

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: Durham Crisis Response Center

b. Employer/Taxpayer Identification Number (EIN/TIN): 58-1496427

	c. Organizational DUNS:	057217981	PLUS 4:	
--	--------------------------------	-----------	----------------	--

d. Address

Street 1: 206 N Dillard St

Street 2:

City: Durham

County:

State: North Carolina

Country: United States

Zip / Postal Code: 27701

e. Organizational Unit (optional)

Department Name: Durham Crisis Response Center

Division Name:

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

Prefix: Ms.

First Name: Alma

Middle Name:

Last Name: Davis

Suffix:

Title: Director of Shelter Services

Organizational Affiliation: Durham Crisis Response Center

Telephone Number: (919) 403-9425

Extension:
Fax Number: (919) 490-9726
Email: adavis@durhamcrisisresponse.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: DCRC Housing First

16. Congressional District(s):

a. Applicant: NC-001, NC-004

b. Project: NC-001, NC-004
(for multiple selections hold CTRL key)

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:

21. Authorized Representative

Prefix: Ms.

First Name: Kathy

Middle Name:

Last Name: Hodges

Suffix:

Title: Interim Executive Director

Telephone Number: (919) 403-9425
(Format: 123-456-7890)

Fax Number: (919) 490-9726
(Format: 123-456-7890)

Email: khodges@durhamcrisisresponse.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: Durham Crisis Response Center

Prefix: Ms.

First Name: Kathy

Middle Name:

Last Name: Hodges

Suffix:

Title: Interim Executive Director

Organizational Affiliation: Durham Crisis Response Center

Telephone Number: (919) 403-9425

Extension:

Email: khodges@durhamcrisisresponse.org

City: Durham

County:

State: North Carolina

Country: United States

Zip/Postal Code: 27701

2. Employer ID Number (EIN): 58-1496427

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$152,699.00

(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: Kathy Hodges, Interim Executive Director

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

Date Signed: 07/09/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Durham Crisis Response 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;	

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: Kathy

Middle Name

Last Name: Hodges

Suffix:

Title: Interim Executive Director

Telephone Number: (919) 403-9425
(Format: 123-456-7890)

Fax Number: (919) 490-9726
(Format: 123-456-7890)

Email: khodges@durhamcrisisresponse.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: Durham Crisis Response Center

Name / Title of Authorized Official: Kathy Hodges, Interim Executive Director

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: Durham Crisis Response Center

Street 1: 206 N Dillard St

Street 2:

City: Durham

County:

State: North Carolina

Country: United States

Zip / Postal Code: 27701

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: Kathy
Middle Name:
Last Name: Hodges
Suffix:
Title: Interim Executive Director
Telephone Number: (919) 403-9425
(Format: 123-456-7890)
Fax Number: (919) 490-9726
(Format: 123-456-7890)
Email: khodges@durhamcrisisresponse.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.

Durham Crisis Response Center (DCRC) has significant experience utilizing federal funds. For the past three decades, DCRC has been a subrecipient of federal Victim of Crime Act (VOCA) money passed through the state of North Carolina. Since 2009, DCRC has been a direct recipient of funding from the Office on Violence Against Women (OVW) with their Transitional Housing Program. The program, as currently designed, is a transition-in-place program where clients are supported in finding housing that they will continue in after the transitional housing support ends. Since changing to this model in 2014, DCRC has worked with 16 family units (16 adults and 18 children) to provide: housing subsidies for up to six months; assistance with moving, utility and furnishings; supportive case management and counseling; and assistance with financial empowerment and job search/placement for up to 18 months. 75% of clients assisted through this program have continued to successfully maintain their housing upon completion of the program. DCRC has recently started a new three-year cycle of transitional housing money that will help the agency provide support to up to 30 families to transition in place. Additionally, DCRC had managed other federal revenue, including grants from OVW, the Centers for Disease Control and Prevention and the Department for Health and Human Services Administration for Children and Families. Last fiscal year DCRC managed more than \$1M in direct or passed through federal funds. All of the funding received by DCRC has been used to provide effective support services and advocacy for victims of domestic violence and sexual assault.

