Family has extensive experience in providing Rapid Re-housing services through funding provided through Homeless Prevention Rapid Re-housing (HPRP) from both the Cities of Mesa and Chandler and rapid re-housing funding from both the City of Mesa and the Department of Economic Services-Emergency Solutions Grant Funding (ESG).

Save the Family proposes to reallocate our 23 Transitional Housing units for Homeless Domestic Violence Victims grant into Rapid Re-housing services for a minimum of 24 families living on the streets or in emergency shelters. Save the Family will provide housing location services, professional case coordination and rapid re-housing services (time-limited, step down rental assistance, utility turn-on assistance and security deposits).

Based on Save the Family's extensive experience and knowledge in operating successful Rapid Re-housing projects, Save the Family does not anticipate any problems performing the activities proposed in this application, nor in effectively utilizing these funds.

Save the Family’s Rapid Re-housing program helps rapidly re-house and stabilize households in our community by providing community outreach, case coordination services, housing location, landlord negotiation/mediation, short-term step-down rental subsidies, utility turn on assistance and security deposits to assist households in overcoming the barriers that most critically impact their housing stability. The ultimate goal is to assist families to stabilize and achieve long-term self-sufficiency thus reducing the strain on the current homeless system. This is accomplished by: strengthening the family’s long-term ties to community services, family, and friends; and providing emotional and practical support during this critical time.

Services provided include: intensive community outreach; housing location and assistance with landlord negotiation; educating tenants on landlord/tenant rights, and on-going case coordination meetings. Each household will create a Housing/Case plan with their assigned case coordinator to create to a plan allows households to choose two to three Areas of Focus:
Employment/Education, Benefits & Financial Management, Mental Health/Health, Life & Parenting Skills, Children's Education and Services, and Understanding Risky Behaviors. These Areas of Focus outline the types of intensive supports and resources each household will need to maintain permanent housing and learn skills to necessary earn adequate income to support their housing.

Some prior accomplishments include:
In 2011, at the invitation of HUD, Save the Family's CEO Jacki Taylor addressed the Greater Phoenix non-profit community on emerging housing protocols to improve/maintain homelessness outcomes, while increasing return on investment.

Save the Family also received the HUD Phoenix Field Office’s Most Valuable

Partner Award for excellence in operating transitional housing for homeless families and received the 2006 Homeless Monitoring Information System (HMIS) award for data quality.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

Save the Family Foundation has always worked to diversify its funding sources to insure that no single funder bears the full financial responsibility for any of our programs or services. We have a sustainable business model and broad-based fundraising strategies. Additional Federal funding we have received include: CDBG Funds via the Cities of Mesa, Chandler, Scottsdale, Tempe, and Gilbert; SNAP Funding; and ESG Funds via the Arizona Department of Economic Security and through the City of Mesa. Local Government Funding through General Funds has been garnered from the Cities of Mesa, Scottsdale, and Gilbert. Private Funding is obtained annually through the Valley of the Sun United Way and Mesa United Way. In addition, Funds are generated through Special Events and general Private Sector Fundraising from Foundations, Corporation and Individuals in excess of $1.0M annually. Save the Family also earns income from its affordable housing units and Thrift Store Revenues. Soft costs, such as program supplies and other areas of support, are solicited from donors as In-Kind Income to every extent possible, with a focus on sustaining essential services while maintaining a balanced budget. We utilize volunteers whenever possible to control and limit personnel expenses. In FY15, volunteer time and donated goods offset budgeted expenses for staff and services by more than $1.0M.

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.

Save the Family, a 501(c) (3) since 1988, functions under the oversight of a volunteer Board of Directors (18 diverse community members with varying backgrounds). The Board meets monthly and has standing committees to facilitate oversight of the agency (Executive, Strategic Planning, Finance,Audit, Governance, Development, CQI, and IT Management). Our staff is spearheaded by a senior management team comprised of the CEO, COO, a contracted CFO, a Controller, the Chief Development Officer, the Director of Client Services, and the Director of Property Development and Maintenance.

The Departments within Save the Family include: Administration, Development, Client Services, and Property Management. All together, we are a staff of 53. We augment the work we do with the utilization of 6,990 volunteers who contribute one million dollars in in-kind labor annually.

Internal coordination is best exemplified by our structure which fosters agency wide top down/bottom up communications. It is accomplished through monthly all-staff meetings, weekly senior management meeting (which will soon be encompassing our middle management structure),weekly department meetings and monthly CEO interaction with each department. The Direct Service Staff are structured using consultative supervision and professional learning teams which afford a team “look” at individual cases that may be experiencing

difficulty.

Our external coordination is most clearly evident in our robust relationships with with community partners to avoid duplication of services and to significantly expand the breadth and depth of the programs we offer our clients. Community partnerships such as: ASU College of Nursing & Health Innovation, A.T. Still University School of Dentistry and Oral Health, AZCEH and DV, Desert Schools Federal Credit Union, Healthcare for the Homeless, MAG, MESA Can/A New Leaf, Mesa Center Against Family Violence, Mesa United Way, St. Joseph the Worker, UMOM New Day Centers, and VSUW.

The financial health and stability the agency is evidenced by these factors: consistent, successful and compliant a133 audits and other funder monitoring reports, strong banking relationships with consistently met covenants, creditable relationships with local foundations (United Way, Arizona Community Foundation, Pulliam, Piper, etc.) and the GAAP compliant accounting processes necessary to maintain major government funding which has been consistently renewed annually. The Board's well-developed Finance Committee provides both high levels of financial expertise, as well as diligent monthly oversight of multiple aspects of financial reporting. Save the Family has focused on developing an organizational culture which can successfully maintain the necessary fiscally accountable culture required by its funders while still remaining passionately committed to its Mission Statement and the population it serves.

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

Instructions:

The majority of the fields on this screen are for reference only. Questions 4, 5, and 6 may only be adjusted to resolve identified issues and conditions.

Additional Resources:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1a. CoC Number and Name: AZ-502 - Phoenix, Mesa/Maricopa County CoC

2. Project Name: New Directions Rapid Re-housing for Families

3. Project Status: Standard

	New Submission	HUD Award	Adjustment
4. Component Type:	PH	PH	PH

5. Is Energy Star used at one or more of the proposed properties? Yes

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

Instructions:

All fields on this screen will populate with information from the project application. Many fields can be adjusted directly. For others, data can only be entered under the Adjustment column. Data under the New Submission column populates from the project application. Data under the HUD Award column populates from the HUD conditional award.

A description that addresses the entire scope of the proposed project: This field populated with the information from the project application. It cannot be adjusted.

Provide changes, if required, to the description that addresses the entire scope of the proposed project: This field populates with information from the project application. It can be adjusted. A project description should be complete and concise. It must address the entire scope of the amended project, including the details from Terminating grants under a grant consolidation. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: This is a required field. Provide a schedule and describe both a management plan and implementation methodology that will ensure that the project will begin operating within the requirements described in the FY 2015 CoC Program NOFA and CoC Program interim rule.

Will your project participate in a CoC Coordinated Assessment System: This is a required field. Select "Yes" if the project is currently participating in a coordinated assessment system. If a coordinated assessment system does not exist in the CoC or if the project does not participate, select "No" and the following question will be visible:

- Please explain why your project does not participate in a CoC Coordinated Entry Process as required by 24 CFR part 578

Will your project have a specific population focus: This is a required field. Select "Yes" if your project has special capacity in its facilities, program designs, tools, outreach or methodologies for a specific subpopulation or subpopulations. This does not necessarily mean that the project exclusively serves that subpopulation(s), but rather that they are uniquely equipped to serve them. If "Yes" is selected, select the relevant checkbox(es) to identify the project's population focus. Please remember that applicants may only request new reallocated funds for PSH projects that serve the chronically homeless or for RRH projects that serve households with children. At a minimum, the appropriate subpopulation should be reflected in the answer to this question.

Will the project follow a "Housing First" approach: The following three questions are required for PH projects and does not apply to SSO Coordinated Entry or HMIS projects.

Confirm whether the project quickly moves participants into permanent housing and select checkboxes that indicate whether the participants are not screened out or terminated from the program based on the listed reasons.

Will the project quickly move participants into permanent housing? This is a required field. The recipient must select “Yes” or “No” from the dropdown.

Will the project ensure that participants will not be screened out based on the listed reasons?(Check all that apply): The recipient must select at least one checkbox and should select “None of the above” if all of the listed reasons are used to screen out participants.

Will the project ensure that participants are not terminated from the program for listed reasons?

(Check all that apply): The recipient must select at least one checkbox and should select “None of the above” if all of the listed reasons are used to terminate participants from the program.

Will the project follow a "Housing First" approach?This is auto-scored based upon the responses to the questions above and “Yes” or “No” will indicate whether the project is using the Housing First approach to house program participants.

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. This field must be completed if the project applicant will request capital costs (e.g., acquisition, rehabilitation, or new construction) in the project application. Provide a detailed list of the activities and responsibilities assigned to the applicant and each subrecipient (if any).

PH PROJECTS ONLY

Will the PH Project provide PSH or RRH: This is a required field if PH. Select” “PSH” if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select “RRH” if the project will operate according to a rapid rehousing model as defined by 24 CFR 578.

Will the project request costs under the rental assistance budget line item? This is a required field. If requesting rental assistance, select "Yes" from the dropdown menu. If not requesting rental assistance in this project application, select "No".

Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation: This is a required field. If "Yes" is selected, explain how and why the project will implement this requirement for participants to live in particular structure, unit, or locality during all or a portion of the period of participation.

Will more than 16 persons live in one structure: This is a required field. If "Yes" is selected, describe the local market conditions that necessitate a project of this size and describe how the project will be integrated into the neighborhood.

Additional Resources:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1a. Application description that addresses the entire scope of the proposed project.

Save the Family (STF) proposes to reallocate our Transitional Housing for Homeless Domestic Violence Victims grant into the New Directions Rapid Re-housing Program. The project will provide Rapid Re-housing services for a minimum of 24 families living on the streets or in emergency shelters. STF will provide professional case coordination services and rapid re-housing services (time-limited, step down rental assistance, utility turn-on assistance and security deposits).

The program will utilize the Standards of Excellence for Rapid Re-housing adopted by the Maricopa County Continuum of Care. 100% of families who enter the program will come from the CoC-approved Coordinated Assessment system.

This program helps rapidly re-house and stabilizes households in our community by providing community outreach, housing location, landlord negotiation/mediation, time-limited step-down rental subsidies, utility turn on assistance and security deposits to assist households in overcoming the barriers that most critically impact their housing stability. The ultimate goal is to assist families to stabilize and achieve long-term self-sufficiency thus reducing the strain on the current homeless system. This is accomplished by:

strengthening the family's long-term ties to community services, family, and friends; and providing emotional and practical support during this critical time.

Services provided include: educating tenants on landlord/tenant rights and on-going case coordination meetings. Each household will create a Housing/Case plan utilizing the Family Service Prioritization Decision Assessment Tool (F-SPDAT) with their assigned case coordinator within two weeks of
entry to create a plan that allows households to choose two to three Areas of Focus: Employment/Education, Benefits & Financial Management, Mental Health/Health, Life & Parenting Skills, Children's Education and Services, and Understanding Risky Behaviors. These Areas of Focus outline the types of intensive supports and resources each household will need to maintain permanent housing and learn skills to necessary earn adequate income to support their housing.

Throughout the household's stay in the program, the case coordinator assists clients in accessing and engaging in mainstream resources such as Food Stamps, health care, employment/educational services and identifying and enrolling children into school and daycare. The case coordinator and the Families, Adults, and Children's Empowerment Service (FACES) staff work to engage household members in critical supportive services such as life skills classes, parenting, financial management, domestic violence education, health and wellness, legal services and job search.

Household progress is evaluated using professional learning teams and assessed quarterly. If necessary, the plan is adjusted to meet the household's needs in facilitating the achievement of goals.

1b. Provide changes, if required, to the description that addresses the entire scope of the proposed project.

Save the Family (STF) proposes to reallocate our Transitional Housing for Homeless Domestic Violence Victims grant into the New Directions Rapid Re-housing Program. The project will provide Rapid Re-housing services for a minimum of 24 families living on the streets or in emergency shelters. STF will provide professional case coordination services and rapid re-housing services (time-limited, step down rental assistance, utility turn-on assistance and security deposits).

The program will utilize the Standards of Excellence for Rapid Re-housing adopted by the Maricopa County Continuum of Care. 100% of families who enter the program will come from the CoC-approved Coordinated Assessment system.

This program helps rapidly re-house and stabilizes households in our community by providing community outreach, housing location, landlord negotiation/mediation, time-limited step-down rental subsidies, utility turn on assistance and security deposits to assist households in overcoming the barriers that most critically impact their housing stability. The ultimate goal is to assist families to stabilize and achieve long-term self-sufficiency thus reducing the strain on the current homeless system. This is accomplished by: strengthening the family's long-term ties to community services, family, and

friends; and providing emotional and practical support during this critical time.

Services provided include: educating tenants on landlord/tenant rights and on-going case coordination meetings. Each household will create a Housing/Case plan utilizing the Family Service Prioritization Decision Assessment Tool (F-SPDAT) with their assigned case coordinator within two weeks of
entry to create a plan that allows households to choose two to three Areas of Focus: Employment/Education, Benefits & Financial Management, Mental Health/Health, Life & Parenting Skills, Children's Education and Services, and Understanding Risky Behaviors. These Areas of Focus outline the types of intensive supports and resources each household will need to maintain permanent housing and learn skills to necessary earn adequate income to support their housing.

Throughout the household's stay in the program, the case coordinator assists clients in accessing and engaging in mainstream resources such as Food Stamps, health care, employment/educational services and identifying and enrolling children into school and daycare. The case coordinator and the Families, Adults, and Children's Empowerment Service (FACES) staff work to engage household members in critical supportive services such as life skills classes, parenting, financial management, domestic violence education, health and wellness, legal services and job search.

Household progress is evaluated using professional learning teams and assessed quarterly. If necessary, the plan is adjusted to meet the household’s needs in facilitating the achievement of goals.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

Save the Family has an extensive experience (over 8 years) of providing Rapid Re-housing services within Maricopa county. This program up and running within 90 days of execution of the signed grant contract. The agency has a proven method for assuring effective and timely completion of all work. Policies and procedures are already in place which will allow this program to ramp up quickly. Management will hire the necessary staff and begin recruitment of clients immediately. 100% of eligible households will come through the Continuum of Care approved Coordinated Assessment system-the Family Housing Hub which has a satellite office on-site at Save the Family one day per week. Save the Family has always maintained effective and timely completion of all contracted work and does not anticipate any complications in executing this project.

3. Will your project participate in a CoC Coordinated Entry Process? Yes

4. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		**Domestic Violence**	

			X
Veterans	X	**Substance Abuse**	X
Youth (under 25)	X	**Mental Illness**	X
Families	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	

5. Housing First

a. Will the project quickly move participants into permanent housing? Yes

b. Will the project remove the following barriers to accessing housing and services? (Check all that apply)

Having too little or little income	X
Active or history of substance abuse	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of domestic violence (e.g. lack of a protective order, period of seperation from abuser, or law enforcement involvement)	X
None of the above	

c. Will the project remove the following as reasons for program termination?

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Domestic violence	X
Any other activity not covered in a lease agreement typically found in the project's geographic area.	X
None of the above	

d. Will the project follow a "Housing First" approach? Yes

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.

	New Submission	HUD Award	Adjustment
7. Will the PH project provide PSH or RRH? (Click 'Save' to update)	RRH	RRH	RRH

	New Submission	Adjustment
8. Will the project request costs under the rental assistance budget line item?	Yes	Yes

9. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

10. Will more than 16 persons live in one structure? No

3C. Project Expansion Information

Instructions:

All fields on this screen will populate with information from the project application. These fields can be adjusted.

Will the project use an existing housing facility or incorporate activities provided by an existing project: This is a required field. Select "Yes" or "No" to indicate whether the proposed project expands an existing project in any way either by increasing the number of persons served, providing additional supportive services, bringing existing facilities up to state or local government health and safety standards, or if the funding replaces the loss of non-renewable funding. If "Yes," select all of the applicable expansion activities and provide a description for each as described below.

Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Select one or more of the following activities that describe the type of expansion being proposed. Once all selections have been made, click on the "Save" button in order for follow-up questions related to the applicable selections to be made visible.

Increase the number of homeless persons served
The project applicant will complete a table to indicate what the current level of effort (i.e., number of persons currently being served) and what the new level of effort will be as a result of this expansion project. The project applicant should enter the number of persons/units/beds based on the full capacity (currently and after expansion) at a single point in time and not based on the number of persons served over the course of an operating year.

Provide additional supportive services to homeless persons
Select from the available items in the first menu and click "Add" or "Add All" to move them to the second menu. To cancel selection of one or more items added to the second menu, click on the appropriate selection(s) and then click "Remove" or "Remove All."
Use the text box provided to justify the supportive service increase indicated in the second menu screen above.

Bring existing facilities up to state or local government health and safety standards
Use the text box provided to describe how the project is proposing to "bring the existing facility(ies) up to state/local government health and safety standards." Please reference the applicable standard(s).

Replace the loss of nonrenewable funding
a) Use the text box provided to describe the source of non-renewable funding. b) Use the text box provided to describe why the funds are non-renewable.
c) Select the date from the date field corresponding to the date when the non-renewable funds will expire.
d) Use the text box provided to describe what steps were taken to obtain other funding sources.
e) Use the text box provided to describe why CoC Program funds are needed to continue operating the project.

Additional Resources:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?	No

4A. Supportive Services for Participants

Instructions:

All fields on this screen will populate with information from the project application. These fields can be adjusted.

Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: This is a required field. Select "Yes," "No," or "N/A" to indicate whether the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with local and federal educational laws, including the McKinney-Vento Act. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? This is a required field. Select "Yes," "No," or "N/A" to indicate whether the project has a designated staff person responsible for ensuring that children and youth are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Describe the manner in which the project applicant will take into account the educational needs of children when youth and/or families are placed in housing: This is a required field if a response of "No" is given for either one of the two preceding questions. Use this space to explain how the project will plan to meet the educational needs of children and youth participants according to the requirements specified under section 426.B.4 of the McKinney-Vento Act as amended by HEARTH.

Describe how participants will be assisted to obtain and remain in permanent housing: This is a required field. Describe how the project applicant will assist project participants to obtain and remain in permanent housing. The response should address how the applicant will take into consideration the needs of the target population and the barriers that are currently preventing them from obtaining and maintaining permanent housing. The applicant should describe how those needs and barriers how those will be addressed through the case management and/or other supportive services that will be offered through the project. If participants will be housed in units not owned by the project applicant, the narrative must also indicate how appropriate units will be identified and how the project applicant or subrecipient will ensure that rents are reasonable. Established arrangements and coordination with landlords and other homeless services providers should be detailed in the narrative.

Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently:This is a required field. Describe the supportive services that will be provided to help project participants locate employment and access mainstream resources so that they are more likely to be able to live independently.

For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they are provided. This field is required and at least one value must be entered. Complete each row of drop down menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider or mode of Access is relevant for a single service, please select the provider and mode of access that corresponds to the highest frequency.

- Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom

a formal agreement or MOU has been signed will provide the service directly; or, "Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.
Applicants may leave dropdown menus as "—select—" when services are not applicable.

To what extent are most community amenities available to project participants: This field is required. Select the answer that best fits the accessibility of community amenities such as: schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks or recreation facilities. If accessibility varies significantly by amenity, choose the level that best describes most of the amenities or the average accessibility of amenities.

Please identify whether the project will include the following activities:

Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs:This is a required field. Select “Yes” if the project provides regular or as requested transportation assistance to mainstream and community resources, including appointments, employment training, or jobs. Select “No” if transportation is not regularly provided or cannot be provided consistently as requested.

Use of a single application form for four or more mainstream programs: This is a required field. Select “Yes” if the project uses a single application form that allow participants to sign up for four or more mainstream programs. Select “No” if mainstream forms are for 3 or fewer programs.

At least annual follow-ups with participants to ensure mainstream benefits are received and renewed: This is a required field. Select “Yes” if the project regularly follows-up with participants to ensure that they are receiving their mainstream benefits and to renew benefits when required. Select “No” if there are no follow-ups or the follow-ups are irregular concerning mainstream benefits.

Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency: This is a required field. Select “Yes” if project participants have access to SSI/SSDI technical assistance. The assistance can be provided by the applicant, a subrecipient, or a partner agency – through a formal or informal relationship. Select “No” if there is no or significantly limited access to SSI/SSDI technical assistance.

Indicate the last SOAR training date for the staff person providing the technical assistance: This is a required field. Indicate the date of the last SOAR training date for the staff person who is providing the technical assistance.

Additional Resources:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families?	Yes
1b. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?	Yes

2. Describe how participants will be assisted to obtain and remain in permanent housing.

For the last eight years, Save the Family through its implementation of Rapid Re-housing, has developed relationships with over 150 landlords in the community. Case coordinators have been able to negotiate lower rents and security deposits and have convinced landlords to take a chance on leasing to many of our families who have poor credit, no credit and even evictions. Our staff has established Memorandums of Understanding (MOU) with all landlords which allow the opportunity for staff to have open communication, affording our staff the ability to advocate on behalf of their clients and assist clients in fulfilling their lease requirements.

Households will be Rapidly Rehoused throughout the East Valley communities using a Housing First Model, provided the housing unit meets HUD's Rent Reasonableness standards and the housing units pass a Housing Quality Inspection which ensures families are renting units that are habitable.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

The New Directions Rapid Re-housing program for families is focused on engaging families in our Career Development Center services housed within our Families, Adults, and Children's Empowerment Services (FACES). The Career Development Center provides employment assessment to assess individual client needs, i.e. basic education needs, resume writing skills, job interviewing skills, etc. The Client Services Manager teaches clients job searching skills, provides a weekly job club-engaging local employers to come in and meet with clients on employment related topics, and assists clients in achieving their vocational and employment goals. The Career Development Center provides an array of career and vocational assessments including: the Job Survival and Success Scale, the Work Motivation Scale, the O*Net Career Interests Inventory, the Transferable Skills Scale, and the AZ Career Information System (AZCIS). The Career Development Center also partners with Maricopa Workforce Connections, Maximus, Maricopa Community Colleges, Frank X. Gordon Literacy Center, Arizona Workforce Employment and Education (AWEE), Fresh Start, and Dignity Ware for employment advancement services, including basic education/vocational training and improving basic education skills (GED services). The program's economic stability goal is to assist clients in improving their economic self-sufficiency through securing stable, higher paying employment to increase their ability to obtain and maintain permanent, safe, affordable housing in the community by program exit. Save the Family partners with St. Joseph the Worker, who sends staff weekly to help Save the Family’s clients improve their employ-ability by building resumes, practicing their interviewing skills, and job searching. Clients also receive bus passes, work boots, work clothes, bikes, etc.

4. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.
Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	Daily

Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	Bi-weekly
Child Care	Applicant	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Applicant	As needed
Food	Applicant	As needed
Housing Search and Counseling Services	Partner	Bi-weekly
Legal Services	Partner	Bi-weekly
Life Skills Training	Applicant	As needed
Mental Health Services	Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Partner	As needed
Substance Abuse Treatment Services	Partner	As needed
Transportation	Applicant	As needed
Utility Deposits	Applicant	As needed

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5b. Use of a single application form for four or more mainstream programs? Yes

5c. 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. Indicate the last SOAR training date for the staff person providing the technical assistance. 07/01/2015

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: 24

Total Beds: 108

Housing Type	Units	Beds	Dedicated CH Beds	Non-Dedicated CH Beds
Scattered-site apartments (...	24	108	0	108

4B. Housing Type and Location Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

All fields on this screen will populate with information from the project application. These fields can be adjusted.

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail scrfeen.

Housing Type: This is a required field. Select the proposed Housing Type from the dropdown menu.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project. The total cannot be less than number of units requested in the recipient's budget.

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless:This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not dedicated to the chronically homeless?This is a required field. Enter the total number of beds that are not dedicated to the chronically homeless. If allnone of the beds are not dedicated for the chronically homeless, enter "0."

How many of the total beds entered in "2b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This is a required field. Enter the number beds that are not dedicated to the chronically homeless but that are currently, or will be upon turnover, prioritized for the chronically homeless. This will be incorporated into the projects grant agreement for FY 2015 and represents the minimum number of beds for which the chronically homeless will be prioritized. If none of the beds are prioritized for the chronically homeless, enter "0."

How many of the beds listed in question "2c." above will be prioritized for use by the chronically homeless?This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

Address: This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

SSO PROJECTS ONLY

Is this project a coordinated assessment project? This is a required field if No to question 2. Select 'Yes' or 'No' to indicate whether the project is for the development and/or implementation of a CoC-wide Centralized or Coordinated Assessment. All other projects not represented by the three categories must select 'No.'

By answering this question and saving the screen, unique performance measurement charts will be available in Section 6 of the project application and are designed specifically for the type of Supportive Services Only project identified.

Additional Resources:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

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: 24

b. Beds: 108

3. Address:

Street 1: 125 E. University Drive

Street 2:

City: Mesa

State: Arizona

ZIP Code: 85201

4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key) 040330 Phoenix, 040270 Mesa, 040180 Gilbert, 040072 Chandler, 040468 Tempe, 040384 Scottsdale

5A. Project Participants - Households

Instructions:

ALL PROJECTS EXCEPT HMIS

All fields on this screen will populate with information from the project application. These fields can be adjusted.

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Households: Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.
- Households with at least One Adult and One Child: Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.
-
Adult Households without Children: Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

- Households with Only Children: Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.
Characteristics: Enter the total number of homeless that fall under one of the characteristics listed.
- Persons in Households with at least One Adult and One Child: Enter the number of persons in households with at least one adult and on child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

- Adult Persons in Households without Children: Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

- Persons in Households with Only Children: Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.
Totals: All fields in the "Total Number…" and "Total Persons" rows will automatically calculate when the "Save" button is clicked.

Additional Resources:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	24			24

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	14			14

Adults ages 18-24	10			10
Accompanied Children under age 18	84			84
Unaccompanied Children under age 18				0
Total Persons	108	0	0	108

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Instructions:

ALL PROJECTS EXCEPT HMIS

All fields on this screen will populate with information from the project application. These fields can be adjusted.

*This form can only be completed once form "5A. Project Participants – Households" has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on the form according to household types.

Persons in Households with at Least One Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the "Total Persons" rows will calculate automatically when the "Save" button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

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				4		5	5	1		
Adults ages 18-24				3		2	4	2		
Children under age 18						4	36	4	4	36
Total Persons	0	0	0	7	0	11	45	7	4	36

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										
Adults ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

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	0

Describe the unlisted subpopulations referred to above:

The youth included in the persons not represented by subpopulations are those youth with no special issues.

5C. Outreach for Participants

Instructions:

ALL PROJECTS EXCEPT HMIS

All fields on this screen will populate with information from the project application. These fields can be adjusted.

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:
- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- Persons fleeing domestic violence

* If the project entered a value into the row "From Transitional Housing…" that value has been set to zero as no New Projects have been approved to serve persons coming from these locations.

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the "Save" button is clicked. A warning message will appear if the total is greater than 100%.

If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements: If the total percentage calculated above is less than 100 percent, explain where the unaccounted for participants will come from. All participants served in CoC Program funded projects must meet eligibility criteria set forth in the CoC Program interim rule and the FY 2015 CoC Program NOFA.

Describe the outreach plan to bring these homeless participants into the project: This field is required. Describe how the applicant/subrecipient plans to bring homeless persons into the project. Also describe the contingency plan that the applicant/subrecipient will implement if the project experiences difficulty in meeting the requirements to serve exclusively chronically homeless individuals and/or families. The contingency plan may include re-evaluating the intake assessment procedures or outreach plan.

Please note that the definition of Chronic Homelessness qualifies persons as chronically homeless only when they come from the street or other locations not meant for human habitation, emergency shelter, or safe havens. Additionally, to qualify for rapid rehousing, persons may only come from the street or other locations not meant for human habitation, emergency shelter, or safe havens.

Additional Resources:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations.

5%	**Directly from the street or other locations not meant for human habitation.**
91%	**Directly from emergency shelters.**
	Directly from safe havens.
4%	**Persons fleeing domestic violence.**
100%	**Total of above percentages**

2. If the total is less than 100 percent, identify the other location(s) and how the persons meet HUD's definition of homeless and/or homeless under other federal statutes.

3. Describe the outreach plan to bring these homeless participants into the project.

The Family Housing HUB is the Continuum of Care's Approved Coordinated Access System. Save the Family participates one-hundred percent with the Coordinated Assessment system including providing space weekly for the coordinated entry staff to conduct intakes, assessments and diversion services. In addition, Save the Family advertises the Family Housing Hub on our agency website and fields numerous phone calls for referrals to the HUB and provides outreach materials through community engagement and through requests through email. 100% of all homeless participants will be screened to be brought into the project through the coordinated access site.

6A. Standard Performance Measures

Instructions:

ALL PROJECTS EXCEPT SSO and HMIS

All fields on this screen will populate with information from the project application. These fields can be adjusted.

Housing Measures: This is a required field. Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year: Count each participant who is still living in your units supported by your facility, or clients who have exited your units and moved into another permanent housing situation.

Income Measure: This is a required field where at least one option must be chosen by the project applicant.

a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Total income can include all sources, public and private.
b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

For each measure, enter a number in the blank cells according to the following instructions:

Universe (#): Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

Target (#): Enter the number of applicable clients from the universe who are expected to achieve the measure within the operating year. The Target is the total number of persons from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be "80%."

Additional Resources:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Specify the universe and target for the housing measure. Click 'Save' to calculate the target percent (%).

Housing Measure	Target (#)	Universe (#)	Target (%)
a. RRH: Persons exiting to permanent housing destinations (per data element 3.12 of the 2014 HMIS Data Standards) during the operating year.	19	24	79%
b. RRH: Persons who were placed in permanent housing within 30 days of entry into project.	24	24	100%

2. Choose one income-related performance measure from below, and specify the universe and target numbers for the goal. Click 'Save' to calculate the target percent (%).

Income Measure	Target (#)	Universe (#)	Target (%)
2a. Adults who increased their total income (from all sources) as of the end of the operating year or project exit.	14	24	58%
OR			
2b. Adults who increased their earned income as of the end of the operating year or project exit.	5	24	21%

6B. Additional Performance Measures

Specify up to three additional measures on which the project will report performance in the Annual Performance Report (APR).
To add information to this list, click on the icon and enter the requested information.

Proposed Measure
Client will maint...

6B. Additional Performance Measures Detail

Instructions:

ALL PROJECTS EXCEPT HMIS

All fields on this screen will populate with information from the project application. These fields can be adjusted.

For each additional measure, fill in the blank cells according to the following instructions:

Performance Measure: Provide a name for the additional performance measure. This name will populate the list on the parent additional performance measures screen.

Universe (#): Enter the total number of persons/units/items about whom/which the measure is expected to be reported. The Universe is the total pool of persons/units/items that could be affected.

Target (#): Enter the number of applicable persons/units/items from the universe who/that are expected to achieve the measure within the operating year. The Target is the total number of persons/units/items from the pool that are affected.

Target (%): This field will be calculated automatically when all required fields are entered and saved. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be "80%."

Data Source: (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results: This is a required field. Use the text box provided to provide as much detail concerning the data systems and methods as possible.

Specific data elements and formula proposed for calculating results: (required) This is a required field. Use the text field provided and be specific.

Rationale for why the proposed measure is an appropriate indicator of performance for this program: This is a required field. Use the text field provided to describe the appropriateness of the measure given the nature of the program.

Additional Resources:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Specify the universe and target goal numbers for the proposed measure.

a. Proposed Measure	b. Target (#)	c. Universe (#)	d. Target (%) (Calculated)
Client will maintain or increase their non-cash benefits as of the end of the operating year or program exit.	18	23	78%

2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results

Data is collected by the case management staff. Adults enrolled in the rapid re-housing program are assessed upon program entry and reassessed

on a monthly basis. All information is entered on a monthly basis into the HMIS system.

3. Specific data elements and formula proposed for calculating results

The formula proposed for calculating the results of this data element will be to divide the number of adults who have accomplished this goal by the total number of adults who have exited the program.

4. Rationale for why the proposed measure is an appropriate indicator of performance for this program

Homeless families need to be connected to mainstream resources in order to sustain long-term stability.

7A. Funding Request

Instructions:

For some fields on this screen data can only be entered under the Adjustment column. Data under the New Submission column populates from the project application. Data under the HUD Award column populates from the HUD conditional award. Questions with only one field and no columns can be adjusted directly.

Is it feasible for the project to be under grant agreement by September 30, 2017? This field cannot be edited.

Is the project proposing to use funds reallocated from the CoC's annual renewal demand

OR

Is the project applying for funding through the permanent housing bonus? Select "Reallocation" if the project was created through the use of funds reallocated from one or more eligible renewal projects. Select "Permanent Housing Bonus" if this project was awarded using permanent housing bonus funds.

Does this project propose to allocate funds according to an indirect cost rate? Select 'Yes' or 'No' to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award.

For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2015 NOFA and contact your local HUD office. The following questions become visible if “Yes” is selected:

- Please complete the indirect cost rate schedule below: Applicant must complete at least one row in the grid.
- Has this rate been approved by your cognizant agency? Select “Yes” or “No” from the dropdown menu.
- Do you plan to use the 10% de minimis rate?: Select “Yes” or “No” from the dropdown menu.
  Select a grant term: This field cannot be edited.

Select the costs for which funding is being requested: These checkboxes should only be adjusted when HUD has either removed or created a new budget line item for the project during its review of the project application. Review the budget summary for information concerning the HUD conditional award and then select or deselect budget line items from this chart only if necessary.

There are three columns with check boxes. The "New Submission" column is for reference only and represents the budget costs selected by the recipient on the new grant application. The check boxes in this column cannot be edited. The "HUD Award" column is for reference only and represents the budget costs awarded by HUD. The check boxes in this column cannot be edited. The "Adjustment" column represents the amendment request. These check boxes are available for edit. Depending on the project type, the following eligible costs may be listed: new construction/acquisition/rehabilitation, leased units, leased structures, rental assistance, supportive services, operating, and HMIS.

Additional Resources:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will it be feasible for the project to be under grant agreement by September 30, 2017?	Yes

2. Is the project proposing to use funds reallocated from the CoC's annual renewal demand OR is the project applying for funding through the permanent supportive housing bonus? Permanent Housing Bonus

	New Submission	HUD Award	Adjustment
3. Does this project propose to allocate funds according to an indirect cost rate?	No	No	No

	New Submission	HUD Award	Adjustment
4. Select a grant term:	1 Year	1 Year	1 Year

5. Select the costs for which funding is being requested:

Acquisition/Rehabilitation/New Construction	
Rental Assistance	X
Supportive Services	X
HMIS	X

7E. Rental Assistance Budget

Instructions:

Rental Assistance Administration Costs (Max Amount): Enter the maximum amount of funds out of the total request for grant term that might be used for the administration of rental assistance. The number entered here does not increase the total award, but rather alerts the local HUD office to how much of the total rental assistance costs will be used for administering rental assistance. The total amount may not exceed the total request for grant term.

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.

	New Submission	HUD Award	Adjustment
Total Request for Grant Term:	$292,464	$293,328	$293,328
Total Units:	24	24	24

Rental Assistance Type (Applicant)	Rental Assistance Type (Award)	Rental Assistance Type (Adjustment)	Total Units Requested	Total Request
TRA	TRA	TRA	24	$293,328

Rental Assistance Budget Detail

Instructions:

Data can only be entered under the Adjustment column. Data under the New Submission column populates from the project application. Data under the HUD Award column populates from the HUD conditional award. The total amount for this budget line item cannot be adjusted during the resolution of issues and conditions.

Type of Rental Assistance: This is the only field that can be edited on this screen. 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 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 “7A. 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:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

Type of Rental Assistance: Applicant	TRA
Rental Assistance Type: From Award	TRA
Rental Assistance Type: Adjustment	TRA

	FMR Area	
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New Submission	AZ - Phoenix-Mesa-Glendale, AZ MSA (0401399999)
HUD Award	AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)
Adjustment	AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

Size of Units	# of Units (New Submission)	# of Units (HUD Award)	# of Units (Adjustment)		FMR Area (New Submission)	FMR Area (HUD Award)	FMR Area (Adjustment)		12 Months		Total Request (New Submission)	Total Request (HUD Award)	Total Request (Adjustment)
SRO				x	$437	$447	$447	x	12	=	$0	$0	$0
0 Bedroom				x	$582	$596	$596	x	12	=	$0	$0	$0
1 Bedroom				x	$735	$735	$735	x	12	=	$0	$0	$0
2 Bedrooms	18	18	18	x	$908	$914	$914	x	12	=	$196,128	$197,424	$197,424
3 Bedrooms	6	6	6	x	$1,338	$1,332	$1,332	x	12	=	$96,336	$95,904	$95,904
4 Bedrooms	0	0	0	x	$1,563	$1,558	$1,558	x	12	=	$0	$0	$0
5 Bedrooms				x	$1,797	$1,792	$1,792	x	12	=	$0	$0	$0
6 Bedrooms				x	$2,032	$2,025	$2,025	x	12	=	$0	$0	$0
7 Bedrooms				x	$2,266	$2,259	$2,259	x	12	=	$0	$0	$0
8 Bedrooms				x	$2,501	$2,493	$2,493	x	12	=	$0	$0	$0
9 Bedrooms				x	$2,735	$2,727	$2,727	x	12	=	$0	$0	$0
Total Units and Annual Assistance Requested	24	24	24								$292,464	$293,328	$293,328
Grant Term											1 Year	1 Year	1 Year
Total Request for Grant Term											$292,464	$293,328	$293,328

Click the 'Save' button to automatically calculate totals.

7F. Supportive Services Budget

Instructions:

Data can only be entered under the Adjustment column. Data under the New Submission column populates from the project application. Data under the HUD Award column populates from the HUD conditional award. The total amount for this budget line item cannot be adjusted during the resolution of issues and conditions,and so the total value under the Adjustment column must equal the total value under the HUD Award column.

Enter the Quantity AND Description and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. Enter the quantity and detail (e.g. 1 FTE Case Manager salary + benefits, on-site child care with 1.5 FTE child care specialist for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Description" and limits HUD's understanding of what is being requested. Failure to enter adequate "Quantity AND Description" may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity and is read only. The amount calculated in the Adjustments column must equal the amount in the HUD Award column in order to submit this form.

Grant Term: Read only

Total Request for Grant Term: Read only

All automatic fields will be calculated once the required field has been completed and saved.

Additional Resources:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters) (New Submission)	Annual Assistance Requested (New Submission)	Annual Assistance Requested (HUD Award)	Quantity AND Description (max 400 characters) (Adjustment)	Annual Assistance Requested (Adjustment)
1. Assessment of Service Needs					
2. Assistance with Moving Costs					
3. Case Management	Case Management (2,47 FTE)	$86,814		Case Management (2,47 FTE)	$86,814
4. Child Care					
5. Education Services					
6. Employment Assistance					

7. Food					
8. Housing/Counseling Services					
9. Legal Services					
10. Life Skills	Career Services (.2TFE) and Life Skills Instructor (.2 FTE)	$15,294		Career Services (.2TFE) and Life Skills Instructor (.2 FTE)	$15,294
11. Mental Health Services					
12. Outpatient Health Services					
13. Outreach Services					
14. Substance Abuse Treatment Services					
15. Transportation					
16. Utility Deposits	utility deposits for 24 families	$5,520		utility deposits for 24 families	$5,520
17. Operating Costs					
Total Annual Assistance Requested		$107,628	$107,628		$107,628
Grant Term		1 Year	1 Year		1 Year
Total Request for Grant Term		$107,628	$107,628		$107,628

Click the 'Save' button to automatically calculate totals.

7H. HMIS Budget

Instructions:

Data can only be entered under the Adjustment column. Data under the New Submission column populates from the project application. Data under the HUD Award column populates from the HUD conditional award. The total amount for this budget line item cannot be adjusted during the resolution of issues and conditions, and so the total value under the Adjustment column must equal the total value under the HUD Award column.

Enter the quantity AND Description and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity AND Description: This is a required field. Enter the quantity and detail (eg. .75 FTE hours and benefits for staff, types of software and monthly/yearly license fees for a certain number of users) for each HMIS cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Description" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Description" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity and is read only. The amount calculated in the Adjustments column must equal the amount in the HUD Award column in order to submit this form.

Grant term: Read only

Total Request for Grant Term: Read only

All total fields will be calculated once the required field has been completed and saved.

Additional Resources:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters) (New Submission)	Annual Assistance Requested (New Submission)	Annual Assistance Requested (HUD Award)	Quantity AND Description (max 400 characters) (Adjustment)	Annual Assistance Requested (Adjustment)
1. Equipment					
2. Software	HMIS User Fees	$402		HMIS User Fees for 2 HMIS licenses for 2 FTE	$402
3. Services					
4. Personnel					
5. Space & Operations					
Total Annual Assistance Requested		$402	$402		$402
Grant Term		1 Year	1 Year		1 Year

Total Request for Grant Term		$402	$402		$402

Click the 'Save' button to automatically calculate totals.

7J. Sources of Match/Leverage

The following list summarizes the funds that will be used as leverage for the project. To add a leveraging source to the list, select the icon. To view or update a leveraging source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$110,400
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$110,400

Summary for Leverage

Total Value of Cash Commitments:	$394,660
Total Value of In-Kind Commitments:	$445,540
Total Value of All Commitments:	$840,200

Match/Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments
Match	Cash	Private	AFC Wellness Serv...	10/02/2015	$50,400
Match	Cash	Private	Public and Privat...	10/02/2015	$60,000
Leverage	Cash	Private	FACES Staff Salaries	10/02/2015	$24,000
Leverage	In-Kind	Private	Family Sponsorships	10/02/2015	$17,280
Leverage	In-Kind	Private	Professional volu...	10/02/2015	$15,000
Leverage	In-Kind	Private	Food, Clothing an...	10/02/2015	$12,000
Leverage	Cash	Private	Summit Law School	10/08/2015	$30,000
Leverage	In-Kind	Private	Occupancy Fees	10/02/2015	$91,800
Leverage	Cash	Government	Leverage-city fun...	10/02/2015	$200,500
Leverage	Cash	Private	United Way fudning	10/02/2015	$140,160
Leverage	In-Kind	Private	In-kind donations	10/02/2015	$309,460

Sources of Match/Leverage Detail

Instructions:

All fields on this screen will populate with the most current grant information. These fields can be adjusted.

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this screen. Please review 24 CFR Part 578 and the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project recipients are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage?	Match
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	AFC Wellness Services
5. Date of Written Commitment:	10/02/2015
6. Value of Written Commitment:	$50,400

Sources of Match/Leverage Detail

Instructions:

All fields on this screen will populate with the most current grant information. These fields can be adjusted.

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this screen. Please review 24 CFR Part 578 and the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project recipients are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage?	Match
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Public and Private Donations
5. Date of Written Commitment:	10/02/2015

6. Value of Written Commitment: $60,000

Sources of Match/Leverage Detail

Instructions:

All fields on this screen will populate with the most current grant information. These fields can be adjusted.

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this screen. Please review 24 CFR Part 578 and the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project recipients are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage? Leverage

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) FACES Staff Salaries

5. Date of Written Commitment: 10/02/2015

6. Value of Written Commitment: $24,000

Sources of Match/Leverage Detail

Instructions:

All fields on this screen will populate with the most current grant information. These fields can be adjusted.

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this screen. Please review 24 CFR Part 578 and the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project recipients are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage? Leverage

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: (Be as specific as possible and include the office Family Sponsorships

or grant program as applicable)

5. Date of Written Commitment: 10/02/2015

6. Value of Written Commitment: $17,280

Sources of Match/Leverage Detail

Instructions:

All fields on this screen will populate with the most current grant information. These fields can be adjusted.

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this screen. Please review 24 CFR Part 578 and the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project recipients are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage? Leverage

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: (Be Professional volunteer services

as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 10/02/2015

6. Value of Written Commitment: $15,000

Sources of Match/Leverage Detail

Instructions:

All fields on this screen will populate with the most current grant information. These fields can be adjusted.

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this screen. Please review 24 CFR Part 578 and the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project recipients are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage? Leverage

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable) Food, Clothing and furniture

5. Date of Written Commitment: 10/02/2015

6. Value of Written Commitment: $12,000

Sources of Match/Leverage Detail

Instructions:

All fields on this screen will populate with the most current grant information. These fields can be adjusted.

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this screen. Please review 24 CFR Part 578 and the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project recipients are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage? Leverage

2. Type of Commitment: Cash

3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Summit Law School
5. Date of Written Commitment:	10/08/2015
6. Value of Written Commitment:	$30,000

Sources of Match/Leverage Detail

Instructions:

All fields on this screen will populate with the most current grant information. These fields can be adjusted.

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this screen. Please review 24 CFR Part 578 and the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project recipients are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage?	Leverage

2. Type of Commitment:	In-Kind
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Occupancy Fees
5. Date of Written Commitment:	10/02/2015
6. Value of Written Commitment:	$91,800

Sources of Match/Leverage Detail

Instructions:

All fields on this screen will populate with the most current grant information. These fields can be adjusted.

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this screen. Please review 24 CFR Part 578 and the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project recipients are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards	Leverage

Match or Leverage?	
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Leverage-city funding
5. Date of Written Commitment:	10/02/2015
6. Value of Written Commitment:	$200,500

Sources of Match/Leverage Detail

Instructions:

All fields on this screen will populate with the most current grant information. These fields can be adjusted.

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this screen. Please review 24 CFR Part 578 and the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project recipients are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage?	Leverage
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	United Way fudning
5. Date of Written Commitment:	10/02/2015
6. Value of Written Commitment:	$140,160

Sources of Match/Leverage Detail

Instructions:

All fields on this screen will populate with the most current grant information. These fields can be adjusted.

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal to or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement; however, the determination of the CoC's leveraging score will be calculated using data from this screen. Please review 24 CFR Part 578 and the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash ($) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project recipients are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution.

