

## 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:** 09/24/2018

**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:** Healing with CAARE Inc.

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 56-1963988

	<b>c. Organizational DUNS:</b>	012275751	<b>PLUS 4:</b>	
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### d. Address

**Street 1:** 214 Broadway Street

**Street 2:**

**City:** Durham

**County:** Durham

**State:** North Carolina

**Country:** United States

**Zip / Postal Code:** 27701-2404

### e. Organizational Unit (optional)

**Department Name:** Healing with CAARE Inc

**Division Name:** Emergency Solutions Grant

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

**Prefix:** Ms.

**First Name:** Lanea

**Middle Name:**

**Last Name:** Foster

**Suffix:**

**Title:** Grants Manager

**Organizational Affiliation:** Healing with CAARE Inc.

**Telephone Number:** (919) 683-5306

**Applicant:** Healing with CAARE, Inc.  
**Project:** HWC Permanent Supportive Housing 1

9196835302  
167896

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**Extension:**  
**Fax Number:** (919) 683-5306  
**Email:** [lanea@southeastcommunityresources.org](mailto:lanea@southeastcommunityresources.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):** North Carolina  
(for multiple selections hold CTRL key)

**15. Descriptive Title of Applicant's Project:** HWC Permanent Supportive Housing 1

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

**a. Applicant:** NC-004  
**b. Project:** NC-004  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 01/01/2019  
**b. End Date:** 12/31/2021

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

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

## 1E. SF-424 Compliance

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

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

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

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

## 1F. SF-424 Declaration

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

I AGREE:

### 21. Authorized Representative

**Prefix:** Mrs.

**First Name:** Carolyn

**Middle Name:** Elliott

**Last Name:** Hinton

**Suffix:**

**Title:** Executive director

**Telephone Number:** (919) 683-5302  
**(Format: 123-456-7890)**

**Fax Number:** (919) 683-5306  
**(Format: 123-456-7890)**

**Email:** chinton@caare-inc.org

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

**Date Signed:** 09/24/2018



# 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:** Healing with CAARE Inc.

**Prefix:** Mrs.

**First Name:** Carolyn

**Middle Name:** Elliott

**Last Name:** Hinton

**Suffix:**

**Title:** Executive director

**Organizational Affiliation:** Healing with CAARE Inc.

**Telephone Number:** (919) 683-5302

**Extension:**

**Email:** chinton@caare-inc.org

**City:** Durham

**County:** Durham

**State:** North Carolina

**Country:** United States

**Zip/Postal Code:** 27701-2404

**2. Employer ID Number (EIN):** 56-1963988

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

**4. Amount of HUD Assistance Requested/Received:** \$27,170.00

(Requested amounts will be automatically entered within applications)

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

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

**Part I Threshold Determinations**

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

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

**Name / Title of Authorized Official:** Carolyn Hinton, Executive director

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

**Date Signed:** 08/12/2017

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Healing with CAARE 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
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**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:** Mrs.

**First Name:** Carolyn

**Middle Name:** Elliott

**Last Name:** Hinton

**Suffix:**

**Title:** Executive director

**Telephone Number:** (919) 683-5302  
**(Format: 123-456-7890)**

**Fax Number:** (919) 683-5306  
**(Format: 123-456-7890)**

**Email:** chinton@caare-inc.org

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

**Date Signed:** 09/24/2018

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### **Statement for Loan Guarantees and Loan Insurance**

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

**the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

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

X
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**Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)**

**Applicant's Organization:** Healing with CAARE Inc.

**Name / Title of Authorized Official:** Carolyn Hinton, Executive director

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

**Date Signed:** 09/24/2018

## 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:** Healing with CAARE Inc.

**Street 1:** 214 Broadway Street

**Street 2:**

**City:** Durham

**County:** Durham

**State:** North Carolina

**Country:** United States

**Zip / Postal Code:** 27701-2404

**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:** Carolyn  
**Middle Name:** Elliott  
**Last Name:** Hinton  
**Suffix:**  
**Title:** Executive director  
**Telephone Number:** (919) 683-5302  
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**Fax Number:** (919) 683-5306  
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**Email:** chinton@caare-inc.org  
**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.  
**Date Signed:** 09/24/2018