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

DCRC programs have grown significantly over the past two years as a result of leveraging a variety of funding sources. DCRC receives direct federal funds from the Office on Violence Against Women. Federal funds passed through the state are received from VOCA funds and Sexual Assault Services Program Funding through the NC Governor's Crime Commission, Rape Prevention and Education and Rape Crisis and Victim Services funding the NC Dept. of Health and Human Services, and Family Violence Prevention and Services Act funding through the NC Council for Women. More than \$100,000 is received annually from the State of North Carolina through appropriation and designated fees. The County of Durham provides more \$70,000 to support services through grants and contracts. Donations and private sector funding provide more than \$130,000 in revenue annually. Additionally, DCRC also runs a thrift store that grosses nearly \$300,000 annually to benefit agency programs and services.

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.

DCRC has an Executive Director responsible for oversight of all aspect of the agency including program and services, financial integrity and fundraising. Working with the Board of Directors, the Executive Director works to assure financial accountability for the agency. The Board of Directors has a Finance Committee and all financials for the agency are reviewed and approved bimonthly by the board. The Executive Director works closely with the Financial Manager, a retired CPA who provides significant volunteer oversight of funds, the Bookkeeper, and the Deputy Director who manages many of the grants to provide day-to-day administration of finances. This staff works together to provide appropriate segregation of duties, approval of expenditures and internal controls on all funds. Additionally, DCRC has an annual audit to provide external review of accountability and procedures. For the past two years, DCRC's funding level has required a single audit that has been conducted by an outside audit firm. Currently, the DCRC Deputy Director is serving as the Interim ED. The Board of Directors is conducting a thorough hiring process for the new ED and anticipates starting a new permanent Executive Director by the end of the calendar year. The Interim ED will continue on as the Deputy Director, which will aid in a smoother transition.

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: DCRC Housing First

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.

DCRC will build on its existing transition-in-place housing model to provide rapid rehousing and supportive services for at least eight family units who have experienced homelessness due to the trauma of domestic, sexual or dating violence. These families will have stayed in DCRC’s emergency shelter or participated in other services (such as case management, counseling, or advocacy) to provide crisis intervention, and assess client needs and readiness for housing services. The DCRC Housing Case Manager will receive referrals from all DCRC services, community agencies and individual self-referral. Upon completion of assessment and acceptance into program, the Housing Case Manager will work with the survivor to identify barriers to stable housing, identify housing options, negotiate with landlords and sign a lease. The survivor will be the lease-holder for the housing unit. The Housing Case Manager will assist the survivor in negotiating barriers to housing, such as prior utility bills, needed deposits, negotiations with landlords, credit repair issues, need for furnishings, etc. and assist the survivor with moving into the housing unit. Subsidies for housing and utilities will be provided for survivors on a stepped down basis for 6-24 months, based on the family’s needs and resources. DCRC will access furnishings through their thrift store as well as purchasing needed items with the survivor.

Once in the unit, DCRC will offer case management and counseling services to assist survivors (and their families) in stabilizing and maintaining safe housing. DCRC will contract with partner agencies to provide self-sufficiency and supportive services including financial empowerment, credit repair, financial literacy, job readiness employment counseling and job placement. Partner agencies have been identified based on their experience and skills in working with survivors in building these skills. Further barriers to maintaining issues such as health/mental health issues, substance use disorders, educational needs and legal needs will be addressed using these funds. Transportation services will be provided as needed including bus passes for participants, providing on gas cards or assistance with car repairs as appropriate. Supportive services will be provided to children as needed. Follow-up services, including case management and counseling, will be offered to survivors for up to 6 months after completing the program.

Safety planning is an important component of work with each client. The Housing Case Manager is trained in conducting lethality assessments and developing safety plans with clients and will work with each client to develop a safety plan prior to moving into housing, including choosing the housing based on safety planning needs. The plan will then be reviewed regularly with each survivor as long as they remain in the program. Staff from partner agencies have also been trained in safety planning issues.

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

New Project Application FY2018	Page 21	09/13/2018
--------------------------------	---------	------------

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

5. Housing First

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

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

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

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

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

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

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

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? 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. 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

Describe the reason for the supportive service increase indicated above.