The values entered on each detailed Match/Leverage form with populate the summary form. The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources:

https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

1. Will this commitment be used towards Match or Leverage?	Leverage
2. Type of Commitment:	In-Kind
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	In-kind donations
5. Date of Written Commitment:	10/02/2015
6. Value of Written Commitment:	$309,460

7K. Summary Budget

Instructions:

Data can only be entered under the Adjustment column. Data under the New Submission column populates from the project application. Data under the HUD Award column populates from the HUD conditional award. The total amount for this budget line item cannot be adjusted during the resolution of issues and conditions.

The system populates a summary budget based on the information entered into each preceding budget screen. Review the data in each preceding screen and, if necessary, in both the HUD Conditional Award Summary and the Project Application accessed through the "Reference Submissions", and return to the screens to correct any inaccurate information. All fields are read only with exception to field "8. Admin (Up to 10%)."

Admin (Up to 10%): This value cannot be increased above the amount that appears under the HUD Award column. It can however be reduced. The grant will not fund greater than 10% of the request listed in the field “Sub-Total Eligible Costs Request.” If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

Total Assistance plus Admin Requested: This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is the total amount of funding the project applicant will request in the FY 2015 CoC Program Competition.

Cash Match: This field is automatically populated based on the amount of Cash Match entered on screen 7J. Sources of Match/Leverage.

In-Kind Match: This field is automatically populated based on the amount of In-Kind Match entered on screen 7J. Sources of Match/Leverage.

Total Match: This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to screen "7J. Sources of Match/Leverage" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.

Eligible Costs	Total Assistance Requested for Grant	Total Assistance Requested for Grant	Total Assistance Requested for Grant

							Term (New Submission)	Term (HUD Award)	Term (Adjustment)
1a. Acquisition							$0	$0	$0
1b. Rehabilitation							$0	$0	$0
1c. New Construction							$0	$0	$0
	Annual Assistance Requested (New Submission)	Annual Assistance Requested (HUD Award)	Annual Assistance Requested (Adjustment)	Grant Term (New Submission)	Grant Term (HUD Award)	Grant Term (Adjustment)			
2a. Leased Units	$0	$0	$0	1 Year	1 Year	1 Year	$0	$0	$0
2b. Leased Structures	$0	$0	$0	1 Year	1 Year	1 Year	$0	$0	$0
3. Rental Assistance	$292,464	$293,328	$293,328	1 Year	1 Year	1 Year	$292,464	$293,328	$293,328
4. Supportive Services	$107,628	$107,628	$107,628	1 Year	1 Year	1 Year	$107,628	$107,628	$107,628
5. Operating	$0	$0	$0	1 Year	1 Year	1 Year	$0	$0	$0
6. HMIS	$402	$402	$402	1 Year	1 Year	1 Year	$402	$402	$402
7. Sub-total Costs Requested							$400,494	$401,358	$401,358
8. Admin (Up to 10%)							$19,606	$19,606	$19,606
9. Total Assistance plus Admin Requested							$420,100	$420,964	$420,964
10. Cash Match							$110,400	$110,400	$110,400
11. In-Kind Match							$0	$0	$0
12. Total Match							$110,400	$110,400	$110,400
13. Total Budget							$530,500	$531,364	$531,364

MAXIMUM ADMIN ALLOWABLE HIDDEN: 40,136

Submission Summary

Page	Last Updated
Acknowledgement	08/15/2016
Admin Costs	08/15/2016

Project Milestones	08/15/2016
Attachments	08/15/2016
Adjustments	08/15/2016
1A. Application Type	No Input Required
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	08/15/2016
1E. Compliance	No Input Required
1F. Declaration	No Input Required
2A. Subrecipients	No Input Required
2B. Experience	08/15/2016
3A. Project Detail	08/15/2016
3B. Description	08/15/2016
3C. Expansion	08/15/2016
4A. Services	08/15/2016
4B. Housing Type	08/15/2016
5A. Households	08/15/2016
5B. Subpopulations	08/15/2016
5C. Outreach	08/15/2016
6A. Standard	08/15/2016
6B. Additional Performance Measures	08/15/2016
7A. Funding Request	08/15/2016
7E. Rental Assistance	08/15/2016
7F. Supp. Srvcs. Budget	No Input Required
7H. HMIS Budget	08/15/2016
7J. Match/Leverage	08/15/2016
7K. Summary Budget	No Input Required

AFC
PHYSICAL MEDICINE & CHIROPRACTIC
CENTERS

October 2, 2015

Jacki Taylor, MC
Chief Executive Officer
ARM of Save the Family
125 E. University Dr.
Mesa, AZ 85201

RE: Letter of Intent for FY 2015 Continuum of Care Application – New Directions Rapid Re-housing for Families

Dear Jacki:

AFC Physical Medicine and Chiropractic is proud to partner with Save the Family in providing wellness care to the families that will be housed by the New Directions Rapid Re-housing for Families program. We look forward to working collaboratively on this permanent housing program.

AFC Physical Medicine & Chiropractic Centers is committed to our patients and our community. We have been a part of Phoenix and the Valley for over 20 years. Our commitment to the patient is reflected by the high level of expertise in our health professionals, the comprehensive and consistent rehabilitation programs and pain treatment services, and the quality of our advanced diagnostic equipment.
At AFC, we embrace a holistic and integrative approach in healing and commit to providing health services and patient care that fulfill this very need. Our aim to educate the public about physical medicine and the chiropractic practice is aligned with our goal in motivating each person to take an active role in restoring and maintaining his or her health.

As a Christian-based company, AFC is passionate about giving back to the community. We are able to accomplish this by educating the public on the importance of holistic wellness, with the hope that it, too, may spread the value and benefits of physical medicine and chiropractic care.

We look forward to providing our services to the families in this program. The Fee for these services is listed below:

Number of Units	Fee	Yearly Total
24 families	$350/hr. X 24 families X 6 visits X 1 hr. each	$50,400

We understand that the approximate length of this contract is May 1, 2016 – April 30, 2017.

I look forward to the opportunity to extend our services to Save the Family to further its mission in breaking the cycle of homelessness for families in our Valley. If you require additional information, please contact me at dscckwall@cox.net or (480) 510-7036.

Warm regards . . .

Dr. Kevin Wall
AFC Physical Medicine and Chiropractic

save the family
FOUNDATION OF ARIZONA

125 E. University Dr.
Mesa, Arizona 85201

480.898.0228 phone
480.898.9007 fax

SavetheFamily.org

Office Hours:
Monday - Friday
8am-5pm

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DEB LOW
DAVID MATTA
MIKE PINCKARD
MIKE ROONEY
ARVIND SALIAN
TRACI WILLIAMS PHD

October 2, 2015

To Whom It May Concern:

Subject: Commitment to the New Directions Rapid Re-housing for Families Project for Save the Family Foundation of Arizona

Save the Family Foundation of Arizona will commit to provide cash match to support the New Directions Rapid Re-housing for Families Project as follows:

Term of Commitment: May 1, 2016 – April 30, 2017

Amount of Contribution: $60,000

These funds will be provided by public and private donations and will help support some of the costs associated with our rapid re-housing and supportive services program.

If you require additional information, please contact our administrative office at 480.898.0228.

Sincerely,

Jacki Taylor, MC
Chief Executive Officer

Letters/h23RRHmatch

Equal Housing Opportunity
Equal Opportunity Employer
United Way

U.S. Department of Housing and Urban Development
451 Seventh Street, SW
Washington, DC 20410
www.hud.gov
espanol.hud.gov

Environmental Review for Activity/Project that is Exempt or Categorically Excluded Not Subject to Section 58.5

Pursuant to 24 CFR Part 58.34(a) and 58.35(b)

Project Information

Project Name: New Directions Rapid Re-housing for Families

Responsible Entity: Save the Family Foundation of Arizona

Grant Recipient (if different than Responsible Entity):

State/Local Identifier: Arizona

Preparer: Laura Skotnicki

Certifying Officer Name and Title: Jacki Taylor, CEO

Consultant (if applicable):

Project Location: Scattered site Rapid Re-housing

Description of the Proposed Project [24 CFR 58.32; 40 CFR 1508.25]**:**

This reallocated transitional housing project grant-New Directions Rapid Rehousing Program will provide Rapid Re-housing services for a minimum of 24 families living on the streets or in emergency shelters. This project is designed to promote a community-wide commitment to the goal of ending family homelessness. STF will provide professional case coordination services, housing (time-limited, step down rental assistance, utility turn-on assistance and security deposits) and support services.

The program utilizes the Standards of Excellence for Rapid Re-housing adopted by the Maricopa County Continuum of Care. This project helps in creating a systemic response to ending family homelessness by taking a minimum of 85% of all families referred from the CoC-approved Coordinated Assessment system. This program reduces the average length of homelessness by rapidly re-housing households back in our community. Case Coordination services, community outreach, housing location, landlord negotiation/mediation, time limited

step-down rental subsidies, utility turn on assistance and security deposits is provided to assist households in overcoming the barriers that most critically impact their housing stability. This program promotes client choice in housing while assisting families in identifying the most cost effective quality housing in the community. The ultimate goal is to assist families to stabilize and achieve long-term self-sufficiency. This is accomplished by: strengthening the family's long-term ties to community services, family, and friends; and providing emotional and practical support during this critical time.

Each household creates a Housing/Case plan utilizing the Family Service Prioritization Decision Assessment Tool (F-SPDAT) with their assigned case coordinator within two weeks of entry. The case plan identifies Areas of Focus and outlines the types of intensive supports and resources each household will need to maintain permanent housing. The ultimate goal is to assist families to stabilize and achieve long-term self-sufficiency.

Throughout the household's stay in the program, the case coordinator assists clients in accessing and engaging in mainstream resources such as Food Stamps, health care, employment/educational services and identifying and enrolling children into school and daycare. The case coordinator and the Families, Adults, and Children's Empowerment Service (FACES) staff work to engage household members in critical supportive services such as parenting classes, financial management, domestic violence education, health and wellness, legal services and job search. Household progress is evaluated using professional learning teams. If necessary, the plan is adjusted to meet the household's needs in facilitating the achievement of goals.

This project is a cost-effective solution to family homelessness in the east valley of Maricopa county.

Level of Environmental Review Determination:

☐ Activity/Project is Exempt per 24 CFR 58.34(a): _____

☒ Activity/Project is Categorically Excluded Not Subject To §58.5 per 24 CFR 58.35(b): _____

Funding Information

Grant Number	HUD Program	Funding Amount
AZ0164L9T021500	CoC Program	$420,964

Estimated Total HUD Funded Amount:

This project anticipates the use of funds or assistance from another Federal agency in addition to HUD in the form of (if applicable)**:**

Estimated Total Project Cost (HUD and non-HUD funds) [24 CFR 58.32(d)]**: $526,464**

Compliance with 24 CFR §50.4 and §58.6 Laws and Authorities

Record below the compliance or conformance determinations for each statute, executive order, or regulation. Provide credible, traceable, and supportive source documentation for each authority. Where applicable, complete the necessary reviews or consultations and obtain or note applicable permits of approvals. Clearly note citations, dates/names/titles of contacts, and page references. Attach additional documentation as appropriate.

Compliance Factors: Statutes, Executive Orders, and Regulations listed at 24 CFR 50.4 and 58.6	Are formal compliance steps or mitigation required?	Compliance determinations
STATUTES, EXECUTIVE ORDERS, AND REGULATIONS LISTED AT 24 CFR §58.6		
Airport Runway Clear Zones and Accident Potential Zones 24 CFR Part 51 Subpart D	Yes ☐ No ☐	All scattered site apartment complexes within the community. If we became aware of this issue we would submit the necessary documentation.
Coastal Barrier Resources Coastal Barrier Resources Act, as amended by the Coastal Barrier Improvement Act of 1990 [16 USC 3501]	Yes ☐ No ☐	All scattered site apartment complexes within the community. If we became aware of this issue we would submit the necessary documentation.
Flood Insurance Flood Disaster Protection Act of 1973 and National Flood Insurance Reform Act of 1994 [42 USC 4001-4128 and 42 USC 5154a]	Yes ☐ No ☐	All scattered site apartment complexes within the community. If we became aware of this issue we would submit the necessary documentation.

Mitigation Measures and Conditions [40 CFR 1505.2(c)]

Summarize below all mitigation measures adopted by the Responsible Entity to reduce, avoid, or eliminate adverse environmental impacts and to avoid non-compliance or non-conformance with

the above-listed authorities and factors. These measures/conditions must be incorporated into project contracts, development agreements, and other relevant documents. The staff responsible for implementing and monitoring mitigation measures should be clearly identified in the mitigation plan.

Law, Authority, or Factor	Mitigation Measure

Preparer Signature: Laura Skotnicki Date:

Name/Title/Organization: Save the Family Foundation of Arizona

Responsible Entity Agency Official Signature:

Date: 8.15.16

Name/Title: Jacki Taylor, CEO

This original, signed document and related supporting material must be retained on file by the Responsible Entity in an Environmental Review Record (ERR) for the activity/project (ref: 24 CFR Part 58.38) and in accordance with recordkeeping requirements for the HUD program(s).

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	07/27/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0085
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Phoenix Shanti Group

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0592079

	c. Organizational DUNS:	603200866	**PLUS 4**	

d. Address

Street 1: 2345 W. Glendale Ave.

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85021

e. Organizational Unit (optional)

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: James

Middle Name:

Last Name: Claymon

Suffix:

Title: PSH Manager

Organizational Affiliation: Phoenix Shanti Group

Telephone Number: (602) 279-0008

Extension: 107
Fax Number: (602) 279-2004
Email: JamesC@ShantiAZ.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	Shanti
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-007
b. Project: (for multiple selections hold CTRL key)	AZ-007
17. Proposed Project	
a. Start Date:	02/01/2019
b. End Date:	01/31/2020
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: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Keith
Middle Name:	
Last Name:	Thompson
Suffix:	
Title:	CEO
Telephone Number: (Format: 123-456-7890)	(602) 279-0008
Fax Number: (Format: 123-456-7890)	(602) 279-2004
Email:	KeithT@ShantiAZ.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

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:	Phoenix Shanti Group
Prefix:	Mr.
First Name:	Keith
Middle Name:	
Last Name:	Thompson
Suffix:	
Title:	CEO
Organizational Affiliation:	Phoenix Shanti Group
Telephone Number:	(602) 279-0008
Extension:	
Email:	KeithT@ShantiAZ.org
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85021

2. Employer ID Number (EIN):	86-0592079
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$73,346.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Shanti 2345 W. Glendale Ave. 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? (For further information, see 24 CFR Sec. 4.3). Yes

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. No

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: X

Name / Title of Authorized Official: Keith Thompson, CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/23/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Phoenix Shanti Group

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:	Keith
Middle Name	
Last Name:	Thompson
Suffix:	
Title:	CEO
Telephone Number: (Format: 123-456-7890)	(602) 279-0008
Fax Number: (Format: 123-456-7890)	(602) 279-2004
Email:	KeithT@ShantiAZ.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

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

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: Phoenix Shanti Group

Name / Title of Authorized Official: Keith Thompson, CEO

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/27/2018

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:	Phoenix Shanti Group
Street 1:	2345 W. Glendale Ave.
Street 2:	
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85021

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:	Mr.
First Name:	Keith
Middle Name:	
Last Name:	Thompson
Suffix:	
Title:	CEO
Telephone Number: (Format: 123-456-7890)	(602) 279-0008
Fax Number: (Format: 123-456-7890)	(602) 279-2004
Email:	KeithT@ShantiAZ.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	07/27/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

Organization	Type	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Project Identification Number (PIN) of expiring grant:	AZ0085

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	Shanti
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Provide a description that addresses the entire scope of the proposed project.

Phoenix Shanti, a longtime AIDS Service Organization, operates this on-going permanent supportive housing program housing Adults and a Family with HIV/AIDS. The agency owns the residential properties--a house and a triplex composed of three 2-bedroom apartments. The majority of the Single Adults are in Recovery from Meth Abuse and receive Treatment from Phoenix Shanti's Licensed Outpatient Behavioral Health Clinic. As the apartments are roommate-based, a sober living environment is essential for the Supportive Housing's success.
In addition to CofC Coordinated Entry referrals, Shanti participates fully in the City of Phoenix HOPWA referral and placement system, as we also operate a 20-bed Transitional Recovery Housing program that is HOPWA funded.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		**Domestic Violence**	
Veterans		**Substance Abuse**	X
Youth (under 25)		**Mental Illness**	X
Families with Children		**HIV/AIDS**	X
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	
None of the above	

3d. Does the project follow a "Housing First" approach? No

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	N/A

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

**1. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	Semi-annually
Assistance with Moving Costs		Partner	As needed
Case Management		Applicant	Weekly
Child Care		Non-Partner	As needed
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Applicant	Weekly
Food		Non-Partner	As needed
Housing Search and Counseling Services		Applicant	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Applicant	As needed
Mental Health Services		Applicant	As needed
Outpatient Health Services		Non-Partner	As needed
Outreach Services		Non-Partner	As needed
Substance Abuse Treatment Services		Applicant	Weekly
Transportation		Applicant	Monthly
Utility Deposits		Partner	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 4

Total Beds: 10

Total Dedicated CH Beds: 0

Housing Type	Housing Type (JOINT)	Units	Beds
Shared housing	---	4	10

4B. Housing Type and Location Detail

1. Housing Type: Shared housing

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 4

b. Beds: 10

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 0

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. 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: 2345 W. Glendale Ave.

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85021

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

040330 Phoenix

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	1	6	0	7

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	2	6		8
Adults ages 18-24	0	0		0
Accompanied Children under age 18	2		0	2
Unaccompanied Children under age 18			0	0
Total Persons	4	6	0	10

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

Characteristics	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	0	0	0	0	2	0	0	0	0	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Children under age 18	0			0	0	0	0	0	0	2
Total Persons	0	0	0	0	2	0	0	0	0	2

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	0	0	1	5	6	0	0	0	0	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	0	0	1	5	6	0	0	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	0

Describe the unlisted subpopulations referred to above:

Young children

5C. Outreach for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Enter the percentage of project participants that will be coming from each of the following locations.

70%	Directly from the street or other locations not meant for human habitation.
0%	Directly from emergency shelters.
0%	Directly from safe havens.
30%	Persons fleeing domestic violence.
0%	Directly from transitional housing.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	

6D. Sources of Match

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes the 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:	$21,200
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$21,200

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Yes

1a. Briefly describe the source of the program income:

Resident rent

1b. Estimate the amount of program income that will be used as Match for this project: $6,200

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	AZ Medicaid Manag...	08/14/2017	$15,000
Yes	Cash	Private	Phoenix Shanti	08/07/2017	$6,200

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	AZ Medicaid Managed Care
5. Date of Written Commitment:	08/14/2017
6. Value of Written Commitment:	$15,000

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Phoenix Shanti
5. Date of Written Commitment:	08/07/2017
6. Value of Written Commitment:	$6,200

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$0
3. Supportive Services	$45,823
4. Operating	$24,168
5. HMIS	$0
6. Sub-total Costs Requested	$69,991
7. Admin (Up to 10%)	$3,355
8. Total Assistance plus Admin Requested	$73,346
9. Cash Match	$21,200
10. In-Kind Match	$0
11. Total Match	$21,200
12. Total Budget	$94,546

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	PSG IRS LTR	07/25/2018
2) Other Attachmenbt	No	Medicaid Match	07/25/2018
3) Other Attachment	No	Phoenix Shanti Match	07/25/2018

Attachment Details

Document Description: PSG IRS LTR

Attachment Details

Document Description: Medicaid Match

Attachment Details

Document Description: Phoenix Shanti Match

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Keith Thompson

Date: 07/27/2018

Title: CEO

Applicant Organization: Phoenix Shanti Group

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.	Submit without changes

The applicant has selected "Submit without changes" to Question 2 above. If the applicant has identified project information on the preceding screens that does not match the current contract, select "Make changes" above and update the relevant project information.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/23/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	07/23/2018

1E. SF-424 Compliance	07/23/2018
1F. SF-424 Declaration	07/23/2018
1G. HUD-2880	07/23/2018
1H. HUD-50070	07/23/2018
1I. Cert. Lobbying	07/23/2018
1J. SF-LLL	07/23/2018
Recipient Performance	07/23/2018
Renewal Grant Consolidation	07/23/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/23/2018
3B. Description	07/23/2018
3C. Dedicated Plus	07/23/2018
4A. Services	07/23/2018
4B. Housing Type	07/23/2018
5A. Households	07/23/2018
5B. Subpopulations	07/23/2018
5C. Outreach	07/23/2018
6A. Funding Request	07/23/2018
6D. Match	07/23/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/25/2018
7B. Certification	07/23/2018
Submission Without Changes	07/24/2018

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248230137
June 17, 2016 LTR 4168C 0
86-0592079 000000 00
00019531
BODC: TE

PHOENIX SHANTI GROUP
2345 W GLENDALE AVE
PHOENIX AZ 85021

010702

Employer ID Number: 86-0592079
Form 990 required: Yes

Dear Taxpayer:

This is in response to your request dated June 08, 2016, regarding your tax-exempt status.

We issued you a determination letter in May 1988, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

0248230137
June 17, 2016 LTR 4168C 0
86-0592079 000000 00
00019532

PHOENIX SHANTI GROUP
2345 W GLENDALE AVE
PHOENIX AZ 85021

Sincerely yours,

Doris P. Kenwright

Doris Kenwright, Operation Mgr.
Accounts Management Operations 1

mercy care

July 23, 2018

Phoenix Shanti Group
Attn: Keith Thompson, CEO
2345 W. Glendale Avenue
Phoenix, AZ 85021

Re: Fiscal Year 2018 Continuum of Care Application

Dear Mr. Thompson,

Mercy Care, as the designated Regional Behavioral Health Authority for Maricopa County, is pleased to support the Phoenix Shanti Group's application for the U.S. Department of Housing and Urban Development (HUD) Continuum of Care Project to provide Permanent Supportive Housing in Maricopa County.

This letter serves as Mercy Care's commitment to ensure supportive services are provided to residents in the amount of $15,000 during the time period of February 2019 through January 2020. Services will be provided, by contracted behavioral health providers, to a minimum of 15 seriously mentally ill HIV + Adults and Families enrolled Mercy Care members who are residents of the Permanent Supportive Housing Program.

If you have any questions, please feel free to contact Andrea Bell at 480-202-0729.

Sincerely,

Andrea Bell
Housing Integration Administrator
Mercy Care

The Phoenix SHANTI Group

2345 W. Glendale Avenue
Phoenix, Arizona 85021
602.279.0008

July 23, 2018

To Whom It May Concern:

Phoenix Shanti Group shall expense $6,400 for our HUD "Shanti" Permanent Supportive Housing program for the period of February 2019-January 2020 as cash match. We shall also expense $5,800 leverage for our Permanent Supportive Housing program for the period of February 2019-January 2020.