## 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 Center for Accessible Affordable Health, Research, and Education, known as CAARE, has over 23 years of experiences providing health care, supportive services, case management and veteran's housing. Since its inception, CAARE has worked to provide integrated care to address rapidly growing health disparities and closing the gap by providing access to care and other resources. CAARE serves around 145 clients daily, 19 of which are veterans in the GPD program and 10 of whom are in the Emergency Solutions Program. CAARE has provided transitional housing and reintegration (wraparound) services to veterans in the Durham area since 2004. In 2004, CAARE began providing supportive services for veterans in the CASA's PSH in Durham, successfully administering a VA Grant Per Diem Program and serving 234 homeless veterans transitioning from homeless to housed. CAARE has received NC ESG funds for Rapid Re-housing services for Durham's at-risk and homeless populations between 2012-2016 and housed 114 people. CAARE's leadership and staff include individuals well-versed in Veteran's Affairs Homeless Veterans Programs, McKinney-Vento funded programs, case management, respite and healthcare. CAARE has worked with the Durham VAMC Homeless services and social work staff since 2007. CAARE is also a member of the Durham Continuum of Care, an attendee of the decision-making body, the Homeless Services Advisory Committee (HSAC), a participant in the local Homeless Management Information Services (HMIS), and a recipient of state and local ESG funds.

The leadership and staff at CAARE, as well as the agency, maintains accreditations and licenses from:

- CARF International for Intensive: Outpatient Treatment and Other Drugs/Addictions (Adults) and Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
- National Network of Libraries of Medicine: Substance Abuse/HIV/AIDS Case Management,
- North Carolina Licensed Substance Abuse Treatment Facility,
- North Carolina Licensed Substance Abuse HIV Testing,
- North Carolina Substance Abuse Professional Practice Board,
- Licensed Clinical Addiction Specialist and Certified Clinical Supervisor.

Outcomes for CAARE Housing services participants include:

- 30 successful Program Exits from GPD
- 90% maintain housing for a year
- 75% increased income
- 22 Individuals completed NC State ESG
- 93% successfully housed
- 81% increased income
- 17 completed Medical Respite Transitional Housing
- 100% medically stable and housed

CAARE has received numerous awards in recognition of its services including:

- AARP North Carolina Multicultural Outreach Award, 2015
- Mohammed Islamic Center, Business Excellence Service Award, 2014
- A Cultured Alliance, Women Making Strides in the Community, 2014
- Governor of North Carolina Beverly Perdue, The Order of the Long Leaf 2010
- GlaxoSmithKline, Impact Award 2010
- North Carolina House of Representatives, Certificate of Acknowledgement and Congratulations, 2010
- Triangle Residential Options for Substance Abusers, Certificate of Appreciation, 2008.

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

In the twenty-three years since its establishment, CAARE has grown to become a major health and social service agency recognized and supported by federal, state, local government, and private sources, as well as the generosity of private donors and volunteers, with an annual budget of nearly 1.4 million dollars. CAARE has developed partnerships and agreements with local government agencies, non-profits, faith groups, businesses, Duke University, North Carolina Central University, Durham Technical Community College, and volunteers. CAARE programs and clients have benefited from our status as a research facility.

CAARE has a tradition of leveraging funding through major partnerships like Duke University Health System for the update of the Jeanne Lucas free Dental Clinic (\$10,000), VA for building acquisition and renovation for \$400,000 other federal programs like HOPWA. CAARE has leveraged contributions from corporate partners like Glaxo Smith Kline (\$40,000) and Wells Fargo (\$9,000). CAARE also leverages funds from state substance abuse and mental health treatment programs, Ryan White Part B Program for HIV+, and HOPWA. Last year CAARE raised significant private donations that will be used for the project match. Finally, CAARE leverages 4:1 in volunteer, in-kind, donations services from hundreds of professional volunteers including local physicians, dentists, nurses, IT specialist, veterans, and more. CAARE engages volunteers across federal and state, and local grant funds with the community.