Survivors of domestic violence and sexual assault experiencing homelessness have complex needs to help them secure safe and stable housing. They have often had to flee their homes and may be doubled up with a family member, living in their car, or seeking refuge at our confidential emergency shelter. While at the shelter they can find safety for themselves and their children, support for healing from their trauma, a respite from the violence they have experienced, and advocacy and case management to assist with their various challenges. Moving from their crisis situation to stable housing is difficult and in the 4-8 week they stay in the shelter. They often need to find employment, secure childcare, establish financial stability, seek whatever governmental or social services assistance available, and find affordable housing. The challenge is so daunting that many return to the violent partner or seek shelter at another facility. For the past decade, DCRC has addressed this problem through establishing a transitional housing program, serving 8-10 survivors and their children annually with longer term assistance while they establish permanent housing. But they have only been able to offer this service to a small portion of the 150 adult survivors that they shelter each year. This project will help DCRC build on the transitional housing services by offering full-range rapid rehousing services. In addition to rental and utility subsidies for victims, they will be able to provide case management, ongoing safety planning, life skills programming, educational services, job search/placement, child care assistance

and assistance with a range of health needs that are currently unmet. This project will also double the number of clients that are able receive rental assistance and support.

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 Housing Case Manager will work one-on-one with each survivor to: provide an assessment of each survivor's needs; work with the survivor on safety planning issues; help them identify possible affordable housing units; and work with them and the landlord to negotiate a lease. Housing subsidies will be provided on a step-down basis over the 12-18 months that a survivor is involved in the program. Assistance will also be provided with deposits, furnishings, moving expenses and food. The Case Manager will provide case management and offer additional services as needed to develop a plan for long-term housing stability. The Case Manager will connect the survivors with community resources, such as DCRC's counselors, health care, child care, mental health services, and life skills classes. The Case Manager will meet with the survivor regularly to assist with needs related to long-term housing. Supportive services will continue for up to two years after admission into the program.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

DCRC will contract with Dress for Success to assist participants in increasing their employability skills and provide employment counseling. They will also contract with the Community Empowerment Foundation to provide support for developing life skills, especially financial literacy skills. Additionally, the DCRC Case Manager will work with each participant to identify potential benefits for the family (such as SSI) and to help the participant apply for such benefits. Funds will also be used as appropriate to provide support for educational

programs to help the participant develop skills for long-term employment and increased income.

**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
Case Management	Applicant	Weekly
Child Care	Applicant	As needed
Education Services	Applicant	As needed
Employment Assistance and Job Training	Applicant	Weekly
Food	Applicant	As needed
Housing Search and Counseling Services	Applicant	Weekly
Legal Services	Non-Partner	As needed
Life Skills Training	Applicant	Bi-weekly
Mental Health Services	Applicant	As needed
Outpatient Health Services	Applicant	As needed
Outreach Services	Applicant	Monthly
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Applicant	As needed
Utility Deposits	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: 8

Total Beds: 27

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	2	2
Scattered-site apartments (...)	---	5	20
Scattered-site apartments (...)	---	1	5

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: 2

b. Beds: 2

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: DCRC Admin Office

Street 2: 206 N Dillard Street

City: Durham

State: North Carolina

ZIP Code: 27701

***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)**

379063 Durham County

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:** 5
- b. Beds:** 20

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:** DCRC Admin Office
- Street 2:** 206 N. Dillard Street
- City:** Durham
- State:** North Carolina
- ZIP Code:** 27701

***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)**

379063 Durham County

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:** 1
- b. Beds:** 5

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: DCRC Admin Office
Street 2: 206 N. Dillard Street
City: Durham
State: North Carolina
ZIP Code: 27701

***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)**

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	6	2		8
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	1		6
Adults ages 18-24	1	1		2
Accompanied Children under age 18	10			10
Unaccompanied Children under age 18				0
Total Persons	16	2	0	18

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							5			
Adults ages 18-24							1			
Children under age 18							10			
Total Persons	0	0	0	0	0	0	16	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

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

Click Save to automatically calculate totals

Persons in Households with Only Children

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

5C. Outreach for Participants

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

0%	Directly from the street or other locations not meant for human habitation.
0%	Directly from emergency shelters.
0%	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.

DCRC will recruit participants from the survivors that access the variety of their services, including: crisis line, counseling, case management, court advocacy and shelter services. DCRC will also coordinate with other homeless services providers to identify domestic violence survivors within their populations that might benefit from this program. Additionally, DCRC will share the availability of this program with law enforcement, medical providers and other community partners, in order to build community awareness of these services. Finally, DCRC will take referrals for rapid re-housing and other DCRC services from the coordinated intake system. They will work with coordinated intake staff to develop trauma-informed screening and referral procedures and to work with those participants identified as fleeing domestic violence to provide emergency shelter (if needed), case management, counseling, support groups and rapid rehousing.