Yours truly,

Keith A. Thompson, M.Div.
Executive Director/CEO

United way

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/16/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0156
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: UMOM New Day Centers, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0521062

	c. Organizational DUNS:	833209158	**PLUS 4**	

d. Address

Street 1: 3333 E. Van Buren Street

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85008

e. Organizational Unit (optional)

Department Name: N/A

Division Name: N/A

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Steven

Middle Name:

Last Name: Stivers

Suffix:

Title: Chief Operating Officer

Organizational Affiliation: UMOM New Day Centers, Inc.

Telephone Number: (602) 275-7852

Extension:
Fax Number: (602) 275-6548
Email: sstivers@umom.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	Next Step Housing 2 consolidated
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-007
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-004, AZ-003, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Darlene
Middle Name:	
Last Name:	Newsom
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 275-7852
Fax Number: (Format: 123-456-7890)	(602) 275-6548
Email:	dnewsom@umom.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

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:	UMOM New Day Centers, Inc.
Prefix:	Ms.
First Name:	Darlene
Middle Name:	
Last Name:	Newsom
Suffix:	
Title:	Chief Executive Officer
Organizational Affiliation:	UMOM New Day Centers, Inc.
Telephone Number:	(602) 275-7852
Extension:	
Email:	dnewsom@umom.org
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85008

2. Employer ID Number (EIN):	86-0521062
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$398,250.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Next Step Housing 2 consolidated 3333 E. Van Buren Street 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? (For further information, see 24 CFR Sec. 4.3). Yes

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		N/A

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
N/A	N/A	N/A	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Darlene Newsom, Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/18/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: UMOM New Day Centers, Inc.

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:	Ms.
First Name:	Darlene
Middle Name	
Last Name:	Newsom
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 275-7852
Fax Number: (Format: 123-456-7890)	(602) 275-6548
Email:	dnewsom@umom.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

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

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:	UMOM New Day Centers, Inc.
Name / Title of Authorized Official:	Darlene Newsom, Chief Executive Officer
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

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:	UMOM New Day Centers, Inc.
Street 1:	3333 E. Van Buren Street
Street 2:	
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85008

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Ms.
First Name:	Darlene
Middle Name:	
Last Name:	Newsom
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 275-7852
Fax Number: (Format: 123-456-7890)	(602) 275-6548
Email:	dnewsom@umom.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen. Yes

2. Is this an individual project application or a fully consolidated project application? Fully Consolidated

Renewal Grant Consolidation Table

Project Identification Number PIN	Total Requested Amount	Surviving PIN or Terminating PIN	Operating Start Date	Expiration Date
AZ0156	$336,890	Survivng PIN	07/01/2019	06/30/2020
AZ0179	$61,360	Terminating PIN	07/01/2019	06/30/2020

***The surviving PIN must have the earliest operating start date.**

Renewal Grant Consolidation Summary

Total Number of Grants in Consolidation	2
Total Requested Amount in Consolidation	$398,250

I hereby confirm that I have reviewed the accuracy and submitted all the renewal project applications related to this consolidation request into esnaps. X

Click on "Save & Next" to continue completing the remainder of this project application combining all the project application data for all the

projects listed above into a single fully consolidated project application.

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	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0156
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	Next Step Housing 2 consolidated
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	RRH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Next Step Housing 2 Consolidated is a is combination of UMOM's Next Step Housing II and 2e projects. UMOM has extensive experience in providing housing and services to homeless families with minor, dependent children with quality performance. Next Step Housing 2 Consolidated uses a housing first approach to provide rapid rehousing to families with minor, dependent children through a scattered site leasing of housing units. Families are prioritized based on acuity scores using the Family VI SPDAT tools and 100% of participants are referred through the Family Housing Hub (CoC-approved coordinated entry site). Families scoring for RRH intervention and eligible based on HUD RRH guidelines; are prioritized for this intervention. No additional eligibility criteria are imposed (such as sobriety, income, etc.) Families receive assistance with housing location and placement within the entire region of Maricopa County. The project also provides rental support which may include deposits, as well as ongoing rental and utility payments. The project also provides housing-based case management. Case managers support families with in home case management visits. It is our goal to see families at least one time per month but additional support may be necessary depending upon the acuity of the household. Financial support is customized to the needs of the household in adherence to the CoC financial standards for Rapid Rehousing. Each three-month period, families are reassessed for ongoing subsidy and support. Families may be eligible for up to two years of assistance, but our goal is to provide an average of 9 months of service or less. We anticipate serving a minimum of 24 households during the grant year utilizing two 1-bedroom units and 22 2-bedroom units. Due to rental costs and fluctuations, it is likely that this project will serve more than 80 households and bedroom sizes will fluctuate depending on the size and needs of households served. . Due to rental costs and fluctuations, it is possible that this project will serve more than 24 households.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	
Families with Children	X	**HIV/AIDS**	

Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

4A. Supportive Services for Participants

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	As needed
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	As needed
Child Care		Partner	As needed
Education Services		Applicant	As needed
Employment Assistance and Job Training		Applicant	As needed
Food		Partner	As needed
Housing Search and Counseling Services		Partner	As needed
Legal Services		Partner	As needed
Life Skills Training		Applicant	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Partner	As needed
Substance Abuse Treatment Services		Partner	As needed
Transportation		Applicant	As needed
Utility Deposits		Applicant	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 24

Total Beds: 93

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	24	93

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: 24

b. Beds: 93

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: 3333 E Van Buren

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85008

4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

040072 Chandler, 040384 Scottsdale, 040456 Surprise City, 040468 Tempe, 040186 Glendale, 040270 Mesa, 040330 Phoenix, 049013 Maricopa County, 040324 Peoria City, 040018 Avondale City, 040180 Gilbert

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	24	0	0	24

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	24	0		24
Adults ages 18-24	6	0		6
Accompanied Children under age 18	63		0	63
Unaccompanied Children under age 18			0	0
Total Persons	93	0	0	93

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						3	4	3	4	10
Adults ages 18-24						0	2	1	0	3
Children under age 18						0	8	3	4	48
Total Persons	0	0	0	0	0	3	14	7	8	61

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										
Adults ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

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	0

Describe the unlisted subpopulations referred to above:

Household members with none of the listed conditions.

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

5%	**Directly from the street or other locations not meant for human habitation.**
95%	**Directly from emergency shelters.**
	Directly from safe havens.
	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	**Total of above percentages**

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Yes

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
HUD	8%	11,682,807

b. Has this rate been approved by your cognizant agency? Yes

c. Do you plan to use the 10% de minimis rate? No

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:

Rental Assistance	X
Supportive Services	X
HMIS	

6C. 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:	$267,384
Total Units:	24

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	24	$267,384

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$468	$468	x	12		=	$0
0 Bedroom		x	$624	$624	x	12		=	$0
1 Bedroom	2	x	$757	$757	x	12		=	$18,168
2 Bedrooms	22	x	$944	$944	x	12		=	$249,216
3 Bedrooms		x	$1,374	$1,374	x	12		=	$0
4 Bedrooms		x	$1,594	$1,594	x	12		=	$0
5 Bedrooms		x	$1,833	$1,833	x	12		=	$0
6 Bedrooms		x	$2,072	$2,072	x	12		=	$0
7 Bedrooms		x	$2,311	$2,311	x	12		=	$0
8 Bedrooms		x	$2,550	$2,550	x	12		=	$0
9 Bedrooms		x	$2,790	$2,790	x	12		=	$0
Total Units and Annual Assistance Requested	24								$267,384
Grant Term									1 Year
Total Request for Grant Term									$267,384

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$99,563
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$99,563

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Private Donations	07/27/2018	$99,563

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Private Donations
5. Date of Written Commitment:	07/27/2018
6. Value of Written Commitment:	$99,563

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$267,384
3. Supportive Services	$102,085
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$369,469
7. Admin (Up to 10%)	$28,781
8. Total Assistance plus Admin Requested	$398,250
9. Cash Match	$99,563
10. In-Kind Match	$0
11. Total Match	$99,563
12. Total Budget	$497,813

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	Indirect Cost Rate	07/30/2018
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Indirect Cost Rate

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Darlene Newsom

Date: 08/16/2018

Title: Chief Executive Officer

Applicant Organization: UMOM New Day Centers, Inc.

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.	Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
Part 4 - Housing Services and HMIS	
4A. Services	X
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	X
6C. Rental Assistance	X
6D. Match	X

6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

This project requires updating in order to submit consolidated information from both projects.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/18/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/16/2018

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1I. Cert. Lobbying	07/18/2018
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Recipient Performance	07/18/2018
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2A. Subrecipients	No Input Required
3A. Project Detail	07/20/2018
3B. Description	07/30/2018
4A. Services	07/26/2018
4B. Housing Type	07/20/2018
5A. Households	07/20/2018
5B. Subpopulations	07/30/2018
5C. Outreach	07/20/2018
6A. Funding Request	07/27/2018
6C. Rental Assistance	07/27/2018
6D. Match	07/31/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/30/2018
7B. Certification	07/31/2018
Submission Without Changes	07/31/2018

U.S. Department of Housing and Urban Development
San Francisco Regional Office – Region IX
One Sansome Street, Suite 1200
San Francisco, California 94104-4430
www.hud.gov
espanol.hud.gov

MAR - 1 2016

Ms. Darlene Newsom, CEO
UMOM New Day Centers, Inc.
3320 East Van Buren Street
Phoenix, Arizona 85008

Dear Ms. Newsom:

SUBJECT: UMOM Final Indirect Cost Rate for the Fiscal Year Ended June 30, 2014, and Provisional Indirect Cost Rate for the Fiscal Year Ended June 30, 2015

HUD has completed its review of UMOM New Day Centers, Inc.'s Final Indirect Cost Rate Proposal for the year ended on June 30, 2014, and the Provisional Indirect Cost Rate Proposal for the year ended on June 30, 2015, and is hereby transmitting an Indirect Cost Negotiation Agreement for execution. Please sign the enclosed copies of the Agreement, retain one copy for your files, and return one copy to us.

This Agreement establishes the final rate for the fiscal year ended on June 30, 2014, of 8.11 percent, and a provisional rate for the year ended on June 30, 2015, of 7.79 percent.

Please note that UMOM New Day Centers must make an adjustment for any over/under recovery of indirect costs based on the use of the provisional rates, and a final rate proposal must be submitted within six months close of the fiscal year.

If you have any questions, please contact John Burke, Senior Community Planning and Development Representative, at (415) 489-6589.

Sincerely,

Angelo Tom
Program Manager, Team 4
Community Planning and
Development Division

Enclosure

NONPROFIT ORGANIZATION
INDIRECT COST NEGOTIATION AGREEMENT

DATE: 3/1/16

ORGANIZATION:

UMOM New Day Centers, Inc.
3320 East Van Buren Street
Phoenix, AZ 85008

Pursuant to OMB Circular A-122, the U.S. Department of Housing and Urban Development approves the final indirect cost rates (8.11 percent for all Federal grant programs) for the fiscal year ended on June 30, 2014, and the provisional indirect cost rates (7.79 percent for all Federal grant programs) for the fiscal year ended on June 30, 2015. This approval is subject to conditions contained in Section II and the results of any audit or monitoring reviews.

SECTION I: RATES

An agency-wide indirect cost rate has been developed to recover overhead costs associated with any billable costs.

	Effective Period			Applicable
Type	From	To	Rate*	
Final	7/1/2013	6/30/2014	8.11 percent	All Programs
Provisional	7/1/2014	6/30/2015	7.79 percent	All Programs

*Base: Adjusted direct costs

SECTION II: GENERAL

A. LIMITATIONS: Use of the rates contained in this agreement is subject to any statutory or administrative limitations and is applicable to a given grant or contract only to the extent that funds are available. Acceptance of the rates agreed to herein is predicated upon the conditions: (1) that no costs other than those incurred by the grantee/contractor were included in its finally accepted indirect cost pool and that such incurred costs are legal obligation of the grantee/contractor and allowable under the governing cost principles, (2) that the same costs that have been treated as indirect costs have not been claimed as direct costs, (3) that similar types of costs have been accorded consistent treatment, (4) that the information provided by the grantee/contractor which was used as a basis for acceptance of the rates agreed to herein is not subsequently found to be materially inaccurate or incomplete, and (5) Costs identified in the indirect pool are necessary and reasonable for the administration of Federal programs and have been allocated to all benefiting cost centers.

B. AUDIT: Adjustments to amounts resulting from audit of the cost allocation plan upon which the negotiation of this agreement was based will be compensated for in a subsequent negotiation. Excessive charges to Federal grant programs may be required to be remitted to the respective Federal agency.

C. CHANGES: If a fixed or predetermined rate is contained in this agreement it is based on the organizational structure and the accounting system in effect at the time the proposal was submitted. Changes in the organizational structure or changes in the method of accounting for costs which affect the amount of reimbursement from use of the rate(s) in this agreement, require the prior approval of the authorized representative of the responsible negotiation agency. Failure to obtain such approval may result in subsequent audit disallowances.

D. NOTIFICATION TO FEDERAL AGENCIES: Copies of this document may be provided to other Federal agencies as a means of notifying them of the agreement contained herein.

E. PROVISIONAL RATE: If provisional rates are contained in this agreement, they are based on an estimate of the costs, which will be incurred during the period for which the rate applies. When the actual costs for such period have been determined, adjustments will be made in the subsequent negotiation to compensate for the differences between the costs used to establish the provisional rates and the actual costs. If the actual costs turn out to be lower than those allowed under a provisional rate, repayment to the respective Federal agency might be required.

F. SPECIAL REMARKS:

1. Currently, certain HUD McKinney programs do not allow depreciation or a use allowance.

2. There are no outstanding audit or monitoring findings pertaining to prior year agency-wide indirect cost rate(s) proposals.

BY THE ORGANIZATION:

UMOM New Day Centers, Inc.

3/1/16

Signature and Date

Darlene Newsom, CEO

Name and Title (Please Print)

BY THE COGNIZANT AGENCY ON BEHALF OF THE FEDERAL GOVERNMENT:

U. S. Department of Housing and Urban Development

MAR - 1 2016

Signature and Date

Angelo Tom
Program Manager, Team 4
Community Planning and Development Division

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	07/31/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0179
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: UMOM New Day Centers, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0521062

	c. Organizational DUNS:	833209158	**PLUS 4**	

d. Address

Street 1: 3333 E. Van Buren Street

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85008

e. Organizational Unit (optional)

Department Name: N/A

Division Name: N/A

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Steven

Middle Name:

Last Name: Stivers

Suffix:

Title: Chief Operating Officer

Organizational Affiliation: UMOM New Day Centers, Inc.

Telephone Number: (602) 275-7852

Extension:
Fax Number: (602) 275-6548
Email: sstivers@umom.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	Next Step Housing 2e
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-007
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-004, AZ-003, AZ-002, AZ-007, AZ-008, AZ-006, AZ-009, AZ-001
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Darlene
Middle Name:	
Last Name:	Newsom
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 275-7852
Fax Number: (Format: 123-456-7890)	(602) 275-6548
Email:	dnewsom@umom.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/31/2018

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:	UMOM New Day Centers, Inc.
Prefix:	Ms.
First Name:	Darlene
Middle Name:	
Last Name:	Newsom
Suffix:	
Title:	Chief Executive Officer
Organizational Affiliation:	UMOM New Day Centers, Inc.
Telephone Number:	(602) 275-7852
Extension:	
Email:	dnewsom@umom.org
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85008

2. Employer ID Number (EIN):	86-0521062
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$61,360.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Next Step Housing 2e 3333 E. Van Buren Street 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? (For further information, see 24 CFR Sec. 4.3). Yes

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		N/A

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
N/A	N/A	N/A	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Darlene Newsom, Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/17/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: UMOM New Day Centers, Inc.

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:	Ms.
First Name:	Darlene
Middle Name	
Last Name:	Newsom
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 275-7852
Fax Number: (Format: 123-456-7890)	(602) 275-6548
Email:	dnewsom@umom.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/31/2018

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

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: UMOM New Day Centers, Inc.

Name / Title of Authorized Official: Darlene Newsom, Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/31/2018

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:	UMOM New Day Centers, Inc.
Street 1:	3333 E. Van Buren Street
Street 2:	
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85008

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Ms.
First Name:	Darlene
Middle Name:	
Last Name:	Newsom
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 275-7852
Fax Number: (Format: 123-456-7890)	(602) 275-6548
Email:	dnewsom@umom.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	07/31/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	Yes
2. Is this an individual project application or a fully consolidated project application?	Individual

Click on "Save & Next" to continue completing the remainder of this project application as if the consolidation will be denied by HUD and this individual project application will be assessed for FY 2018 funding.

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

Organization	Type	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0179
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	Next Step Housing 2e
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	RRH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Next Step Housing 2e is an expansion of UMOM's Next Step Housing project. UMOM has extensive experience in providing housing and services to homeless families with minor, dependent children with quality performance. Next Step Housing 2e uses a housing first approach to provide rapid rehousing to families with minor, dependent children through a scattered site leasing of housing units. Families are prioritized based on acuity scores using the Family VI SPDAT tools and 100% of participants are referred through the Family Housing Hub (CoC-approved coordinated entry site). Families scoring for RRH intervention and eligible based on HUD RRH guidelines; are prioritized for this intervention. No additional eligibility criteria are imposed (such as sobriety, income, etc.) Families receive assistance with housing location and placement within the entire region of Maricopa County. The project provides rental support which may include deposits, as well as ongoing rental and utility payments. The project also provides housing-based case management. Case managers support families with in home case management visits. It is our goal to see families at least one time per month but additional support may be necessary depending upon the acuity of the household. Financial support is customized to the needs of the household in adherence to the CoC financial standards for Rapid Rehousing. Each three-month period, families are reassessed for ongoing subsidy and support. Families may be eligible for up to two years of assistance, but our goal is to provide an average of 9 months of service or less. We anticipate serving a minimum of 4 households during the grant year utilizing two 1-bedroom units and two 2-bedroom units. Due to rental costs and fluctuations, it is likely that this project will serve more than 4 households and bedroom sizes will fluctuate depending on the size and needs of households served.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	
Families with Children	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

4A. Supportive Services for Participants

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	As needed
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	As needed
Child Care		Partner	As needed
Education Services		Applicant	As needed
Employment Assistance and Job Training		Applicant	As needed
Food		Partner	As needed
Housing Search and Counseling Services		Partner	As needed
Legal Services		Partner	As needed
Life Skills Training		Applicant	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Partner	As needed
Substance Abuse Treatment Services		Partner	As needed
Transportation		Applicant	As needed
Utility Deposits		Applicant	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 4

Total Beds: 13

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	4	13

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: 13

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: 3333 E Van Buren Street

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85008

4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

049013 Maricopa County

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	4	0	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	4	0		4
Adults ages 18-24	1	0		1
Accompanied Children under age 18	8		0	8
Unaccompanied Children under age 18			0	0
Total Persons	13	0	0	13

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	0	0	0	0	0	0	1	0	1	2
Adults ages 18-24	0	0	0	0	0	0	1	0	0	0
Children under age 18	0			0	0	0	3	1	1	3
Total Persons	0	0	0	0	0	0	5	1	2	5

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										
Adults ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

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	0

Describe the unlisted subpopulations referred to above:

Household members with none of the listed conditions.

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

5%	**Directly from the street or other locations not meant for human habitation.**
95%	**Directly from emergency shelters.**
	Directly from safe havens.
	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	**Total of above percentages**

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Does this project propose to allocate funds according to an indirect cost rate? 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
HUD	8%	11,682,807

b. Has this rate been approved by your cognizant agency? Yes

c. Do you plan to use the 10% de minimis rate? No

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:

Rental Assistance	X
Supportive Services	X
HMIS	

6C. 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:			$40,824
Total Units:			4
Type of Rental Assistance	**FMR Area**	**Total Units Requested**	**Total Request**
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	4	$40,824

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$468	$468	x			=	$0
0 Bedroom		x	$624	$624	x			=	$0
1 Bedroom	2	x	$757	$757	x			=	$18,168
2 Bedrooms	2	x	$944	$944	x			=	$22,656
3 Bedrooms		x	$1,374	$1,374	x			=	$0
4 Bedrooms		x	$1,594	$1,594	x			=	$0
5 Bedrooms		x	$1,833	$1,833	x			=	$0
6 Bedrooms		x	$2,072	$2,072	x			=	$0
7 Bedrooms		x	$2,311	$2,311	x			=	$0
8 Bedrooms		x	$2,550	$2,550	x			=	$0
9 Bedrooms		x	$2,790	$2,790	x			=	$0
Total Units and Annual Assistance Requested	4								$40,824
Grant Term									1 Year
Total Request for Grant Term									$40,824

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$15,340
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$15,340

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Private Donations...	07/27/2018	$15,340

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Private Donations from Individuals
5. Date of Written Commitment:	07/27/2018
6. Value of Written Commitment:	$15,340

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$40,824
3. Supportive Services	$16,102
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$56,926
7. Admin (Up to 10%)	$4,434
8. Total Assistance plus Admin Requested	$61,360
9. Cash Match	$15,340
10. In-Kind Match	$0
11. Total Match	$15,340
12. Total Budget	$76,700

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	Indirect Cost Rate	08/02/2017
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Indirect Cost Rate

Attachment Details

Document Description: Match & Leverage

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Darlene Newsom

Date: 07/31/2018

Title: Chief Executive Officer

Applicant Organization: UMOM New Day Centers, Inc.

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
Part 4 - Housing Services and HMIS	
4A. Services	X
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	X
6C. Rental Assistance	X
6D. Match	X

6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

The budget is being updated to match the current GIW. The match information is being updated based on new match sources/information. The funding request page is being updated for a correction from the download for the basis of ICRP.
Part 1D – Congressional districts updated per MAG technical assistance
Part 3B – Project description narrative has been updated
Part 5 - Aligned all portions of this section to match the numbers stated in the GIW

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/17/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	07/18/2018

1E. SF-424 Compliance	07/17/2018
1F. SF-424 Declaration	07/17/2018
1G. HUD-2880	07/17/2018
1H. HUD-50070	07/17/2018
1I. Cert. Lobbying	07/17/2018
1J. SF-LLL	07/17/2018
Recipient Performance	07/17/2018
Renewal Grant Consolidation	07/18/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/29/2018
3B. Description	07/30/2018
4A. Services	07/26/2018
4B. Housing Type	07/17/2018
5A. Households	07/17/2018
5B. Subpopulations	07/17/2018
5C. Outreach	07/18/2018
6A. Funding Request	07/27/2018
6C. Rental Assistance	07/17/2018
6D. Match	07/27/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/17/2018
7B. Certification	07/31/2018
Submission Without Changes	07/29/2018

U.S. Department of Housing and Urban Development
San Francisco Regional Office – Region IX
One Sansome Street, Suite 1200
San Francisco, California 94104-4430
www.hud.gov
espanol.hud.gov

MAR - 1 2016

Ms. Darlene Newsom, CEO
UMOM New Day Centers, Inc.
3320 East Van Buren Street
Phoenix, Arizona 85008

Dear Ms. Newsom:

SUBJECT: UMOM Final Indirect Cost Rate for the Fiscal Year Ended June 30, 2014, and Provisional Indirect Cost Rate for the Fiscal Year Ended June 30, 2015

HUD has completed its review of UMOM New Day Centers, Inc.'s Final Indirect Cost Rate Proposal for the year ended on June 30, 2014, and the Provisional Indirect Cost Rate Proposal for the year ended on June 30, 2015, and is hereby transmitting an Indirect Cost Negotiation Agreement for execution. Please sign the enclosed copies of the Agreement, retain one copy for your files, and return one copy to us.