**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.**

There are currently fourteen full-time staff persons and hundreds of volunteers that serve CAARE's over 14,000 annual clients and those in their Veterans Transitional Housing Per Diem (GPD) program. Executive Director Carolyn Hinton will provide over site and accountability of the program. Other key staff will be involved in this HUD-SHP project include Project Director/ PD, Lanea Foster, (FT) Housing Specialist & IT Support, Mr. Kerney LittleJohn and Verden Douglas (PE) and (PT) Accountant, Mr. Spivey. Mrs. Hinton, a seasoned case manager, serves as Executive Director of Healing with CAARE, Inc. and its CAARING for Veterans program. Hinton has over 22 years of experience providing non-profit administration, case management, client and housing services. Mrs. Hinton oversees CAARE's

annual accreditation processes, budget, program development, compliance, fundraising and is an active member of the Durham CoC.

(PT) Project Director/ PD, Lanea Foster will manage the overall project and oversee case management services, weekly and monthly reporting in HMIS, quality and evaluation analysis. Ms. Foster is an experienced non-profit professional with 20 years in project management coordination and HMIS implementation. Ms. Foster is also an experienced CoC program and housing development manager having oversaw the creation of over chronically homeless 42 units in Durham as the CoC Coordinator.

(FT) Housing Specialist & IT Support, Kerney Littlejohn and Verden Douglas (PE) will discharge planning and housing placement services for housing program and after care support provide technical assistance and network security to comply with VA HIPAA and security standards. Mr. Littlejohn is a veteran and experienced case manager and housing specialist with 4 years of experience managing the current VA Grant Per Diem program administered by CAARE.

(PT) Accountant, Mr. Spivey , manages all fiscal activities including payroll, billing, etc. Mr. Spivey will manage and the CPA Kim Anglin will provide annual audits on each program for the total program budget of 1.1 million dollars. will Mr. Spivey is a 35 + year providing bookkeeping and accounting services to nonprofit organizations exceeding 5 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:** NC-502 - Durham City & County CoC

**1b. CoC Collaborative Applicant Name:** City of Durham

**2. Project Name:** HWC Permanent Supportive Housing 1

**3. Project Status:** Standard

**4. Component Type:** PH

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

**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.**

Healing with CAARE (HWC) intends to apply for funds to provide permanent housing (PH), supportive services, outreach, and HMIS for Chronically Homeless (CH) persons.

CAARE anticipates providing assistance to 6 CH, veterans, or medically fragile via the Vulnerability Index-Service Prioritization Decision Assistance Tool (VISPDAT) referral protocol from Durham County Social Services (DSS)with the goal of housing persons from streets to home within 30 days to 45 days, depending on barriers to placement (eviction, bills, income, etc.). Some referrals for this project will come from the Durham VA Medical Center (DUVAMC) for veterans that might have receive an unfavorable discharge and Durham Police Department's (DPD)new street outreach initiative for persons living at camp sites in the Durham City area and others may come from HWC program referrals, and other CoC agencies. Because CH single adults who are not eligible for veteran's services, or that maybe medically fragile and have several barriers to housing but demonstrated the potential for at least part time earned income to end their homelessness and have generally received VISPDAT scores of 10 or below, will be considered for the project. Our moderate to intensive approach, combines intensive case management and permanent supportive housing will not be used for those who can sustain housing via a less intensive option. The goal is to house 6 persons' total. HWC PSH1 Durham (CoC) participants will work with a CM to implement a personalized Person Centered Plan (PCP), to gain and sustain income and housing and including priorities and step-by-step goals. Using a Housing First approach, participants will receive rental financial assistance, for a year including combined with life skills, financial management training, employment support, medical referrals and connections with providers of mainstream benefits(SNAP, SSI, SSDI, medical, HOPWA, etc.). HWC will partner with Network Access of Care, ACRA-HOPWA, DUVAMC, DPD, and DSS, Durham Crisis Response Center, Duke Medical Center, Alliance Behavioral Healthcare, Alliance Aids Service Corp, UNC Medical Services, Lincoln Comm. Health Center, NC Works Career Center, NC Food Bank, and CoC agencies, to enhance workforce and housing stability. Clients may live wherever their budgets allow, all permanent rental options will be explored to provide a financially feasible path to long term self-sufficiency.