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:**

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

Total Request for Grant Term:			\$94,680
Total Units:			8
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
PRA	NC - Durham-Chapel Hill, NC HUD Metro...	8	\$94,680

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	2	x	\$834	x	12	=	\$20,016

2 Bedrooms	5	x	\$978	x	12	=	\$58,680
3 Bedrooms	1	x	\$1,332	x	12	=	\$15,984
4 Bedrooms		x	\$1,481	x	12	=	\$0
5 Bedrooms		x	\$1,703	x	12	=	\$0
6 Bedrooms		x	\$1,925	x	12	=	\$0
7 Bedrooms		x	\$2,147	x	12	=	\$0
8 Bedrooms		x	\$2,370	x	12	=	\$0
9 Bedrooms		x	\$2,592	x	12	=	\$0
Total Units and Annual Assistance Requested	8						\$94,680
Grant Term							1 Year
Total Request for Grant Term							\$94,680

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	Provide assessment of service needs for each survivor and family unit entering the program. 44 hours @ \$31/hr.	\$1,364
2. Assistance with Moving Costs	Provide moving assistance for each of 8 families at an average of \$125 per family	\$1,000
3. Case Management	Provide weekly case management for each family in the program for a total of 613 hours @ \$31/hour	\$19,003
4. Child Care	Provide child care for up to 10 children at an average of \$400 per child	\$4,000
5. Education Services	Provide education services for survivors as needed for up to 8 survivors at an average of \$250/person	\$2,000
6. Employment Assistance	Provide employment assistance as needed through contract with Dress for success at an average of \$250 per person	\$2,000
7. Food	Provide food assistance on a temporary basis at an average of \$250/family	\$2,000
8. Housing/Counseling Services	Provide Housing counseling services for a total of 258 hours @ \$31/hour	\$7,888
9. Legal Services		\$0

10. Life Skills	Life skills, including financial literacy, provided through contract with Community Empowerment Foundation for up to 8 survivors at an average of \$312.50 per person	\$2,500
11. Mental Health Services	Assistance with mental health services will be provided for up to 8 clients at an average of \$125 per person	\$1,000
12. Outpatient Health Services	Assistance with Outpatient Health services will be provided for up to 8 families at an average of \$62.50/family	\$500
13. Outreach Services	Outreach services to connect with other service providers will be provided for 36 hours @ \$31/hour	\$1,116
14. Substance Abuse Treatment Services		\$0
15. Transportation	Bus passes and other transportation costs will be provided as needed. 500 bus passes can be purchased at \$2 each	\$1,000
16. Utility Deposits	Utility deposits are budgeted at an average of \$250 per unit for up to 8 units	\$2,000
17. Operating Costs	Operating costs including project supervision, office space, financial oversight, officer materials, etc, is budgeted at 7.5%	\$10,648
Total Annual Assistance Requested		\$58,019
Grant Term		1 Year
Total Request for Grant Term		\$58,019

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:	\$38,175
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$38,175

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	Office on Violenc...	09/19/2017	\$38,175

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:** Office on Violence Against Women
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 09/19/2017
- 6. Value of Written Commitment:** \$38,175

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	\$94,680	1 Year	\$94,680
4. Supportive Services	\$58,019	1 Year	\$58,019
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$152,699
8. Admin (Up to 10%)			
9. Total Assistance Plus Admin Requested			\$152,699
10. Cash Match			\$38,175
11. In-Kind Match			\$0
12. Total Match			\$38,175
13. Total Budget			\$190,874

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: Kathy Hodges

Date: 09/11/2018

Title: Interim Executive Diector

Applicant Organization: Durham Crisis Response 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, 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.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
New Project Application FY2018	Page 49
	09/13/2018

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	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	07/19/2018
2A. Subrecipients	No Input Required
2B. Experience	09/11/2018
3A. Project Detail	08/02/2018
3B. Description	09/11/2018
3C. Expansion	09/11/2018
4A. Services	08/02/2018
4B. Housing Type	09/11/2018
5A. Households	08/02/2018
5B. Subpopulations	No Input Required
5C. Outreach	09/11/2018
6A. Funding Request	08/02/2018
6E. Rental Assistance	07/28/2018
6F. Supp Srvcs Budget	08/02/2018
6I. Match	08/02/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7D. Certification	08/02/2018