This Agreement establishes the final rate for the fiscal year ended on June 30, 2014, of 8.11 percent, and a provisional rate for the year ended on June 30, 2015, of 7.79 percent.

Please note that UMOM New Day Centers must make an adjustment for any over/under recovery of indirect costs based on the use of the provisional rates, and a final rate proposal must be submitted within six months close of the fiscal year.

If you have any questions, please contact John Burke, Senior Community Planning and Development Representative, at (415) 489-6589.

Sincerely,

Angelo Tom
Program Manager, Team 4
Community Planning and
Development Division

Enclosure

NONPROFIT ORGANIZATION
INDIRECT COST NEGOTIATION AGREEMENT

DATE: 3/1/16

ORGANIZATION:

UMOM New Day Centers, Inc.
3320 East Van Buren Street
Phoenix, AZ 85008

Pursuant to OMB Circular A-122, the U.S. Department of Housing and Urban Development approves the final indirect cost rates (8.11 percent for all Federal grant programs) for the fiscal year ended on June 30, 2014, and the provisional indirect cost rates (7.79 percent for all Federal grant programs) for the fiscal year ended on June 30, 2015. This approval is subject to conditions contained in Section II and the results of any audit or monitoring reviews.

SECTION I: RATES

An agency-wide indirect cost rate has been developed to recover overhead costs associated with any billable costs.

	Effective Period			Applicable
Type	From	To	Rate*	
Final	7/1/2013	6/30/2014	8.11 percent	All Programs
Provisional	7/1/2014	6/30/2015	7.79 percent	All Programs

*Base: Adjusted direct costs

SECTION II: GENERAL

A. LIMITATIONS: Use of the rates contained in this agreement is subject to any statutory or administrative limitations and is applicable to a given grant or contract only to the extent that funds are available. Acceptance of the rates agreed to herein is predicated upon the conditions: (1) that no costs other than those incurred by the grantee/contractor were included in its finally accepted indirect cost pool and that such incurred costs are legal obligation of the grantee/contractor and allowable under the governing cost principles, (2) that the same costs that have been treated as indirect costs have not been claimed as direct costs, (3) that similar types of costs have been accorded consistent treatment, (4) that the information provided by the grantee/contractor which was used as a basis for acceptance of the rates agreed to herein is not subsequently found to be materially inaccurate or incomplete, and (5) Costs identified in the indirect pool are necessary and reasonable for the administration of Federal programs and have been allocated to all benefiting cost centers.

B. AUDIT: Adjustments to amounts resulting from audit of the cost allocation plan upon which the negotiation of this agreement was based will be compensated for in a subsequent negotiation. Excessive charges to Federal grant programs may be required to be remitted to the respective Federal agency.

C. CHANGES: If a fixed or predetermined rate is contained in this agreement it is based on the organizational structure and the accounting system in effect at the time the proposal was submitted. Changes in the organizational structure or changes in the method of accounting for costs which affect the amount of reimbursement from use of the rate(s) in this agreement, require the prior approval of the authorized representative of the responsible negotiation agency. Failure to obtain such approval may result in subsequent audit disallowances.

D. NOTIFICATION TO FEDERAL AGENCIES: Copies of this document may be provided to other Federal agencies as a means of notifying them of the agreement contained herein.

E. PROVISIONAL RATE: If provisional rates are contained in this agreement, they are based on an estimate of the costs, which will be incurred during the period for which the rate applies. When the actual costs for such period have been determined, adjustments will be made in the subsequent negotiation to compensate for the differences between the costs used to establish the provisional rates and the actual costs. If the actual costs turn out to be lower than those allowed under a provisional rate, repayment to the respective Federal agency might be required.

F. SPECIAL REMARKS:

1. Currently, certain HUD McKinney programs do not allow depreciation or a use allowance.

2. There are no outstanding audit or monitoring findings pertaining to prior year agency-wide indirect cost rate(s) proposals.

BY THE ORGANIZATION:

UMOM New Day Centers, Inc.

3/1/16

Signature and Date

Darlene Newsom, CEO

Name and Title (Please Print)

BY THE COGNIZANT AGENCY ON BEHALF OF THE FEDERAL GOVERNMENT:

U. S. Department of Housing and Urban Development

MAR - 1 2016

Signature and Date

Angelo Tom
Program Manager, Team 4
Community Planning and Development Division

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	07/31/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0178
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: UMOM New Day Centers, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0521062

	c. Organizational DUNS:	833209158	**PLUS 4**	

d. Address

Street 1: 3333 E. Van Buren Street

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85008

e. Organizational Unit (optional)

Department Name: N/A

Division Name: N/A

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Steven

Middle Name:

Last Name: Stivers

Suffix:

Title: Chief Operating Officer

Organizational Affiliation: UMOM New Day Centers, Inc.

Telephone Number: (602) 275-7852

Extension:
Fax Number: (602) 275-6548
Email: sstivers@umom.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	Next Step Housing 3
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-007
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-004, AZ-003, AZ-002, AZ-007, AZ-008, AZ-006, AZ-009, AZ-001
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Darlene
Middle Name:	
Last Name:	Newsom
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 275-7852
Fax Number: (Format: 123-456-7890)	(602) 275-6548
Email:	dnewsom@umom.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/31/2018

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:	UMOM New Day Centers, Inc.
Prefix:	Ms.
First Name:	Darlene
Middle Name:	
Last Name:	Newsom
Suffix:	
Title:	Chief Executive Officer
Organizational Affiliation:	UMOM New Day Centers, Inc.
Telephone Number:	(602) 275-7852
Extension:	
Email:	dnewsom@umom.org
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85008

2. Employer ID Number (EIN):	86-0521062
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$217,479.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Next Step Housing 3 3333 E. Van Buren Street 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? (For further information, see 24 CFR Sec. 4.3). Yes

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		N/A

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
N/A	N/A	N/A	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Darlene Newsom, Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/17/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: UMOM New Day Centers, Inc.

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:	Ms.
First Name:	Darlene
Middle Name	
Last Name:	Newsom
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 275-7852
Fax Number: (Format: 123-456-7890)	(602) 275-6548
Email:	dnewsom@umom.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/31/2018

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

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: UMOM New Day Centers, Inc.

Name / Title of Authorized Official: Darlene Newsom, Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/31/2018

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:	UMOM New Day Centers, Inc.
Street 1:	3333 E. Van Buren Street
Street 2:	
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85008

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative	
Prefix:	Ms.
First Name:	Darlene
Middle Name:	
Last Name:	Newsom
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 275-7852
Fax Number: (Format: 123-456-7890)	(602) 275-6548
Email:	dnewsom@umom.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	07/31/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0178
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	Next Step Housing 3
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	RRH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Next Step Housing III is a is an expansion of UMOM's Rapid Rehousing projects with a special emphasis on clients that have general mental health and substance abuse needs and need services through the Regional Behavioral Health Authority, Mercy Maricopa Integrated Care (MMIC) to address those needs. UMOM has partnered with MMIC on this project to leverage support and provide additional services to families such as counseling, substance use treatment, and other behavioral health services needed by our families. UMOM has extensive experience in providing housing and services to homeless families with minor, dependent children with quality performance. Next Step Housing III uses a housing first approach to provide rapid rehousing to families with minor, dependent children through a scattered site leasing of housing units. Families are prioritized based on acuity scores using the Family VI SPDAT tools and 100% of participants are referred through the Family Housing Hub (CoC-approved coordinated entry site). Families scoring for RRH intervention and eligible based on HUD RRH guidelines; are prioritized for this intervention. No additional eligibility criteria are imposed (such as sobriety, income, etc.) Families receive assistance with housing location and placement within the entire region of Maricopa County. The project also provides rental support which may include deposits, as well as ongoing rental and utility payments. The project also provides housing-based case management. Case managers support families with in home case management visits. It is our goal to see families at least one time per month but additional support may be necessary depending upon the acuity of the household. Financial support is customized to the needs of the household in adherence to the CoC financial standards for Rapid Rehousing. Each three-month period, families are reassessed for ongoing subsidy and support. Families may be eligible for up to two years of assistance, but our goal is to provide an average of 9 months of service or less. We anticipate serving a minimum of 11 households during the grant year utilizing 8 2-bedroom units and three 3-bedroom units. Due to rental costs and fluctuations, it is likely that this project will serve more than 80 households and bedroom sizes will fluctuate depending on the size and needs of households served.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		**Domestic Violence**	
Veterans		**Substance Abuse**	X

Youth (under 25)		**Mental Illness**	X
Families with Children	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

4A. Supportive Services for Participants

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	As needed
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	As needed
Child Care		Partner	As needed
Education Services		Partner	As needed
Employment Assistance and Job Training		Applicant	As needed
Food		Partner	As needed
Housing Search and Counseling Services		Partner	As needed
Legal Services		Partner	As needed
Life Skills Training		Applicant	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Partner	As needed
Substance Abuse Treatment Services		Partner	As needed
Transportation		Applicant	As needed
Utility Deposits		Applicant	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 11

Total Beds: 35

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	11	35

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: 11

b. Beds: 35

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: 3333 E Van Buren

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85008

4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

040072 Chandler, 040456 Surprise City, 040468 Tempe, 040186 Glendale, 040270 Mesa, 040330 Phoenix, 049013 Maricopa County, 040324 Peoria City, 040018 Avondale City, 040180 Gilbert

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	11	0	0	11

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	11			11
Adults ages 18-24	3			3
Accompanied Children under age 18	21			21
Unaccompanied Children under age 18				0
Total Persons	35	0	0	35

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		2	4	1	1	2
Adults ages 18-24				1		1	1			0
Children under age 18							4	3	5	9
Total Persons	0	0	0	2	0	3	9	4	6	11

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										
Adults ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

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	0

Describe the unlisted subpopulations referred to above:

Household members with out a condition listed.

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

95%	**Directly from the street or other locations not meant for human habitation.**
5%	**Directly from emergency shelters.**
	Directly from safe havens.
	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	**Total of above percentages**

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? Yes

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
HUD	8%	11,682,807

b. Has this rate been approved by your cognizant agency? Yes

c. Do you plan to use the 10% de minimis rate? No

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:

Rental Assistance	X
Supportive Services	X
HMIS	

6C. 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:	$135,696
Total Units:	11

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	11	$135,696

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? Yes

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$468	$468	x	12		=	$0
0 Bedroom		x	$624	$624	x	12		=	$0
1 Bedroom		x	$757	$757	x	12		=	$0
2 Bedrooms	8	x	$944	$944	x	12		=	$90,624
3 Bedrooms	3	x	$1,374	$1,252	x	12		=	$45,072
4 Bedrooms		x	$1,594	$1,594	x	12		=	$0
5 Bedrooms		x	$1,833	$1,833	x	12		=	$0
6 Bedrooms		x	$2,072	$2,072	x	12		=	$0
7 Bedrooms		x	$2,311	$2,311	x	12		=	$0
8 Bedrooms		x	$2,550	$2,550	x	12		=	$0
9 Bedrooms		x	$2,790	$2,790	x	12		=	$0
Total Units and Annual Assistance Requested	11								$135,696
Grant Term									1 Year
Total Request for Grant Term									$135,696

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$54,370
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$54,370

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Mercy Maricopa	07/27/2018	$54,370

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Mercy Maricopa
5. Date of Written Commitment:	07/27/2018
6. Value of Written Commitment:	$54,370

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$135,696
3. Supportive Services	$66,066
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$201,762
7. Admin (Up to 10%)	$15,717
8. Total Assistance plus Admin Requested	$217,479
9. Cash Match	$54,370
10. In-Kind Match	$0
11. Total Match	$54,370
12. Total Budget	$271,849

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	Indirect Cost Rate	07/30/2018
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Indirect Cost Rate

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Darlene Newsom

Date: 07/31/2018

Title: Chief Executive Officer

Applicant Organization: UMOM New Day Centers, Inc.

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.	Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
Part 4 - Housing Services and HMIS	
4A. Services	X
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	X
6C. Rental Assistance	X
6D. Match	X

6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

The budget needs to be updated to match the new GIW. The Match information needs to be updated for current match. The funding request has an error in the basis number imported.
Part 1D – Congressional districts updated per MAG technical assistance
Part 3B – Project description narrative has been updated
Part 5 - Aligned all portions of this section to match the numbers stated in the GIW

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/17/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	07/20/2018

1E. SF-424 Compliance	07/17/2018
1F. SF-424 Declaration	07/17/2018
1G. HUD-2880	07/17/2018
1H. HUD-50070	07/17/2018
1I. Cert. Lobbying	07/17/2018
1J. SF-LLL	07/17/2018
Recipient Performance	07/17/2018
Renewal Grant Consolidation	07/17/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/20/2018
3B. Description	07/30/2018
4A. Services	07/29/2018
4B. Housing Type	07/20/2018
5A. Households	07/20/2018
5B. Subpopulations	07/20/2018
5C. Outreach	07/20/2018
6A. Funding Request	07/27/2018
6C. Rental Assistance	07/27/2018
6D. Match	07/31/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/30/2018
7B. Certification	07/31/2018
Submission Without Changes	07/29/2018

U.S. Department of Housing and Urban Development
San Francisco Regional Office – Region IX
One Sansome Street, Suite 1200
San Francisco, California 94104-4430
www.hud.gov
espanol.hud.gov

MAR - 1 2016

Ms. Darlene Newsom, CEO
UMOM New Day Centers, Inc.
3320 East Van Buren Street
Phoenix, Arizona 85008

Dear Ms. Newsom:

SUBJECT: UMOM Final Indirect Cost Rate for the Fiscal Year Ended June 30, 2014, and Provisional Indirect Cost Rate for the Fiscal Year Ended June 30, 2015

HUD has completed its review of UMOM New Day Centers, Inc.'s Final Indirect Cost Rate Proposal for the year ended on June 30, 2014, and the Provisional Indirect Cost Rate Proposal for the year ended on June 30, 2015, and is hereby transmitting an Indirect Cost Negotiation Agreement for execution. Please sign the enclosed copies of the Agreement, retain one copy for your files, and return one copy to us.

This Agreement establishes the final rate for the fiscal year ended on June 30, 2014, of 8.11 percent, and a provisional rate for the year ended on June 30, 2015, of 7.79 percent.

Please note that UMOM New Day Centers must make an adjustment for any over/under recovery of indirect costs based on the use of the provisional rates, and a final rate proposal must be submitted within six months close of the fiscal year.

If you have any questions, please contact John Burke, Senior Community Planning and Development Representative, at (415) 489-6589.

Sincerely,

Angelo Tom
Program Manager, Team 4
Community Planning and
Development Division

Enclosure

NONPROFIT ORGANIZATION
INDIRECT COST NEGOTIATION AGREEMENT

DATE: 3/1/16

ORGANIZATION:

UMOM New Day Centers, Inc.
3320 East Van Buren Street
Phoenix, AZ 85008

Pursuant to OMB Circular A-122, the U.S. Department of Housing and Urban Development approves the final indirect cost rates (8.11 percent for all Federal grant programs) for the fiscal year ended on June 30, 2014, and the provisional indirect cost rates (7.79 percent for all Federal grant programs) for the fiscal year ended on June 30, 2015. This approval is subject to conditions contained in Section II and the results of any audit or monitoring reviews.

SECTION I: RATES

An agency-wide indirect cost rate has been developed to recover overhead costs associated with any billable costs.

	Effective Period			Applicable
Type	From	To	Rate*	
Final	7/1/2013	6/30/2014	8.11 percent	All Programs
Provisional	7/1/2014	6/30/2015	7.79 percent	All Programs

*Base: Adjusted direct costs

SECTION II: GENERAL

A. LIMITATIONS: Use of the rates contained in this agreement is subject to any statutory or administrative limitations and is applicable to a given grant or contract only to the extent that funds are available. Acceptance of the rates agreed to herein is predicated upon the conditions: (1) that no costs other than those incurred by the grantee/contractor were included in its finally accepted indirect cost pool and that such incurred costs are legal obligation of the grantee/contractor and allowable under the governing cost principles, (2) that the same costs that have been treated as indirect costs have not been claimed as direct costs, (3) that similar types of costs have been accorded consistent treatment, (4) that the information provided by the grantee/contractor which was used as a basis for acceptance of the rates agreed to herein is not subsequently found to be materially inaccurate or incomplete, and (5) Costs identified in the indirect pool are necessary and reasonable for the administration of Federal programs and have been allocated to all benefiting cost centers.

B. AUDIT: Adjustments to amounts resulting from audit of the cost allocation plan upon which the negotiation of this agreement was based will be compensated for in a subsequent negotiation. Excessive charges to Federal grant programs may be required to be remitted to the respective Federal agency.

C. CHANGES: If a fixed or predetermined rate is contained in this agreement it is based on the organizational structure and the accounting system in effect at the time the proposal was submitted. Changes in the organizational structure or changes in the method of accounting for costs which affect the amount of reimbursement from use of the rate(s) in this agreement, require the prior approval of the authorized representative of the responsible negotiation agency. Failure to obtain such approval may result in subsequent audit disallowances.

D. NOTIFICATION TO FEDERAL AGENCIES: Copies of this document may be provided to other Federal agencies as a means of notifying them of the agreement contained herein.

E. PROVISIONAL RATE: If provisional rates are contained in this agreement, they are based on an estimate of the costs, which will be incurred during the period for which the rate applies. When the actual costs for such period have been determined, adjustments will be made in the subsequent negotiation to compensate for the differences between the costs used to establish the provisional rates and the actual costs. If the actual costs turn out to be lower than those allowed under a provisional rate, repayment to the respective Federal agency might be required.

F. SPECIAL REMARKS:

1. Currently, certain HUD McKinney programs do not allow depreciation or a use allowance.

2. There are no outstanding audit or monitoring findings pertaining to prior year agency-wide indirect cost rate(s) proposals.

BY THE ORGANIZATION:

UMOM New Day Centers, Inc.

3/1/16

Signature and Date

Darlene Newsom, CEO

Name and Title (Please Print)

BY THE COGNIZANT AGENCY ON BEHALF OF THE FEDERAL GOVERNMENT:

U. S. Department of Housing and Urban Development

MAR - 1 2016

Signature and Date

Angelo Tom
Program Manager, Team 4
Community Planning and Development Division

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 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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 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 onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. 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.
- 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 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/16/2018
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: UMOM New Day Centers, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0521062

	c. Organizational DUNS:	833209158	**PLUS 4:**	

d. Address

Street 1: 3333 E. Van Buren Street

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85008

e. Organizational Unit (optional)

Department Name: N/A

Division Name: N/A

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Steven

Middle Name:

Last Name: Stivers

Suffix:

Title: Chief Operating Officer

Organizational Affiliation: UMOM New Day Centers, Inc.

Telephone Number: (602) 275-7852

Extension:
Fax Number: (602) 275-6548
Email: sstivers@umom.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	Next Step Housing 4
16. Congressional District(s):	
a. Applicant:	AZ-007
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-004, AZ-003, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2021
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:	
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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Darlene
Middle Name:	
Last Name:	Newsom
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 275-7852
Fax Number: (Format: 123-456-7890)	(602) 275-6548
Email:	dnewsom@umom.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

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:	UMOM New Day Centers, Inc.
Prefix:	Ms.
First Name:	Darlene
Middle Name:	
Last Name:	Newsom
Suffix:	
Title:	Chief Executive Officer
Organizational Affiliation:	UMOM New Day Centers, Inc.
Telephone Number:	(602) 275-7852
Extension:	
Email:	dnewsom@umom.org
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85008

2. Employer ID Number (EIN): 86-0521062

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $714,604.00

(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? (For further information, see 24 CFR Sec. 4.3). Yes

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		N/A

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 this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Darlene Newsom, Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/24/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: UMOM New Day Centers, Inc.

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;**		

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 hereby certify that all the information stated herein, as well as any information provided in X

the accompaniment herewith, is true and 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:	Ms.
First Name:	Darlene
Middle Name	
Last Name:	Newsom
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 275-7852
Fax Number: (Format: 123-456-7890)	(602) 275-6548
Email:	dnewsom@umom.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

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

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:	UMOM New Day Centers, Inc.
Name / Title of Authorized Official:	Darlene Newsom, Chief Executive Officer
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

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:	UMOM New Day Centers, Inc.
Street 1:	3333 E. Van Buren Street
Street 2:	
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85008

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Ms.
First Name:	Darlene
Middle Name:	
Last Name:	Newsom
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 275-7852
Fax Number: (Format: 123-456-7890)	(602) 275-6548
Email:	dnewsom@umom.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

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.

Having successfully managed Federal funds for over 5 decades, UMOM has an exemplary history of effective fiscal management and has proven itself to be an accountable and responsible steward of providing quality and cost-effective services for families, women and youth. This is supported by UMOM's internal compliance department, annual and single audit testing and demonstrated by best practice standards of accounting and financial reporting adherent to Generally Accepted Accounting Principles.

Additionally, UMOM currently operates has operated Rapid Rehousing grants for over 6 years and has both the infrastructure and capacity to expand upon these projects to serve more households based on the community need and demand for this program to end homelessness among families and youth. UMOM has successfully leveraged federal, state, local and private funding and recognized nationally for our rapid rehousing program.

HUD conducted an on-site monitoring in May 2018 for all of our housing programs and that monitoring concluded with no findings.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

UMOM has a varied funding stream receiving funds from federal, state, and local funding sources. UMOM also as diversified the funding streams further by fund raising for events, contributions from individuals, corporations and foundations in support of our housing programs for over 5 decades. Currently UMOM expects that 22% of the funding comes from federal sources, 25% from state sources, 7% from local government sources and 46% from private funders.

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.

UMOM New Day Centers, Inc. is a 501(c)3 non-profit corporation that operates under the direction of a well-structured and capable Board of Directors. Our current Board is comprised of 30 individuals with a variety of applicable skills, including law (specialties include corporate, HR, employee benefits, real estate, etc.), finance, investment, banking, real estate, communications, insurance, construction, operations, retail and technology. There are a number of committees, led by members of the Board, that provide specific assistance to

the agency related to finance, property, fund development, operations, etc.

The agency's Chief Executive Officer reports directly to the Board of Directors and is supported by a Chief Financial Officer/Chief Administrative Officer, a Chief Operations Officer, and a Chief Development Officer. These individuals each have a team of Senior Directors, Directors and Managers who oversee each specific aspect of their respected areas. The leadership team includes individuals who have experience ranging from 5 – 23 years, at UMOM.

UMOM New Day Centers, Inc. has a proven record as a direct recipient for Federal Awards as a provider of intensive services geared to end the cycle of homelessness in the greater Phoenix area. UMOM has partnered with state and local governments to provide consolidated and seamless service delivery to this area's homeless families, women and youth and veterans by utilizing pass-through Federal Awards for efficiency and effectiveness.