In 2015 HWC piloted an approach similar medically respite housing for 16 medically fragile CH veterans. At the conclusion of the pilot all of the veterans increased income and secured PH with the assistance of HWC Case (CM). Client progress is documented by the CM to ensure stabilization beyond 6 months.

**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?	60	60		
Participant enrollment in project begins?	45	45		
Participants begin to occupy leased units or structure(s), and supportive services begin?	45	45		
Leased or rental assistance units or structure, and supportive services near 100% capacity?	90	90		
Closing on purchase of land, structure(s), or execution of structure lease?	0	0		
Rehabilitation started?	0	0		
Rehabilitation completed?	0	0		
New construction started?	0	0		
New construction completed?	0	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	<input checked="" type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

**5. Housing First**

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

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

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

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

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

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

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

Not applicable

**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

**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.

**10. Indicate whether the project is “100% Dedicated,” or “DedicatedPLUS,” according to the information provided above.** 100% Dedicated

### 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.** Bring existing facilities up to state/local government health and safety standards, Coordinated entry, Provide additional supportive services to homeless persons, Replace the loss of nonrenewable funding (private, federal, other excluding state/local government), Increase the number of homeless persons served

**Increase number of homeless persons served**

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

Current level of effort	
# of persons served at a point-in-time	0
# of units	0
# of beds	0
New effort	
# of additional persons served at a point in time that this project will provide	3
# of additional units this project will provide	1
# of additional beds this project will provide	3

**Additional supportive services to homeless persons**

**Indicate how the project is proposing to "provide additional supportive services to the homeless persons served."** Increase frequency and/or intensity of supportive services, Coordinated entry

**Describe the reason for the supportive service increase indicated above.**

Additional supportive services will be needed to offset the loss of homeless beds for chronically homeless veterans.

**Bring existing facilities up to government health and safety standards**

**Describe how the project is proposing to "bring the existing facility(ies) up to state/local government health and safety standards."**

All properties will undergo specific inspections for safety and City of Durham code requirements.

**Replace the loss of non-renewable funding**

**Indicate how the project is proposing to "replace the loss of non-renewable funding from private, federal, and/or other (excluding state/local government)."**

**Is the source of non-renewable funding controlled by the state or local government?** 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.**

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

All participants will be assessed upon arrival in the program. Case managers will develop care plans and monitor with greater frequency. Case Manager will participate in Care reviews for chronically homeless individuals and collaborate with established partners in the community for participant success.

### 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 PSH 1 participants will receive financial literacy from partner agencies and will demonstrate the ability to prepare for and successfully navigate the interview process. Part of the housing plan for these participants will include job searches. Vocational rehabilitation collaborates with HWC to provide assistance in returning to work. Job fairs will be promoted to all participants. Referral information will be provided as needed.

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

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	Weekly
Assistance with Moving Costs	Applicant	Annually
New Project Application FY2018		Page 28
		09/25/2018

Case Management
Child Care
Education Services
Employment Assistance and Job Training
Food
Housing Search and Counseling Services
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Applicant	Monthly
Partner	Annually
Partner	Annually
Partner	Annually
Applicant	Bi-weekly
Applicant	Annually
Partner	Annually
Partner	Quarterly
Applicant	Bi-monthly
Partner	Monthly
Applicant	Annually
Applicant	Weekly
Applicant	Monthly
Applicant	Annually

**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:** 1

**Total Beds:** 3

**Total Dedicated CH Beds:** 3

Housing Type	Housing Type (JOINT)	Units	Beds
Single family homes/townhou...	---	1	3

## 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:** 1

**b. Beds:** 3

**3. How many beds of the total beds in “2b. 3 Beds” are dedicated to the chronically homeless?**

**This includes both the “dedicated” and “prioritized” beds.**

### 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:** 1315 Wiley Avenue

**Street 2:**

**City:** Durham

**State:** North Carolina

**ZIP Code:** 27704

**\*5. 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)**

372304 Raleigh, 379135 Orange County, 379063  
Durham 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		3		3
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24		3		3
Adults ages 18-24				0
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
<b>Total Persons</b>	0	3	0	3

**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										
<b>Total Persons</b>	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				1	1		1			
Adults ages 18-24										
<b>Total Persons</b>	0	0	0	1	1	0	1	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										
<b>Total Persons</b>	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.**

10%	Directly from the street or other locations not meant for human habitation.
40%	Directly from emergency shelters.
30%	Directly from safe havens.
20%	Persons fleeing domestic violence.
100%	Total of above percentages

**2. Describe the outreach plan to bring these homeless participants into the project.**

HWC will accept referrals from other COC funded projects, shelters, community referrals, Department of Social Services and the Criminal Resource Center as well as Coordinated Assessment System and area medical facilities.

## 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:**

<b>Acquisition/Rehabilitation/New Construction</b>	<input type="checkbox"/>
<b>Leased Units</b>	<input type="checkbox"/>
<b>Leased Structures</b>	<input type="checkbox"/>
<b>Rental Assistance</b>	<input checked="" type="checkbox"/>
<b>Supportive Services</b>	<input checked="" type="checkbox"/>
<b>Operating</b>	<input checked="" type="checkbox"/>
<b>HMIS</b>	<input checked="" type="checkbox"/>

## 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.**

<b>Total Request for Grant Term:</b>			\$15,984
<b>Total Units:</b>			1
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
PRA	NC - Durham-Chapel Hill, NC HUD Metro...	1	\$15,984

## 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:** PRA

**Metropolitan or non-metropolitan fair market rent area:** NC - Durham-Chapel Hill, NC HUD Metro FMR Area (3703799999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months				Total Request (Applicant)
SRO		x	\$533	x	12		=		\$0
0 Bedroom		x	\$710	x	12		=		\$0
1 Bedroom		x	\$834	x	12		=		\$0

<b>2 Bedrooms</b>		x	\$978	x	12	=	\$0
<b>3 Bedrooms</b>	1	x	\$1,332	x	12	=	\$15,984
<b>4 Bedrooms</b>		x	\$1,481	x	12	=	\$0
<b>5 Bedrooms</b>		x	\$1,703	x	12	=	\$0
<b>6 Bedrooms</b>		x	\$1,925	x	12	=	\$0
<b>7 Bedrooms</b>		x	\$2,147	x	12	=	\$0
<b>8 Bedrooms</b>		x	\$2,370	x	12	=	\$0
<b>9 Bedrooms</b>		x	\$2,592	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	1						\$15,984
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$15,984

**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
<b>1. Assessment of Service Needs</b>		
<b>2. Assistance with Moving Costs</b>	Move in expenses: 3clients@\$250.00 per client	\$750
<b>3. Case Management</b>	2 pt/CM Staff to provide case management, housing assistance, income access@\$2696.00 pp	\$5,392
<b>4. Child Care</b>		
<b>5. Education Services</b>		
<b>6. Employment Assistance</b>		
<b>7. Food</b>		
<b>8. Housing/Counseling Services</b>		
<b>9. Legal Services</b>		
<b>10. Life Skills</b>		
<b>11. Mental Health Services</b>		
<b>12. Outpatient Health Services</b>		