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:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
1b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
2. Project Name:	Next Step Housing 4
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 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA).	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Next Step Housing IV is an expansion of UMOM's Next Step Housing project. UMOM has extensive experience in providing housing and services to homeless families with minor, dependent children and youth with quality performance. Next Step Housing IV uses a housing first approach to provide rapid rehousing to families with minor, dependent children and youth through a scattered site leasing of housing units. Clients are prioritized based on acuity scores using the VI SPDAT tools and 100% of participants are referred through the Coordinated Entry System. Clients scoring for the RRH intervention and eligible based on HUD RRH guidelines; are prioritized for this intervention. No additional eligibility criteria are imposed (such as sobriety, income, etc.) Clients receive assistance with housing location and placement within the entire region of Maricopa County. The project provides rental support which may include deposits, as well as ongoing rental and utility payments. The project also provides housing-based case management. Case managers support clients with in home case management visits. It is our goal to see clients at least one time per month but additional support may be necessary depending upon the acuity of the household. Financial support is customized to the needs of the client in adherence to the CoC financial standards for Rapid Rehousing. Each three-month period, clients are reassessed for ongoing subsidy and support. Clients may be eligible for up to two years of assistance, but our goal is to provide an average of 9 months of service of less. We anticipate serving a minimum of 25 families and 15 youth during the grant year utilizing 7x 1-bedroom units, 6x 2-bedroom units, and 7x 3-bedroom units. Due to rental costs and fluctuations, it is likely that this project will serve more than the above designated clients and bedroom sizes will fluctuate depending on the size and needs of clients served.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D

New project staff hired, or other project expenses begin?	30			
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?	180			
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

3. Will your project participate in a CoC Coordinated Entry Process? Yes

*** 4. Please identify the project's specific population focus. (Select ALL that apply)**

Chronic Homeless		**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)	X	**Mental Illness**	
Families	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X

None of the above	

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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

d. Will the project follow a "Housing First" approach? (Click 'Save' to update) Yes

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. Will the project use an existing homeless facility or incorporate activities provided by an existing project?	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.

UMOM's Rapid Rehousing program is designed to help individuals and families to quickly exit homelessness, return to housing in the community, and not return to homelessness in the future. The core components of the program are housing identification, move-in and rental assistance, case management and support services.

UMOM provides intensive individualized client support to meet the unique needs of each individual and family. UMOM's services are delivered by a team of well-selected and highly-trained staff. These services are designed to help clients meet their own goals for self-sufficiency and self-determination using progressive engagement strategies. Rapid Rehousing services include:

•1-on-1 case management
•Advocacy with property management companies, landlords, courts, and partnering agencies
•Employment support services to help individuals secure and maintain employment
•Connection to community resources and non-cash benefits

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

UMOM has embraced the position that housing + income = ending homelessness. To align with this strategic approach to ending homelessness;

conversations and initiatives related to income begins on day one of our Rapid Rehousing programs. UMOM staff complete an employment assessment with each client that identifies: highest level of education attained, career interests, current strengths/skills, a brief history of employment, and outline the next steps for securing work. Once the assessment is completed, then an income-based goal is created with the client as part of their housing stability plan that outlines actions steps and is revisited throughout the case management relationship.

UMOM's Workforce Development team assist clients with meeting their employment goals by conducting regular job training and job placement activities geared toward gaining and retaining employment. This includes mock interviews, resume writing assistance, job search assistance, and educational workshops. UMOM has a large network of employers that it leverages to host quarterly job fairs, weekly hiring events, and can help our clients directly connect with job opportunities.

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	As needed
Child Care		Non-Partner	As needed
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Applicant	As needed
Food		Partner	As needed
Housing Search and Counseling Services		Partner	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Applicant	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Non-Partner	As needed
Outreach Services		Applicant	As needed
Substance Abuse Treatment Services		Non-Partner	As needed
Transportation		Applicant	As needed
Utility Deposits		Applicant	As needed

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed?	Yes
6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	No

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: 20

Total Beds: 40

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	20	40

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: 20

b. Beds: 40

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: 3333 E. Van Buren

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85008

***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)**

049013 Maricopa County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	25	15	0	40

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	29			29
Adults ages 18-24	3	15		18
Accompanied Children under age 18	50			50
Unaccompanied Children under age 18				0
Total Persons	82	15	0	97

Click Save to automatically calculate totals

The number of children entered does not correspond to the number of households with only children.

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						2	10	3	3	11
Adults ages 18-24						0	0	0	0	3
Children under age 18						0	3	3	3	41
Total Persons	0	0	0	0	0	2	13	6	6	55

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										
Adults ages 18-24						1	2	2	2	8
Total Persons	0	0	0	0	0	1	2	2	2	8

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

Describe the unlisted subpopulations referred to above:

Household members with none of the listed conditions.

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

5%	**Directly from the street or other locations not meant for human habitation.**
95%	**Directly from emergency shelters.**
	Directly from safe havens.
	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	**Total of above percentages**

2. Describe the outreach plan to bring these homeless participants into the project.

All participants in this program will be referred through the Coordinated Entry System.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. What type of CoC funding is this project applying for in the 2018 CoC Competition? Bonus

3. Does this project propose to allocate funds according to an indirect cost rate? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

a. Please complete the indirect cost rate schedule below

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
HUD	8%	11,682,807

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: 2 Years

*** 5. Select the costs for which funding is being requested:**

Rental Assistance	X
Supportive Services	X
HMIS	

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:	$493,944
Total Units:	20

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	20	$493,944

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: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$468	x	12		=	$0
0 Bedroom		x	$624	x	12		=	$0
1 Bedroom	7	x	$757	x	12		=	$63,588

2 Bedrooms	6	x	$944	x	12		=	$67,968
3 Bedrooms	7	x	$1,374	x	12		=	$115,416
4 Bedrooms		x	$1,594	x	12		=	$0
5 Bedrooms		x	$1,833	x	12		=	$0
6 Bedrooms		x	$2,072	x	12		=	$0
7 Bedrooms		x	$2,311	x	12		=	$0
8 Bedrooms		x	$2,550	x	12		=	$0
9 Bedrooms		x	$2,790	x	12		=	$0
Total Units and Annual Assistance Requested	20							$246,972
Grant Term								2 Years
Total Request for Grant Term								$493,944

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and limits HUD’s understanding of what is being requested. Failure to enter adequate ‘Quantity AND Detail’ may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	1.8 fte Housing Support Specialist	$77,793
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

14. Substance Abuse Treatment Services		
15. Transportation	direct client assistance - bus passes for 20 families	$3,000
16. Utility Deposits	direct client assistance - utility deposits at move in for 20 families	$5,190
17. Operating Costs		
Total Annual Assistance Requested		$85,983
Grant Term		2 Years
Total Request for Grant Term		$171,966

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:	$194,246
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$194,246

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	UMOM Private Dona...	07/27/2018	$194,246

Sources of Match Detail

1. Will this commitment be used towards match ?	Yes
2. Type of commitment:	Cash
3. Type of source:	Private
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)	UMOM Private Donations
5. Date of Written Commitment:	07/27/2018
6. Value of Written Commitment:	$194,246

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	2 Years	$0
2b. Leased Structures	$0	2 Years	$0
3. Rental Assistance	$246,972	2 Years	$493,944
4. Supportive Services	$85,983	2 Years	$171,966
5. Operating	$0	2 Years	$0
6. HMIS	$0	2 Years	$0
7. Sub-total Costs Requested			$665,910
8. Admin (Up to 10%)			$48,694
9. Total Assistance Plus Admin Requested			$714,604
10. Cash Match			$194,246
11. In-Kind Match			$0
12. Total Match			$194,246
13. Total Budget			$908,850

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	Indirect Cost Rate	07/30/2018
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Indirect Cost Rate

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: Darlene Newsom

Date: 08/16/2018

Title: Chief Executive Officer

Applicant Organization: UMOM New Day Centers, Inc.

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, ficticious, or fraudulent X

statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required

1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/16/2018
1E. SF-424 Compliance	07/17/2018
1F. SF-424 Declaration	07/17/2018
1G. HUD 2880	07/17/2018
1H. HUD 50070	07/17/2018
1I. Cert. Lobbying	07/17/2018
1J. SF-LLL	07/17/2018
2A. Subrecipients	No Input Required
2B. Experience	07/31/2018
3A. Project Detail	07/31/2018
3B. Description	07/31/2018
3C. Expansion	07/28/2018
4A. Services	07/31/2018
4B. Housing Type	07/31/2018
5A. Households	07/31/2018
5B. Subpopulations	07/31/2018
5C. Outreach	07/31/2018
6A. Funding Request	07/28/2018
6E. Rental Assistance	07/30/2018
6F. Supp Srvcs Budget	07/28/2018
6I. Match	08/13/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	07/30/2018
7D. Certification	08/13/2018

U.S. Department of Housing and Urban Development
San Francisco Regional Office – Region IX
One Sansome Street, Suite 1200
San Francisco, California 94104-4430
www.hud.gov
espanol.hud.gov

MAR - 1 2016

Ms. Darlene Newsom, CEO
UMOM New Day Centers, Inc.
3320 East Van Buren Street
Phoenix, Arizona 85008

Dear Ms. Newsom:

SUBJECT: UMOM Final Indirect Cost Rate for the Fiscal Year Ended June 30, 2014, and Provisional Indirect Cost Rate for the Fiscal Year Ended June 30, 2015

HUD has completed its review of UMOM New Day Centers, Inc.'s Final Indirect Cost Rate Proposal for the year ended on June 30, 2014, and the Provisional Indirect Cost Rate Proposal for the year ended on June 30, 2015, and is hereby transmitting an Indirect Cost Negotiation Agreement for execution. Please sign the enclosed copies of the Agreement, retain one copy for your files, and return one copy to us.

This Agreement establishes the final rate for the fiscal year ended on June 30, 2014, of 8.11 percent, and a provisional rate for the year ended on June 30, 2015, of 7.79 percent.

Please note that UMOM New Day Centers must make an adjustment for any over/under recovery of indirect costs based on the use of the provisional rates, and a final rate proposal must be submitted within six months close of the fiscal year.

If you have any questions, please contact John Burke, Senior Community Planning and Development Representative, at (415) 489-6589.

Sincerely,

Angelo Tom
Program Manager, Team 4
Community Planning and
Development Division

Enclosure

NONPROFIT ORGANIZATION
INDIRECT COST NEGOTIATION AGREEMENT

DATE: 3/1/16

ORGANIZATION:

UMOM New Day Centers, Inc.
3320 East Van Buren Street
Phoenix, AZ 85008

Pursuant to OMB Circular A-122, the U.S. Department of Housing and Urban Development approves the final indirect cost rates (8.11 percent for all Federal grant programs) for the fiscal year ended on June 30, 2014, and the provisional indirect cost rates (7.79 percent for all Federal grant programs) for the fiscal year ended on June 30, 2015. This approval is subject to conditions contained in Section II and the results of any audit or monitoring reviews.

SECTION I: RATES

An agency-wide indirect cost rate has been developed to recover overhead costs associated with any billable costs.

	Effective Period			Applicable
Type	From	To	Rate*	
Final	7/1/2013	6/30/2014	8.11 percent	All Programs
Provisional	7/1/2014	6/30/2015	7.79 percent	All Programs

*Base: Adjusted direct costs

SECTION II: GENERAL

A. LIMITATIONS: Use of the rates contained in this agreement is subject to any statutory or administrative limitations and is applicable to a given grant or contract only to the extent that funds are available. Acceptance of the rates agreed to herein is predicated upon the conditions: (1) that no costs other than those incurred by the grantee/contractor were included in its finally accepted indirect cost pool and that such incurred costs are legal obligation of the grantee/contractor and allowable under the governing cost principles, (2) that the same costs that have been treated as indirect costs have not been claimed as direct costs, (3) that similar types of costs have been accorded consistent treatment, (4) that the information provided by the grantee/contractor which was used as a basis for acceptance of the rates agreed to herein is not subsequently found to be materially inaccurate or incomplete, and (5) Costs identified in the indirect pool are necessary and reasonable for the administration of Federal programs and have been allocated to all benefiting cost centers.

B. AUDIT: Adjustments to amounts resulting from audit of the cost allocation plan upon which the negotiation of this agreement was based will be compensated for in a subsequent negotiation. Excessive charges to Federal grant programs may be required to be remitted to the respective Federal agency.

C. CHANGES: If a fixed or predetermined rate is contained in this agreement it is based on the organizational structure and the accounting system in effect at the time the proposal was submitted. Changes in the organizational structure or changes in the method of accounting for costs which affect the amount of reimbursement from use of the rate(s) in this agreement, require the prior approval of the authorized representative of the responsible negotiation agency. Failure to obtain such approval may result in subsequent audit disallowances.

D. NOTIFICATION TO FEDERAL AGENCIES: Copies of this document may be provided to other Federal agencies as a means of notifying them of the agreement contained herein.

E. PROVISIONAL RATE: If provisional rates are contained in this agreement, they are based on an estimate of the costs, which will be incurred during the period for which the rate applies. When the actual costs for such period have been determined, adjustments will be made in the subsequent negotiation to compensate for the differences between the costs used to establish the provisional rates and the actual costs. If the actual costs turn out to be lower than those allowed under a provisional rate, repayment to the respective Federal agency might be required.

F. SPECIAL REMARKS:

1. Currently, certain HUD McKinney programs do not allow depreciation or a use allowance.

2. There are no outstanding audit or monitoring findings pertaining to prior year agency-wide indirect cost rate(s) proposals.

BY THE ORGANIZATION:

UMOM New Day Centers, Inc.

3/1/16

Signature and Date

Darlene Newsom, CEO

Name and Title (Please Print)

BY THE COGNIZANT AGENCY ON BEHALF OF THE FEDERAL GOVERNMENT:

U. S. Department of Housing and Urban Development

MAR - 1 2016

Signature and Date

Angelo Tom
Program Manager, Team 4
Community Planning and Development Division

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/16/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0156
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: UMOM New Day Centers, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0521062

	c. Organizational DUNS:	833209158	**PLUS 4**	

d. Address

Street 1: 3333 E. Van Buren Street

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85008

e. Organizational Unit (optional)

Department Name: N/A

Division Name: N/A

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Steven

Middle Name:

Last Name: Stivers

Suffix:

Title: Chief Operating Officer

Organizational Affiliation: UMOM New Day Centers, Inc.

Telephone Number: (602) 275-7852

Extension:
Fax Number: (602) 275-6548
Email: sstivers@umom.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	Next Step Housing II
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-007
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-004, AZ-003, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Darlene
Middle Name:	
Last Name:	Newsom
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 275-7852
Fax Number: (Format: 123-456-7890)	(602) 275-6548
Email:	dnewsom@umom.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

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:	UMOM New Day Centers, Inc.
Prefix:	Ms.
First Name:	Darlene
Middle Name:	
Last Name:	Newsom
Suffix:	
Title:	Chief Executive Officer
Organizational Affiliation:	UMOM New Day Centers, Inc.
Telephone Number:	(602) 275-7852
Extension:	
Email:	dnewsom@umom.org
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85008

2. Employer ID Number (EIN):	86-0521062
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$336,890.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Next Step Housing II 3333 E. Van Buren Street 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? (For further information, see 24 CFR Sec. 4.3). Yes

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		N/A

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
N/A	N/A	N/A	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Darlene Newsom, Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/17/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: UMOM New Day Centers, Inc.

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:	Ms.
First Name:	Darlene
Middle Name	
Last Name:	Newsom
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 275-7852
Fax Number: (Format: 123-456-7890)	(602) 275-6548
Email:	dnewsom@umom.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

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

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: UMOM New Day Centers, Inc.

Name / Title of Authorized Official: Darlene Newsom, Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/16/2018

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:	UMOM New Day Centers, Inc.
Street 1:	3333 E. Van Buren Street
Street 2:	
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85008

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Ms.
First Name:	Darlene
Middle Name:	
Last Name:	Newsom
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 275-7852
Fax Number: (Format: 123-456-7890)	(602) 275-6548
Email:	dnewsom@umom.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	Yes
2. Is this an individual project application or a fully consolidated project application?	Individual

Click on "Save & Next" to continue completing the remainder of this project application as if the consolidation will be denied by HUD and this individual project application will be assessed for FY 2018 funding.

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

Organization	Type	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0156
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	Next Step Housing II
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	RRH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Next Step Housing II is an expansion of UMOM's Next Step Housing project. UMOM has extensive experience in providing housing and services to homeless families with minor, dependent children with quality performance. Next Step Housing II uses a housing first approach to provide rapid rehousing to families with minor, dependent children through a scattered site leasing of housing units. Families are prioritized based on acuity scores using the Family VI SPDAT tools and 100% of participants are referred through the Family Housing Hub (CoC-approved coordinated entry site). Families scoring for RRH intervention and eligible based on HUD RRH guidelines; are prioritized for this intervention. No additional eligibility criteria are imposed (such as sobriety, income, etc.) Families receive assistance with housing location and placement within the entire region of Maricopa County. The project provides rental support which may include deposits, as well as ongoing rental and utility payments. The project also provides housing-based case management. Case managers support families with in home case management visits. It is our goal to see families at least one time per month but additional support may be necessary depending upon the acuity of the household. Financial support is customized to the needs of the household in adherence to the CoC financial standards for Rapid Rehousing. Each three-month period, families are reassessed for ongoing subsidy and support. Families may be eligible for up to two years of assistance, but our goal is to provide an average of 9 months of service of less. We anticipate serving a minimum of 20 households during the grant year utilizing 20 2-bedroom units. Due to rental costs and fluctuations, it is likely that this project will serve more than 20 households and bedroom sizes will fluctuate depending on the size and needs of households served.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	
Families with Children	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

4A. Supportive Services for Participants

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	As needed
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	As needed
Child Care		Partner	As needed
Education Services		Applicant	As needed
Employment Assistance and Job Training		Applicant	As needed
Food		Partner	As needed
Housing Search and Counseling Services		Partner	As needed
Legal Services		Partner	As needed
Life Skills Training		Applicant	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Partner	As needed
Substance Abuse Treatment Services		Partner	As needed
Transportation		Applicant	As needed
Utility Deposits		Applicant	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 20

Total Beds: 80

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	20	80

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: 20

b. Beds: 80

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:

Street 2:

City:

State:

ZIP Code:

4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

040072 Chandler, 040384 Scottsdale, 040456 Surprise City, 040468 Tempe, 040186 Glendale, 040270 Mesa, 040330 Phoenix, 049013 Maricopa County, 040324 Peoria City, 040180 Gilbert

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	20	0	0	20

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	20	0		20
Adults ages 18-24	5	0		5
Accompanied Children under age 18	55			55
Unaccompanied Children under age 18				0
Total Persons	80	0	0	80

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	0	0	0	0	0	3	3	3	3	8
Adults ages 18-24	0	0	0	0	0	0	1	1	0	3
Children under age 18	0			0	0	0	5	2	3	45
Total Persons	0	0	0	0	0	3	9	6	6	56

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										
Adults ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

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	0

Describe the unlisted subpopulations referred to above:

Household members with none of the listed conditions.

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

5%	**Directly from the street or other locations not meant for human habitation.**
95%	**Directly from emergency shelters.**
	Directly from safe havens.
	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	**Total of above percentages**

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Does this project propose to allocate funds according to an indirect cost rate? 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
HUD	8%	11,682,807

b. Has this rate been approved by your cognizant agency? Yes

c. Do you plan to use the 10% de minimis rate? Yes

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:

Rental Assistance	X
Supportive Services	X
HMIS	

6C. 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:	$226,560
Total Units:	20

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	20	$226,560

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$468	$468	x			=	$0
0 Bedroom		x	$624	$624	x			=	$0
1 Bedroom		x	$757	$757	x			=	$0
2 Bedrooms	20	x	$944	$944	x			=	$226,560
3 Bedrooms		x	$1,374	$1,374	x			=	$0
4 Bedrooms		x	$1,594	$1,594	x			=	$0
5 Bedrooms		x	$1,833	$1,833	x			=	$0
6 Bedrooms		x	$2,072	$2,072	x			=	$0
7 Bedrooms		x	$2,311	$2,311	x			=	$0
8 Bedrooms		x	$2,550	$2,550	x			=	$0
9 Bedrooms		x	$2,790	$2,790	x			=	$0
Total Units and Annual Assistance Requested	20								$226,560
Grant Term									1 Year
Total Request for Grant Term									$226,560

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$84,223
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$84,223

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Private Donations...	07/27/2018	$84,223

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Private Donations from Individuals
5. Date of Written Commitment:	07/27/2018
6. Value of Written Commitment:	$84,223

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$226,560
3. Supportive Services	$85,983
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$312,543
7. Admin (Up to 10%)	$24,347
8. Total Assistance plus Admin Requested	$336,890
9. Cash Match	$84,223
10. In-Kind Match	$0
11. Total Match	$84,223
12. Total Budget	$421,113

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	Indirect Cost Rate	08/10/2016
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Indirect Cost Rate

Attachment Details

Document Description: Match & Leverage

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Darlene Newsom

Date: 08/16/2018

Title: Chief Executive Officer

Applicant Organization: UMOM New Day Centers, Inc.

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.	Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
Part 4 - Housing Services and HMIS	
4A. Services	X
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	X
6C. Rental Assistance	X
6D. Match	X

6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Updated the project description Narrative
Updated the services informaiton
Updated Households and subpopulations information
The budget needs to be updated to match the new GIW. The Match information needs to be updated for current match. The funding request has an error in the basis number imported.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/17/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/16/2018

1E. SF-424 Compliance	07/17/2018
1F. SF-424 Declaration	07/17/2018
1G. HUD-2880	07/17/2018
1H. HUD-50070	07/17/2018
1I. Cert. Lobbying	07/17/2018
1J. SF-LLL	07/17/2018
Recipient Performance	07/17/2018
Renewal Grant Consolidation	07/18/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/17/2018
3B. Description	07/30/2018
4A. Services	07/26/2018
4B. Housing Type	07/18/2018
5A. Households	07/18/2018
5B. Subpopulations	07/17/2018
5C. Outreach	07/18/2018
6A. Funding Request	07/27/2018
6C. Rental Assistance	07/17/2018
6D. Match	07/31/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/17/2018
7B. Certification	07/31/2018
Submission Without Changes	07/31/2018

U.S. Department of Housing and Urban Development
San Francisco Regional Office – Region IX
One Sansome Street, Suite 1200
San Francisco, California 94104-4430
www.hud.gov
espanol.hud.gov

MAR - 1 2016

Ms. Darlene Newsom, CEO
UMOM New Day Centers, Inc.
3320 East Van Buren Street
Phoenix, Arizona 85008

Dear Ms. Newsom:

SUBJECT: UMOM Final Indirect Cost Rate for the Fiscal Year Ended June 30, 2014, and Provisional Indirect Cost Rate for the Fiscal Year Ended June 30, 2015

HUD has completed its review of UMOM New Day Centers, Inc.'s Final Indirect Cost Rate Proposal for the year ended on June 30, 2014, and the Provisional Indirect Cost Rate Proposal for the year ended on June 30, 2015, and is hereby transmitting an Indirect Cost Negotiation Agreement for execution. Please sign the enclosed copies of the Agreement, retain one copy for your files, and return one copy to us.

This Agreement establishes the final rate for the fiscal year ended on June 30, 2014, of 8.11 percent, and a provisional rate for the year ended on June 30, 2015, of 7.79 percent.