<b>13. Outreach Services</b>	1person/co-ordinate with CIT Durham for engagement in street outreach services to identify at risk population at \$185.00	\$183
<b>14. Substance Abuse Treatment Services</b>	Outpatient therapy (In kind)	\$1
<b>15. Transportation</b>	Bus passes 3 monthly passes x 3 people @ 18.00 per person	\$162
<b>16. Utility Deposits</b>	Client Utility supplement provided ( in kind)	\$1
<b>17. Operating Costs</b>		
<b>Total Annual Assistance Requested</b>		\$6,489
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$6,489

**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
<b>1. Maintenance/Repair</b>	Repair and Maintenance (in Kind)	\$1
<b>2. Property Taxes and Insurance</b>		
<b>3. Replacement Reserve</b>		
<b>4. Building Security</b>	Safety Monitors for residents CIT services 1 year	\$590
<b>5. Electricity, Gas, and Water</b>	Utility charges for home through Duke Energy, PSNC, COD at monthly cost of \$175.41	\$2,105
<b>6. Furniture</b>		
<b>7. Equipment (lease, buy)</b>		
<b>Total Annual Assistance Requested</b>		\$2,696
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$2,696

**Click the 'Save' button to automatically calculate totals.**

## 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		
2. Software		
3. Services	Staff leveraged with (In-Kind)	\$1
4. Personnel		
5. Space & Operations		
<b>Total Annual Assistance Requested:</b>		<b>\$1</b>
<b>Grant Term:</b>		<b>1 Year</b>
<b>Total Request for Grant Term:</b>		<b>\$1</b>

**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:	\$5,000
Total Value of In-Kind Commitments:	\$10,000
Total Value of All Commitments:	\$15,000

**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	Leveraged Staff S...	02/28/2019	\$10,000
Yes	Cash	Private	Crepe Myrtle Funds	08/25/2018	\$5,000

## 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:** Leveraged Staff salary  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 02/28/2019
- 6. Value of Written Commitment:** \$10,000

**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:** Crepe Myrtle Funds  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 08/25/2018
- 6. Value of Written Commitment:** \$5,000

## 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	\$15,984	1 Year	\$15,984
4. Supportive Services	\$6,489	1 Year	\$6,489
5. Operating	\$2,696	1 Year	\$2,696
6. HMIS	\$1	1 Year	\$1
7. Sub-total Costs Requested			\$25,170
8. Admin (Up to 10%)			\$2,000
9. Total Assistance Plus Admin Requested			\$27,170
10. Cash Match			\$5,000
11. In-Kind Match			\$10,000
12. Total Match			\$15,000
13. Total Budget			\$42,170

**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:** Carolyn Hinton

**Date:** 09/24/2018

**Title:** Executive director

**Applicant Organization:** Healing with CAARE 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, fictitious, 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
<b>1A. SF-424 Application Type</b>	No Input Required
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	08/09/2018
<b>1E. SF-424 Compliance</b>	08/09/2018
<b>1F. SF-424 Declaration</b>	08/09/2018
<b>1G. HUD 2880</b>	08/09/2018
<b>1H. HUD 50070</b>	08/09/2018
<b>1I. Cert. Lobbying</b>	08/09/2018
<b>1J. SF-LLL</b>	08/09/2018
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Experience</b>	09/24/2018
<b>3A. Project Detail</b>	08/09/2018
<b>3B. Description</b>	08/09/2018
<b>3C. Expansion</b>	09/24/2018
<b>4A. Services</b>	09/24/2018
<b>4B. Housing Type</b>	08/10/2018
<b>5A. Households</b>	09/24/2018
<b>5B. Subpopulations</b>	No Input Required
<b>5C. Outreach</b>	09/24/2018
<b>6A. Funding Request</b>	09/24/2018
<b>6E. Rental Assistance</b>	09/24/2018
<b>6F. Supp Srvcs Budget</b>	09/24/2018
<b>6G. Operating</b>	09/24/2018
<b>6H. HMIS Budget</b>	09/24/2018
<b>6I. Match</b>	09/24/2018

<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	No Input Required
<b>7A. In-Kind MOU Attachment</b>	No Input Required
<b>7D. Certification</b>	08/10/2018