Please note that UMOM New Day Centers must make an adjustment for any over/under recovery of indirect costs based on the use of the provisional rates, and a final rate proposal must be submitted within six months close of the fiscal year.

If you have any questions, please contact John Burke, Senior Community Planning and Development Representative, at (415) 489-6589.

Sincerely,

Angelo Tom
Program Manager, Team 4
Community Planning and
Development Division

Enclosure

NONPROFIT ORGANIZATION
INDIRECT COST NEGOTIATION AGREEMENT

DATE: 3/1/16

ORGANIZATION:

UMOM New Day Centers, Inc.
3320 East Van Buren Street
Phoenix, AZ 85008

Pursuant to OMB Circular A-122, the U.S. Department of Housing and Urban Development approves the final indirect cost rates (8.11 percent for all Federal grant programs) for the fiscal year ended on June 30, 2014, and the provisional indirect cost rates (7.79 percent for all Federal grant programs) for the fiscal year ended on June 30, 2015. This approval is subject to conditions contained in Section II and the results of any audit or monitoring reviews.

SECTION I: RATES

An agency-wide indirect cost rate has been developed to recover overhead costs associated with any billable costs.

	Effective Period			Applicable
Type	From	To	Rate*	
Final	7/1/2013	6/30/2014	8.11 percent	All Programs
Provisional	7/1/2014	6/30/2015	7.79 percent	All Programs

*Base: Adjusted direct costs

SECTION II: GENERAL

A. LIMITATIONS: Use of the rates contained in this agreement is subject to any statutory or administrative limitations and is applicable to a given grant or contract only to the extent that funds are available. Acceptance of the rates agreed to herein is predicated upon the conditions: (1) that no costs other than those incurred by the grantee/contractor were included in its finally accepted indirect cost pool and that such incurred costs are legal obligation of the grantee/contractor and allowable under the governing cost principles, (2) that the same costs that have been treated as indirect costs have not been claimed as direct costs, (3) that similar types of costs have been accorded consistent treatment, (4) that the information provided by the grantee/contractor which was used as a basis for acceptance of the rates agreed to herein is not subsequently found to be materially inaccurate or incomplete, and (5) Costs identified in the indirect pool are necessary and reasonable for the administration of Federal programs and have been allocated to all benefiting cost centers.

B. AUDIT: Adjustments to amounts resulting from audit of the cost allocation plan upon which the negotiation of this agreement was based will be compensated for in a subsequent negotiation. Excessive charges to Federal grant programs may be required to be remitted to the respective Federal agency.

C. CHANGES: If a fixed or predetermined rate is contained in this agreement it is based on the organizational structure and the accounting system in effect at the time the proposal was submitted. Changes in the organizational structure or changes in the method of accounting for costs which affect the amount of reimbursement from use of the rate(s) in this agreement, require the prior approval of the authorized representative of the responsible negotiation agency. Failure to obtain such approval may result in subsequent audit disallowances.

D. NOTIFICATION TO FEDERAL AGENCIES: Copies of this document may be provided to other Federal agencies as a means of notifying them of the agreement contained herein.

E. PROVISIONAL RATE: If provisional rates are contained in this agreement, they are based on an estimate of the costs, which will be incurred during the period for which the rate applies. When the actual costs for such period have been determined, adjustments will be made in the subsequent negotiation to compensate for the differences between the costs used to establish the provisional rates and the actual costs. If the actual costs turn out to be lower than those allowed under a provisional rate, repayment to the respective Federal agency might be required.

F. SPECIAL REMARKS:

1. Currently, certain HUD McKinney programs do not allow depreciation or a use allowance.

2. There are no outstanding audit or monitoring findings pertaining to prior year agency-wide indirect cost rate(s) proposals.

BY THE ORGANIZATION:	BY THE COGNIZANT AGENCY ON BEHALF OF THE FEDERAL GOVERNMENT:
UMOM New Day Centers, Inc.	U. S. Department of Housing and Urban Development
	MAR - 1 2016
Signature and Date	Signature and Date
Name and Title (Please Print)	Angelo Tom Program Manager, Team 4 Community Planning and Development Division

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/16/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0049
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: UMOM New Day Centers, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0521062

	c. Organizational DUNS:	833209158	**PLUS 4**	

d. Address

Street 1: 3333 E. Van Buren Street

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85008

e. Organizational Unit (optional)

Department Name: N/A

Division Name: N/A

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Steven

Middle Name:

Last Name: Stivers

Suffix:

Title: Chief Operating Officer

Organizational Affiliation: UMOM New Day Centers, Inc.

Telephone Number: (602) 275-7852

Extension:
Fax Number: (602) 275-6548
Email: sstivers@umom.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	Next Step Housing
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-007
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-004, AZ-003, AZ-007, AZ-008, AZ-009, AZ-006, AZ-001
17. Proposed Project	
a. Start Date:	05/01/2019
b. End Date:	04/30/2020
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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Darlene
Middle Name:	
Last Name:	Newsom
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 275-7852
Fax Number: (Format: 123-456-7890)	(602) 275-6548
Email:	dnewsom@umom.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

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:	UMOM New Day Centers, Inc.
Prefix:	Ms.
First Name:	Darlene
Middle Name:	
Last Name:	Newsom
Suffix:	
Title:	Chief Executive Officer
Organizational Affiliation:	UMOM New Day Centers, Inc.
Telephone Number:	(602) 275-7852
Extension:	
Email:	dnewsom@umom.org
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85008

2. Employer ID Number (EIN):	86-0521062
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$709,044.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Next Step Housing 3333 E. Van Buren Street 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? (For further information, see 24 CFR Sec. 4.3). Yes

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		N/A

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
N/A	N/A	N/A	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Darlene Newsom, Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/17/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: UMOM New Day Centers, Inc.

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:	Ms.
First Name:	Darlene
Middle Name	
Last Name:	Newsom
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 275-7852
Fax Number: (Format: 123-456-7890)	(602) 275-6548
Email:	dnewsom@umom.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

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

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: UMOM New Day Centers, Inc.

Name / Title of Authorized Official: Darlene Newsom, Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/16/2018

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:	UMOM New Day Centers, Inc.
Street 1:	3333 E. Van Buren Street
Street 2:	
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85008

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative	
Prefix:	Ms.
First Name:	Darlene
Middle Name:	
Last Name:	Newsom
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 275-7852
Fax Number: (Format: 123-456-7890)	(602) 275-6548
Email:	dnewsom@umom.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/16/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

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: $354,522

Organization	Type	Type	Sub-Award Amount
Save The Family Foundation	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	$354,522

2A. Project Subrecipients Detail

a. Organization Name: Save The Family Foundation

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 86-0665712

	*** d. Organizational DUNS:**	138827550	**PLUS 4**	

e. Physical Address

Street 1: 125 E University

Street 2:

City: Mesa

State: Arizona

Zip Code: 85201

f. Congressional District(s):
(for multiple selections hold CTRL key) AZ-005, AZ-004, AZ-003, AZ-002, AZ-007, AZ-008, AZ-006, AZ-009, AZ-001

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $354,522

j. Contact Person

Prefix: Ms.

First Name: Jacki

Middle Name:

Last Name: Taylor

Suffix:	
Title:	CEO
E-mail Address:	jackit@savethefamily.org
Confirm E-mail Address:	jackit@savethefamily.org
Phone Number:	480-898-0228
Extension:	
Fax Number:	

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0049
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	Next Step Housing
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	RRH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Next Step Housing was part of the original RRH Demonstration Project and is a collaboration between UMOM New Day Centers, Inc. and Save the Family Foundation of Arizona. Both agencies have extensive experience in providing housing and services to homeless families with minor, dependent children with quality performance. Next Step Housing uses a housing first approach to provide rapid rehousing to families with minor, dependent children through a scattered site leasing of housing units. Families are prioritized based on acuity scores using the Family VI SPDAT tools and 100% of participants are referred through the Family Housing Hub (CoC-approved coordinated entry site). Families scoring for RRH intervention and eligible based on HUD RRH guidelines; are prioritized for this intervention. No additional eligibility criteria are imposed (such as sobriety, income, etc.) Families receive assistance with housing location and placement within the entire region of Maricopa County. The project provides rental support which may include deposits, as well as ongoing rental and utility payments. The project also provides housing-based case management. Case managers support families with in home case management visits. It is our goal to see families at least one time per month but additional support may be necessary depending upon the acuity of the household. Financial support is customized to the needs of the household in adherence to the CoC financial standards for Rapid Rehousing. Each three-month period, families are reassessed for ongoing subsidy and support. Families may be eligible for up to two years of assistance, but our goal is to provide an average of 9 months of service of less. We anticipate serving a minimum of 80 households during the grant year utilizing one 1-bedroom unit, 76 2-bedroom units and three 3-bedroom units. Due to rental costs and fluctuations, it is likely that this project will serve more than 80 households and bedroom sizes will fluctuate depending on the size and needs of households served.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	
Families with Children	X	**HIV/AIDS**	

Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

4A. Supportive Services for Participants

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	As needed
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	As needed
Child Care		Partner	As needed
Education Services		Applicant	As needed
Employment Assistance and Job Training		Applicant	As needed
Food		Partner	As needed
Housing Search and Counseling Services		Partner	As needed
Legal Services		Partner	As needed
Life Skills Training		Applicant	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Partner	As needed
Substance Abuse Treatment Services		Partner	As needed
Transportation		Applicant	As needed
Utility Deposits		Applicant	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 80

Total Beds: 262

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	80	262

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: 80

b. Beds: 262

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: N/A

Street 2:

City: NA

State: Arizona

ZIP Code: 85008

4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

040072 Chandler, 040384 Scottsdale, 040456 Surprise City, 040468 Tempe, 040186 Glendale, 040270 Mesa, 040330 Phoenix, 049013 Maricopa County, 040324 Peoria City, 040180 Gilbert

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	80	0	0	80

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	90	0		90
Adults ages 18-24	10	0		10
Accompanied Children under age 18	162		0	162
Unaccompanied Children under age 18			0	0
Total Persons	262	0	0	262

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	0	0	0	0	0	5	20	5	5	55
Adults ages 18-24	0	0	0	0	0	0	3	1	1	5
Children under age 18	0			0	0	0	10	5	5	142
Total Persons	0	0	0	0	0	5	33	11	11	202

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										
Adults ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

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	0

Describe the unlisted subpopulations referred to above:

Household members with out a condition listed.

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

5%	**Directly from the street or other locations not meant for human habitation.**
95%	**Directly from emergency shelters.**
	Directly from safe havens.
	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	**Total of above percentages**

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Does this project propose to allocate funds according to an indirect cost rate? 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
HUD	8%	11,682,807

b. Has this rate been approved by your cognizant agency? Yes

c. Do you plan to use the 10% de minimis rate? No

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:

Rental Assistance	X
Supportive Services	X
HMIS	

6C. 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:	$488,904
Total Units:	80

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	80	$488,904

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? Yes

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$468	$447	x			=	$0
0 Bedroom		x	$624	$596	x			=	$0
1 Bedroom	1	x	$757	$313	x			=	$3,756
2 Bedrooms	76	x	$944	$493	x			=	$449,616
3 Bedrooms	3	x	$1,374	$987	x			=	$35,532
4 Bedrooms		x	$1,594	$1,558	x			=	$0
5 Bedrooms		x	$1,833	$1,792	x			=	$0
6 Bedrooms		x	$2,072	$2,025	x			=	$0
7 Bedrooms		x	$2,311	$2,259	x			=	$0
8 Bedrooms		x	$2,550	$2,493	x			=	$0
9 Bedrooms		x	$2,790	$2,727	x			=	$0
Total Units and Annual Assistance Requested	80								$488,904
Grant Term									1 Year
Total Request for Grant Term									$488,904

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$177,262
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$177,262

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	UMOM Private Dona...	07/27/2018	$88,631
Yes	Cash	Private	Save the Family	07/27/2018	$88,631

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	UMOM Private Donations
5. Date of Written Commitment:	07/27/2018
6. Value of Written Commitment:	$88,631

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Save the Family
5. Date of Written Commitment:	07/27/2018
6. Value of Written Commitment:	$88,631

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$488,904
3. Supportive Services	$168,897
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$657,801
7. Admin (Up to 10%)	$51,243
8. Total Assistance plus Admin Requested	$709,044
9. Cash Match	$177,262
10. In-Kind Match	$0
11. Total Match	$177,262
12. Total Budget	$886,306

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Save the Family 5...	08/09/2016
2) Other Attachmenbt	No	Indirect Cost Rate	08/10/2016
3) Other Attachment	No		

Attachment Details

Document Description: Save the Family 501c3

Attachment Details

Document Description: Indirect Cost Rate

Attachment Details

Document Description: Match & Leverage

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Darlene Newsom

Date: 08/16/2018

Title: Chief Executive Officer

Applicant Organization: UMOM New Day Centers, Inc.

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.	Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
Part 4 - Housing Services and HMIS	
4A. Services	X
4B. Housing Type	
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	X
6C. Rental Assistance	X
6D. Match	X

6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Part 1D – Congressional districts updated per MAG technical assistance
Part 3B – Project description narrative has been updated
Part 5 - Aligned all portions of this section to match the numbers stated in the GIW
The budget needs to be updated to match the new GIW. The Match information needs to be updated for current match. The funding request has an error in the basis number imported.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/17/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/16/2018

1E. SF-424 Compliance	07/17/2018
1F. SF-424 Declaration	07/17/2018
1G. HUD-2880	07/17/2018
1H. HUD-50070	07/17/2018
1I. Cert. Lobbying	07/17/2018
1J. SF-LLL	07/17/2018
Recipient Performance	07/17/2018
Renewal Grant Consolidation	07/17/2018
2A. Subrecipients	07/28/2018
3A. Project Detail	07/17/2018
3B. Description	07/30/2018
4A. Services	07/26/2018
4B. Housing Type	07/17/2018
5A. Households	07/18/2018
5B. Subpopulations	07/17/2018
5C. Outreach	07/20/2018
6A. Funding Request	07/28/2018
6C. Rental Assistance	07/28/2018
6D. Match	07/31/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/17/2018
7B. Certification	07/31/2018
Submission Without Changes	07/31/2018

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 1000571418
Aug. 06, 2014 LTR 4168C 0
86-0665712 000000 00
Input Op: 0752139631 00021272
BODC: TE

SAVE THE FAMILY FOUNDATION OF
ARIZONA
125 E UNIVERSITY DR
MESA AZ 85201-5929

018740

Employer Identification Number: 86-0665712
Person to Contact: Tax Exempt/Government Entities
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your July 28, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in February, 1991.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

1000571418
Aug. 06, 2014 LTR 4168C 0
86-0665712 000000 00
Input Op: 0752139631 00021273

SAVE THE FAMILY FOUNDATION OF
ARIZONA
125 E UNIVERSITY DR
MESA AZ 85201-5929

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Kim D. Bailey
Operations Manager, AM Operations 3

U.S. Department of Housing and Urban Development
San Francisco Regional Office – Region IX
One Sansome Street, Suite 1200
San Francisco, California 94104-4430
www.hud.gov
espanol.hud.gov

MAR - 1 2016

Ms. Darlene Newsom, CEO
UMOM New Day Centers, Inc.
3320 East Van Buren Street
Phoenix, Arizona 85008

Dear Ms. Newsom:

SUBJECT: UMOM Final Indirect Cost Rate for the Fiscal Year Ended June 30, 2014, and Provisional Indirect Cost Rate for the Fiscal Year Ended June 30, 2015

HUD has completed its review of UMOM New Day Centers, Inc.'s Final Indirect Cost Rate Proposal for the year ended on June 30, 2014, and the Provisional Indirect Cost Rate Proposal for the year ended on June 30, 2015, and is hereby transmitting an Indirect Cost Negotiation Agreement for execution. Please sign the enclosed copies of the Agreement, retain one copy for your files, and return one copy to us.

This Agreement establishes the final rate for the fiscal year ended on June 30, 2014, of 8.11 percent, and a provisional rate for the year ended on June 30, 2015, of 7.79 percent.

Please note that UMOM New Day Centers must make an adjustment for any over/under recovery of indirect costs based on the use of the provisional rates, and a final rate proposal must be submitted within six months close of the fiscal year.

If you have any questions, please contact John Burke, Senior Community Planning and Development Representative, at (415) 489-6589.

Sincerely,

Angelo Tom
Program Manager, Team 4
Community Planning and
Development Division

Enclosure

NONPROFIT ORGANIZATION
INDIRECT COST NEGOTIATION AGREEMENT

DATE: 3/1/16

ORGANIZATION:

UMOM New Day Centers, Inc.
3320 East Van Buren Street
Phoenix, AZ 85008

Pursuant to OMB Circular A-122, the U.S. Department of Housing and Urban Development approves the final indirect cost rates (8.11 percent for all Federal grant programs) for the fiscal year ended on June 30, 2014, and the provisional indirect cost rates (7.79 percent for all Federal grant programs) for the fiscal year ended on June 30, 2015. This approval is subject to conditions contained in Section II and the results of any audit or monitoring reviews.

SECTION I: RATES

An agency-wide indirect cost rate has been developed to recover overhead costs associated with any billable costs.

	Effective Period			Applicable
Type	From	To	Rate*	
Final	7/1/2013	6/30/2014	8.11 percent	All Programs
Provisional	7/1/2014	6/30/2015	7.79 percent	All Programs

*Base: Adjusted direct costs

SECTION II: GENERAL

A. LIMITATIONS: Use of the rates contained in this agreement is subject to any statutory or administrative limitations and is applicable to a given grant or contract only to the extent that funds are available. Acceptance of the rates agreed to herein is predicated upon the conditions: (1) that no costs other than those incurred by the grantee/contractor were included in its finally accepted indirect cost pool and that such incurred costs are legal obligation of the grantee/contractor and allowable under the governing cost principles, (2) that the same costs that have been treated as indirect costs have not been claimed as direct costs, (3) that similar types of costs have been accorded consistent treatment, (4) that the information provided by the grantee/contractor which was used as a basis for acceptance of the rates agreed to herein is not subsequently found to be materially inaccurate or incomplete, and (5) Costs identified in the indirect pool are necessary and reasonable for the administration of Federal programs and have been allocated to all benefiting cost centers.

B. AUDIT: Adjustments to amounts resulting from audit of the cost allocation plan upon which the negotiation of this agreement was based will be compensated for in a subsequent negotiation. Excessive charges to Federal grant programs may be required to be remitted to the respective Federal agency.

C. CHANGES: If a fixed or predetermined rate is contained in this agreement it is based on the organizational structure and the accounting system in effect at the time the proposal was submitted. Changes in the organizational structure or changes in the method of accounting for costs which affect the amount of reimbursement from use of the rate(s) in this agreement, require the prior approval of the authorized representative of the responsible negotiation agency. Failure to obtain such approval may result in subsequent audit disallowances.

D. NOTIFICATION TO FEDERAL AGENCIES: Copies of this document may be provided to other Federal agencies as a means of notifying them of the agreement contained herein.

E. PROVISIONAL RATE: If provisional rates are contained in this agreement, they are based on an estimate of the costs, which will be incurred during the period for which the rate applies. When the actual costs for such period have been determined, adjustments will be made in the subsequent negotiation to compensate for the differences between the costs used to establish the provisional rates and the actual costs. If the actual costs turn out to be lower than those allowed under a provisional rate, repayment to the respective Federal agency might be required.

F. SPECIAL REMARKS:

1. Currently, certain HUD McKinney programs do not allow depreciation or a use allowance.

2. There are no outstanding audit or monitoring findings pertaining to prior year agency-wide indirect cost rate(s) proposals.

BY THE ORGANIZATION:	BY THE COGNIZANT AGENCY ON BEHALF OF THE FEDERAL GOVERNMENT:
UMOM New Day Centers, Inc.	U. S. Department of Housing and Urban Development
	MAR - 1 2016
Signature and Date	Signature and Date
Name and Title (Please Print)	Angelo Tom Program Manager, Team 4 Community Planning and Development Division

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	07/31/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0184
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: UMOM New Day Centers, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0521062

	c. Organizational DUNS:	833209158	**PLUS 4**	

d. Address

Street 1: 3333 E. Van Buren Street

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85008

e. Organizational Unit (optional)

Department Name: N/A

Division Name: N/A

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Steven

Middle Name:

Last Name: Stivers

Suffix:

Title: Chief Operating Officer

Organizational Affiliation: UMOM New Day Centers, Inc.

Telephone Number: (602) 275-7852

Extension:
Fax Number: (602) 275-6548
Email: sstivers@umom.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	PSH for Youth Too
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-007
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-004, AZ-003, AZ-002, AZ-007, AZ-008, AZ-006, AZ-009, AZ-001
17. Proposed Project	
a. Start Date:	07/01/2019
b. End Date:	06/30/2020
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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Darlene
Middle Name:	
Last Name:	Newsom
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 275-7852
Fax Number: (Format: 123-456-7890)	(602) 275-6548
Email:	dnewsom@umom.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/31/2018

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:	UMOM New Day Centers, Inc.
Prefix:	Ms.
First Name:	Darlene
Middle Name:	
Last Name:	Newsom
Suffix:	
Title:	Chief Executive Officer
Organizational Affiliation:	UMOM New Day Centers, Inc.
Telephone Number:	(602) 275-7852
Extension:	
Email:	dnewsom@umom.org
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85008

2. Employer ID Number (EIN):	86-0521062
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$261,036.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: PSH for Youth Too 3333 E. Van Buren Street 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? (For further information, see 24 CFR Sec. 4.3). Yes

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		N/A

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
N/A	N/A	N/A	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Darlene Newsom, Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/17/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: UMOM New Day Centers, Inc.

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:	Ms.
First Name:	Darlene
Middle Name	
Last Name:	Newsom
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 275-7852
Fax Number: (Format: 123-456-7890)	(602) 275-6548
Email:	dnewsom@umom.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/31/2018

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

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: UMOM New Day Centers, Inc.

Name / Title of Authorized Official: Darlene Newsom, Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/31/2018

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:	UMOM New Day Centers, Inc.
Street 1:	3333 E. Van Buren Street
Street 2:	
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85008

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Ms.
First Name:	Darlene
Middle Name:	
Last Name:	Newsom
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 275-7852
Fax Number: (Format: 123-456-7890)	(602) 275-6548
Email:	dnewsom@umom.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	07/31/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

This project just commenced July 1, 2017.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

Organization	Type	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0184
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	PSH for Youth Too
4. Project Status:	Standard
5. Component Type:	PH
5a. Does the PH project provide PSH or RRH?	PSH
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

PSH for Youth Too was designed to provide permanent supportive housing with a Housing First model to transition aged youth (TAY) meeting the CH definition. This is currently the only youth specific project funded by the CoC. PSH for Youth Too includes rental assistance and support for 15 one-bedroom units. Clients are provided support for housing search and placement, intensive case management and supportive services. The project serves chronic TAY with the most significant barriers according to the SPDAT. Intensive support services are necessary. Services are tailored to the needs of the clients with no less than one weekly visit and often more support is needed and provided. TAY have the flexibility to select affordable units geographically located near their natural supports (school, family, job, clinic, church). UMOM's Resident Support Specialist assists with housing selection, moving, crisis intervention, relationships with landlords and neighbors, family reunification, law enforcement and Child Protective Services, safety planning for victims of domestic violence, education attainment, mainstream benefits, referrals to counseling & treatment, counseling, recovery activities, food pantries, health insurance options, vocational training, employment search, life skills classes & support groups, and meaningful engagement within the community. Some youth need daily engagement and support, while others will remain stable with weekly contact. All services are individualized based on the housing stability needs of each unique family household.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	X	**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)	X	**Mental Illness**	
Families with Children		**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section lll.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section lll.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section lll.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section lll.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	100% Dedicated

4A. Supportive Services for Participants

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	As needed
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	As needed
Child Care		Partner	As needed
Education Services		Partner	As needed
Employment Assistance and Job Training		Partner	As needed
Food		Applicant	As needed
Housing Search and Counseling Services		Applicant	As needed
Legal Services		Partner	As needed
Life Skills Training		Applicant	As needed
Mental Health Services		Partner	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Applicant	As needed
Substance Abuse Treatment Services		Partner	As needed
Transportation		Applicant	As needed
Utility Deposits		Applicant	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 15

Total Beds: 22

Total Dedicated CH Beds: 22

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	15	22

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: 15

b. Beds: 22

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 22

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. 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: 3333 E. Van Buren

Street 2:

City: Phoenix

State: Arizona

ZIP Code: 85008

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

049013 Maricopa County

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	0	15	0	15

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	0	0		0
Adults ages 18-24	0	15		15
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	15	0	15

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										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

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	0	0	0	0	0	0	0	0	0	0
Adults ages 18-24	15	0	0	3	0	10	7	3	6	0
Total Persons	15	0	0	3	0	10	7	3	6	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	0

5C. Outreach for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Enter the percentage of project participants that will be coming from each of the following locations.

50%	**Directly from the street or other locations not meant for human habitation.**
50%	**Directly from emergency shelters.**
	Directly from safe havens.
	Persons fleeing domestic violence.
100%	**Total of above percentages**

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Does this project propose to allocate funds according to an indirect cost rate? 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
HUD	8%	11,682,807

b. Has this rate been approved by your cognizant agency? Yes

c. Do you plan to use the 10% de minimis rate? No

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	

HMIS ☐

6C. 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:	$150,876
Total Units:	15

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	AZ - Phoenix-Mesa-Scottsdale, AZ MSA ...	15	$150,876

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: AZ - Phoenix-Mesa-Scottsdale, AZ MSA (0401399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? Yes

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$468	$468	x			=	$0
0 Bedroom		x	$624	$624	x			=	$0
1 Bedroom	8	x	$757	$757	x			=	$72,672
2 Bedrooms	7	x	$944	$931	x			=	$78,204
3 Bedrooms		x	$1,374	$1,374	x			=	$0
4 Bedrooms		x	$1,594	$1,594	x			=	$0
5 Bedrooms		x	$1,833	$1,833	x			=	$0
6 Bedrooms		x	$2,072	$2,072	x			=	$0
7 Bedrooms		x	$2,311	$2,311	x			=	$0
8 Bedrooms		x	$2,550	$2,550	x			=	$0
9 Bedrooms		x	$2,790	$2,790	x			=	$0
Total Units and Annual Assistance Requested	15								$150,876
Grant Term									1 Year
Total Request for Grant Term									$150,876

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$65,259
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$65,259

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	UMOM - Private do...	07/27/2018	$65,259

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	UMOM - Private donations
5. Date of Written Commitment:	07/27/2018
6. Value of Written Commitment:	$65,259

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$150,876
3. Supportive Services	$91,295
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$242,171
7. Admin (Up to 10%)	$18,865
8. Total Assistance plus Admin Requested	$261,036
9. Cash Match	$65,259
10. In-Kind Match	$0
11. Total Match	$65,259
12. Total Budget	$326,295

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	Indirect Cost Rate	08/23/2017
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Indirect Cost Rate

Attachment Details

Document Description: Match & Leverage

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Darlene Newsom

Date: 07/31/2018

Title: Chief Executive Officer

Applicant Organization: UMOM New Day Centers, Inc.

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?	No
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.	Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	X
Part 4 - Housing Services and HMIS	
4A. Services	X
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
5C. Outreach	☐
Part 6 - Budget Information	
6A. Funding Request	X
6C. Rental Assistance	X

6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Project description and detail updated
Services and participant and outreach information updated.
The budget needs to be updated to match the new GIW. The Match information needs to be updated for current match. The funding request has an error in the basis number imported.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/17/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	07/30/2018
1E. SF-424 Compliance	07/17/2018
1F. SF-424 Declaration	07/17/2018
1G. HUD-2880	07/17/2018
1H. HUD-50070	07/17/2018
1I. Cert. Lobbying	07/17/2018
1J. SF-LLL	07/17/2018
Recipient Performance	07/17/2018
Renewal Grant Consolidation	07/29/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/20/2018
3B. Description	07/29/2018
3C. Dedicated Plus	07/20/2018
4A. Services	07/20/2018
4B. Housing Type	07/30/2018
5A. Households	07/17/2018
5B. Subpopulations	No Input Required
5C. Outreach	07/17/2018
6A. Funding Request	07/27/2018
6C. Rental Assistance	07/27/2018
6D. Match	07/27/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/17/2018
7B. Certification	07/31/2018
Submission Without Changes	07/31/2018

U.S. Department of Housing and Urban Development
San Francisco Regional Office – Region IX
One Sansome Street, Suite 1200
San Francisco, California 94104-4430
www.hud.gov
espanol.hud.gov

MAR - 1 2016

Ms. Darlene Newsom, CEO
UMOM New Day Centers, Inc.
3320 East Van Buren Street
Phoenix, Arizona 85008

Dear Ms. Newsom:

SUBJECT: UMOM Final Indirect Cost Rate for the Fiscal Year Ended June 30, 2014, and Provisional Indirect Cost Rate for the Fiscal Year Ended June 30, 2015

HUD has completed its review of UMOM New Day Centers, Inc.'s Final Indirect Cost Rate Proposal for the year ended on June 30, 2014, and the Provisional Indirect Cost Rate Proposal for the year ended on June 30, 2015, and is hereby transmitting an Indirect Cost Negotiation Agreement for execution. Please sign the enclosed copies of the Agreement, retain one copy for your files, and return one copy to us.

This Agreement establishes the final rate for the fiscal year ended on June 30, 2014, of 8.11 percent, and a provisional rate for the year ended on June 30, 2015, of 7.79 percent.

Please note that UMOM New Day Centers must make an adjustment for any over/under recovery of indirect costs based on the use of the provisional rates, and a final rate proposal must be submitted within six months close of the fiscal year.

If you have any questions, please contact John Burke, Senior Community Planning and Development Representative, at (415) 489-6589.

Sincerely,

Angelo Tom
Program Manager, Team 4
Community Planning and
Development Division

Enclosure

NONPROFIT ORGANIZATION
INDIRECT COST NEGOTIATION AGREEMENT

DATE: 3/1/16

ORGANIZATION:

UMOM New Day Centers, Inc.
3320 East Van Buren Street
Phoenix, AZ 85008

Pursuant to OMB Circular A-122, the U.S. Department of Housing and Urban Development approves the final indirect cost rates (8.11 percent for all Federal grant programs) for the fiscal year ended on June 30, 2014, and the provisional indirect cost rates (7.79 percent for all Federal grant programs) for the fiscal year ended on June 30, 2015. This approval is subject to conditions contained in Section II and the results of any audit or monitoring reviews.

SECTION I: RATES

An agency-wide indirect cost rate has been developed to recover overhead costs associated with any billable costs.

	Effective Period			Applicable
Type	From	To	Rate*	
Final	7/1/2013	6/30/2014	8.11 percent	All Programs
Provisional	7/1/2014	6/30/2015	7.79 percent	All Programs

*Base: Adjusted direct costs

SECTION II: GENERAL

A. LIMITATIONS: Use of the rates contained in this agreement is subject to any statutory or administrative limitations and is applicable to a given grant or contract only to the extent that funds are available. Acceptance of the rates agreed to herein is predicated upon the conditions: (1) that no costs other than those incurred by the grantee/contractor were included in its finally accepted indirect cost pool and that such incurred costs are legal obligation of the grantee/contractor and allowable under the governing cost principles, (2) that the same costs that have been treated as indirect costs have not been claimed as direct costs, (3) that similar types of costs have been accorded consistent treatment, (4) that the information provided by the grantee/contractor which was used as a basis for acceptance of the rates agreed to herein is not subsequently found to be materially inaccurate or incomplete, and (5) Costs identified in the indirect pool are necessary and reasonable for the administration of Federal programs and have been allocated to all benefiting cost centers.

B. AUDIT: Adjustments to amounts resulting from audit of the cost allocation plan upon which the negotiation of this agreement was based will be compensated for in a subsequent negotiation. Excessive charges to Federal grant programs may be required to be remitted to the respective Federal agency.

C. CHANGES: If a fixed or predetermined rate is contained in this agreement it is based on the organizational structure and the accounting system in effect at the time the proposal was submitted. Changes in the organizational structure or changes in the method of accounting for costs which affect the amount of reimbursement from use of the rate(s) in this agreement, require the prior approval of the authorized representative of the responsible negotiation agency. Failure to obtain such approval may result in subsequent audit disallowances.

D. NOTIFICATION TO FEDERAL AGENCIES: Copies of this document may be provided to other Federal agencies as a means of notifying them of the agreement contained herein.

E. PROVISIONAL RATE: If provisional rates are contained in this agreement, they are based on an estimate of the costs, which will be incurred during the period for which the rate applies. When the actual costs for such period have been determined, adjustments will be made in the subsequent negotiation to compensate for the differences between the costs used to establish the provisional rates and the actual costs. If the actual costs turn out to be lower than those allowed under a provisional rate, repayment to the respective Federal agency might be required.

F. SPECIAL REMARKS:

1. Currently, certain HUD McKinney programs do not allow depreciation or a use allowance.

2. There are no outstanding audit or monitoring findings pertaining to prior year agency-wide indirect cost rate(s) proposals.

BY THE ORGANIZATION:

UMOM New Day Centers, Inc.

3/1/16

Signature and Date

Darlene Newsom, CEO

Name and Title (Please Print)

BY THE COGNIZANT AGENCY ON BEHALF OF THE FEDERAL GOVERNMENT:

U. S. Department of Housing and Urban Development

MAR - 1 2016

Signature and Date

Angelo Tom
Program Manager, Team 4
Community Planning and Development Division

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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	07/31/2018
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	AZ0163
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: UMOM New Day Centers, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 86-0521062

	c. Organizational DUNS:	833209158	**PLUS 4**	

d. Address

Street 1: 3333 E. Van Buren Street

Street 2:

City: Phoenix

County: Maricopa

State: Arizona

Country: United States

Zip / Postal Code: 85008

e. Organizational Unit (optional)

Department Name: N/A

Division Name: N/A

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: Steven

Middle Name:

Last Name: Stivers

Suffix:

Title: Chief Operating Officer

Organizational Affiliation: UMOM New Day Centers, Inc.

Telephone Number: (602) 275-7852

Extension:
Fax Number: (602) 275-6548
Email: sstivers@umom.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-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): (for multiple selections hold CTRL key)	Arizona
15. Descriptive Title of Applicant's Project:	Regional Coordinated Entry MC
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	AZ-007
b. Project: (for multiple selections hold CTRL key)	AZ-005, AZ-004, AZ-003, AZ-002, AZ-007, AZ-008, AZ-006, AZ-009, AZ-001
17. Proposed Project	
a. Start Date:	12/01/2019
b. End Date:	11/30/2020
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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Darlene
Middle Name:	
Last Name:	Newsom
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 275-7852
Fax Number: (Format: 123-456-7890)	(602) 275-6548
Email:	dnewsom@umom.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/31/2018

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:	UMOM New Day Centers, Inc.
Prefix:	Ms.
First Name:	Darlene
Middle Name:	
Last Name:	Newsom
Suffix:	
Title:	Chief Executive Officer
Organizational Affiliation:	UMOM New Day Centers, Inc.
Telephone Number:	(602) 275-7852
Extension:	
Email:	dnewsom@umom.org
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip/Postal Code:	85008

2. Employer ID Number (EIN):	86-0521062
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$302,558.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Regional Coordinated Entry MC 3333 E. Van Buren Street 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? (For further information, see 24 CFR Sec. 4.3). Yes

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		N/A

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
N/A	N/A	N/A	$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Darlene Newsom, Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/17/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: UMOM New Day Centers, Inc.

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:	Ms.
First Name:	Darlene
Middle Name	
Last Name:	Newsom
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 275-7852
Fax Number: (Format: 123-456-7890)	(602) 275-6548
Email:	dnewsom@umom.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	07/31/2018

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

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:	UMOM New Day Centers, Inc.
Name / Title of Authorized Official:	Darlene Newsom, Chief Executive Officer
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	07/31/2018

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:	UMOM New Day Centers, Inc.
Street 1:	3333 E. Van Buren Street
Street 2:	
City:	Phoenix
County:	Maricopa
State:	Arizona
Country:	United States
Zip / Postal Code:	85008

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Ms.
First Name:	Darlene
Middle Name:	
Last Name:	Newsom
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(602) 275-7852
Fax Number: (Format: 123-456-7890)	(602) 275-6548
Email:	dnewsom@umom.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	07/31/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as “Read-Only;” except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

This project is currently operating year one. As such, an APR is unavailable.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?	No
3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?	Yes
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? If "No" click on "Next" or "Save & Next" below to move to the next screen.	No

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $0

Organization	Type	Type	Sub-Award Amount
This list contains no items			

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	AZ0163
2a. CoC Number and Name:	AZ-502 - Phoenix, Mesa/Maricopa County CoC
2b. CoC Collaborative Applicant Name:	Maricopa Association of Governments
3. Project Name:	Regional Coordinated Entry MC
4. Project Status:	Standard
5. Component Type:	SSO
6. Does this project use one or more properties that have been conveyed through the Title V process?	No
7. Will this renewal project be part of a new application for a Renewal Expansion Grant?	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

UMOM intends to use HUD COC funds to operate the regional coordinated entry for families in Maricopa County known as The Family Housing Hub (FHH) as the point of entry for families with children experiencing homelessness. The FHH has been in operation since August 2014. The Family Housing Hub coordinates shelter and housing for 13 nonprofit agencies, including emergency shelter, transitional housing, rapid rehousing and permanent supportive housing. Families coming to the FHH are first provided with resources to assist in diverting the family from entering the homeless system. If diversion is not successful, the FHH staff completes the community approved assessment (Family VI-SPDAT) to determine the appropriate housing intervention for the household. The Family Housing Hub operates satellite locations in the East and West Valleys of Maricopa County.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless		**Domestic Violence**	
Veterans		**Substance Abuse**	
Youth (under 25)		**Mental Illness**	
Families with Children	X	**HIV/AIDS**	
		Other (Click 'Save' to update)	

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

4. Please select the type of SSO Project: Coordinated Entry

4a. Will the coordinated entry process funded in part by this grant cover the CoC's entire geographic area? Yes

4b. Will the coordinated entry process funded in part by this grant be easily accessible? Yes

4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

The FHH is advertised by AZ 211, the Arizona Outreach Collaborative, all partners agencies, online, etc. Sites were chosen due to their proximity to high barrier clients (they were already natural access points).

4d. Does the coordinated entry process use a comprehensive, standardized assessment process? Yes

4e. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services.

If a family is unable to be diverted from homeless services, a series of eligibility questions then determine the most appropriate program within that intervention

for that unique family, and a referral is made to a local program. In the event that a family is eligible for more than one program within an intervention, the family can make a strategic selection based on location, school of origin, service model, etc. Partner agencies are asked to accept 85% of all referrals. If a family is declined, the family housing hub will seek alternative referrals for the household. The Family Housing Hub strictly adheres to the content decisions made in the community, approved by the CoC Board, and documented in the FHH Operations Manual.

4f. If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth?	Yes

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Does this project propose to allocate funds according to an indirect cost rate? 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
HUD	8%	11,682,807

b. Has this rate been approved by your cognizant agency? Yes

c. Do you plan to use the 10% de minimis rate? No

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:

Leased Structures	
Supportive Services	X
HMIS	

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$75,640
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$75,640

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	VSUW	07/27/2018	$75,640

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	VSUW
5. Date of Written Commitment:	07/27/2018
6. Value of Written Commitment:	$75,640

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$0
3. Supportive Services	$280,692
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$280,692
7. Admin (Up to 10%)	$21,866
8. Total Assistance plus Admin Requested	$302,558
9. Cash Match	$75,640
10. In-Kind Match	$0
11. Total Match	$75,640
12. Total Budget	$378,198

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	Indirect Cost Rate	08/10/2016
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Indirect Cost Rate

Attachment Details

Document Description: Match & Leverage

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Darlene Newsom

Date: 07/31/2018

Title: Chief Executive Officer

Applicant Organization: UMOM New Day Centers, Inc.

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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
Part 4 - Housing Services and HMIS	
Part 5 - Participants and Outreach Information	
Part 6 - Budget Information	
6A. Funding Request	X
6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Part 1D – Congressional districts updated per MAG technical assistance
Part 3B – Project description narrative has been updated
The budget needs to be updated to match the new GIW. The Match information

needs to be updated for current match. The funding request has an error in the basis number imported.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/17/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	07/20/2018
1E. SF-424 Compliance	07/17/2018
1F. SF-424 Declaration	07/17/2018
1G. HUD-2880	07/17/2018
1H. HUD-50070	07/17/2018
1I. Cert. Lobbying	07/17/2018

1J. SF-LLL	07/17/2018
Recipient Performance	07/17/2018
Renewal Grant Consolidation	07/29/2018
2A. Subrecipients	No Input Required
3A. Project Detail	07/20/2018
3B. Description	07/29/2018
6A. Funding Request	07/27/2018
6D. Match	07/27/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/17/2018
7B. Certification	07/31/2018
Submission Without Changes	07/31/2018

U.S. Department of Housing and Urban Development
San Francisco Regional Office – Region IX
One Sansome Street, Suite 1200
San Francisco, California 94104-4430
www.hud.gov
espanol.hud.gov

MAR - 1 2016

Ms. Darlene Newsom, CEO
UMOM New Day Centers, Inc.
3320 East Van Buren Street
Phoenix, Arizona 85008

Dear Ms. Newsom:

SUBJECT: UMOM Final Indirect Cost Rate for the Fiscal Year Ended June 30, 2014, and Provisional Indirect Cost Rate for the Fiscal Year Ended June 30, 2015

HUD has completed its review of UMOM New Day Centers, Inc.'s Final Indirect Cost Rate Proposal for the year ended on June 30, 2014, and the Provisional Indirect Cost Rate Proposal for the year ended on June 30, 2015, and is hereby transmitting an Indirect Cost Negotiation Agreement for execution. Please sign the enclosed copies of the Agreement, retain one copy for your files, and return one copy to us.

This Agreement establishes the final rate for the fiscal year ended on June 30, 2014, of 8.11 percent, and a provisional rate for the year ended on June 30, 2015, of 7.79 percent.

Please note that UMOM New Day Centers must make an adjustment for any over/under recovery of indirect costs based on the use of the provisional rates, and a final rate proposal must be submitted within six months close of the fiscal year.

If you have any questions, please contact John Burke, Senior Community Planning and Development Representative, at (415) 489-6589.

Sincerely,

Angelo Tom
Program Manager, Team 4
Community Planning and
Development Division

Enclosure

NONPROFIT ORGANIZATION
INDIRECT COST NEGOTIATION AGREEMENT

DATE: 3/1/16

ORGANIZATION:

UMOM New Day Centers, Inc.
3320 East Van Buren Street
Phoenix, AZ 85008

Pursuant to OMB Circular A-122, the U.S. Department of Housing and Urban Development approves the final indirect cost rates (8.11 percent for all Federal grant programs) for the fiscal year ended on June 30, 2014, and the provisional indirect cost rates (7.79 percent for all Federal grant programs) for the fiscal year ended on June 30, 2015. This approval is subject to conditions contained in Section II and the results of any audit or monitoring reviews.

SECTION I: RATES

An agency-wide indirect cost rate has been developed to recover overhead costs associated with any billable costs.

	Effective Period			Applicable
Type	From	To	Rate*	
Final	7/1/2013	6/30/2014	8.11 percent	All Programs
Provisional	7/1/2014	6/30/2015	7.79 percent	All Programs

*Base: Adjusted direct costs

SECTION II: GENERAL

A. LIMITATIONS: Use of the rates contained in this agreement is subject to any statutory or administrative limitations and is applicable to a given grant or contract only to the extent that funds are available. Acceptance of the rates agreed to herein is predicated upon the conditions: (1) that no costs other than those incurred by the grantee/contractor were included in its finally accepted indirect cost pool and that such incurred costs are legal obligation of the grantee/contractor and allowable under the governing cost principles, (2) that the same costs that have been treated as indirect costs have not been claimed as direct costs, (3) that similar types of costs have been accorded consistent treatment, (4) that the information provided by the grantee/contractor which was used as a basis for acceptance of the rates agreed to herein is not subsequently found to be materially inaccurate or incomplete, and (5) Costs identified in the indirect pool are necessary and reasonable for the administration of Federal programs and have been allocated to all benefiting cost centers.

B. AUDIT: Adjustments to amounts resulting from audit of the cost allocation plan upon which the negotiation of this agreement was based will be compensated for in a subsequent negotiation. Excessive charges to Federal grant programs may be required to be remitted to the respective Federal agency.

C. CHANGES: If a fixed or predetermined rate is contained in this agreement it is based on the organizational structure and the accounting system in effect at the time the proposal was submitted. Changes in the organizational structure or changes in the method of accounting for costs which affect the amount of reimbursement from use of the rate(s) in this agreement, require the prior approval of the authorized representative of the responsible negotiation agency. Failure to obtain such approval may result in subsequent audit disallowances.

D. NOTIFICATION TO FEDERAL AGENCIES: Copies of this document may be provided to other Federal agencies as a means of notifying them of the agreement contained herein.

E. PROVISIONAL RATE: If provisional rates are contained in this agreement, they are based on an estimate of the costs, which will be incurred during the period for which the rate applies. When the actual costs for such period have been determined, adjustments will be made in the subsequent negotiation to compensate for the differences between the costs used to establish the provisional rates and the actual costs. If the actual costs turn out to be lower than those allowed under a provisional rate, repayment to the respective Federal agency might be required.

F. SPECIAL REMARKS:

1. Currently, certain HUD McKinney programs do not allow depreciation or a use allowance.

2. There are no outstanding audit or monitoring findings pertaining to prior year agency-wide indirect cost rate(s) proposals.

BY THE ORGANIZATION:	BY THE COGNIZANT AGENCY ON BEHALF OF THE FEDERAL GOVERNMENT:
UMOM New Day Centers, Inc.	U. S. Department of Housing and Urban Development
	MAR - 1 2016
Signature and Date	Signature and Date
Name and Title (Please Print)	Angelo Tom Program Manager, Team 4 Community Planning and Development Division