

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: Unsheltered Homelessness Set Aside Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 10/17/2022

4. Applicant Identifier:

4a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

- a. Legal Name:** Housing for New Hope, Inc.
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 58-2089068
- c. UEI:** CDDKQ79HSLF5

d. Address

- Street 1:** 18 West Colony Place
- Street 2:** Suite 250
- City:** Durham
- County:** Durham
- State:** North Carolina
- Country:** United States
- Zip / Postal Code:** 27705

e. Organizational Unit (optional)

- Department Name:** N/A
- Division Name:** N/A

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

- Prefix:** Ms.
- First Name:** Rikki
- Middle Name:**
- Last Name:** Gardner
- Suffix:**
- Title:** Government Relations and Compliance Manager
- Organizational Affiliation:** Housing for New Hope, Inc.
- Telephone Number:** (919) 489-6282

Extension: 103
Fax Number: (919) 489-6593
Email: rikki@housingfornewhope.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-6500-N-25S
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: Unsheltered CoC Street Outreach

16. Congressional District(s):

16a. Applicant: NC-004

16b. Project: NC-004
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2023

b. End Date: 08/31/2026

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Russell

Middle Name:

Last Name: Pierce

Suffix:

Title: Executive Director

Telephone Number: (919) 489-6282
(Format: 123-456-7890)

Fax Number: (919) 489-6593
(Format: 123-456-7890)

Email: russ@housingfornewhope.org

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

Date Signed: 10/17/2022

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Housing for New Hope, Inc.

Prefix: Mr.

First Name: Russell

Middle Name:

Last Name: Pierce

Suffix:

Title: Executive Director

Organizational Affiliation: Housing for New Hope, Inc.

Telephone Number: (919) 489-6282

Extension: 102

Email: russ@housingfornewhope.org

City: Durham

County: Durham

State: North Carolina

Country: United States

Zip/Postal Code: 27705

2. Employer ID Number (EIN): 58-2089068

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received

4a. Total Amount Requested for this project: \$2,062,266.00
 (Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

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

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

You must disclose:

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

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA		NA	\$0.00	0%

Note: If there are no other people included, write NA in the boxes.

Certification

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

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE:

Name / Title of Authorized Official: Russell Pierce, Executive Director

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

Date Signed: 10/17/2022

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Housing for New Hope, 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:	
<p>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.</p>	<p>e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p>
<p>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.</p>	<p>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;</p>
<p>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.;</p>	<p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
<p>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;</p>	

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: Russell

Middle Name:

Last Name: Pierce

Suffix:

Title: Executive Director

Telephone Number: (919) 489-6282
(Format: 123-456-7890)

Fax Number: (919) 489-6593
(Format: 123-456-7890)

Email: russ@housingfornewhope.org

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

Date Signed: 10/17/2022

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:

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: Housing for New Hope, Inc.

Name / Title of Authorized Official: Russell Pierce, Executive Director

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

Date Signed: 10/17/2022

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: Housing for New Hope, Inc.

Street 1: 18 West Colony Place

Street 2: Suite 250

City: Durham

County: Durham

State: North Carolina

Country: United States

Zip / Postal Code: 27705

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

I certify that this information is true and complete.

Authorized Representative

Prefix: Mr.
First Name: Russell
Middle Name:
Last Name: Pierce
Suffix:
Title: Executive Director
Telephone Number: (919) 489-6282
(Format: 123-456-7890)
Fax Number: (919) 489-6593
(Format: 123-456-7890)
Email: russ@housingfornewhope.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/17/2022

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

- | | |
|-----|--|
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: Housing for New Hope, Inc.
Prefix: Mr.

First Name: Russell

Middle Name:

Last Name: Pierce

Suffix:

Title: Executive Director

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

Date Signed: 10/17/2022

1L. SF-424D

Are you requesting CoC Program funds for construction costs in this application? No

No SF-424D is required. Select "Save and Next" to move to the next screen.

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: \$131,000

Organization	Type	Sub-Award Amount
Open Table Ministry, Inc.	M. Nonprofit with 501C3 IRS Status	\$56,000
Families Moving Forward	M. Nonprofit with 501C3 IRS Status	\$75,000

2A. Project Subrecipients Detail

a. Organization Name: Open Table Ministry, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 27-0977564

d. Physical Address

Street 1: 215 N. Church Street

Street 2:

City: Durham

State: North Carolina

Zip Code: 27701

e. Congressional District(s): NC-004
(for multiple selections hold CTRL key)

f. Is the subrecipient a Faith-Based Organization? No

g. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

h. Expected Sub-Award Amount: \$56,000

i. Contact Person

Prefix: Mr.

First Name: Drew

Middle Name:

Last Name: Woten
Suffix:
Title: Assistant Director
E-mail Address: drew.woten@opentableministry.org
Confirm E-mail Address: drew.woten@opentableministry.org
Phone Number: 919-323-5936
Extension:
Fax Number:

2A. Project Subrecipients Detail

- a. Organization Name:** Families Moving Forward
- b. Organization Type:** M. Nonprofit with 501C3 IRS Status
If "Other" specify:
- c. Employer or Tax Identification Number:** 56-1633998
- d. Physical Address**
Street 1: 300 N. Queen St.
Street 2:
City: Durham
State: North Carolina
Zip Code: 27701
- e. Congressional District(s):** NC-004
(for multiple selections hold CTRL key)
- f. Is the subrecipient a Faith-Based Organization?** No

g. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

h. Expected Sub-Award Amount: \$75,000

i. Contact Person

Prefix: Mrs.

First Name: Tammy

Middle Name:

Last Name: Laurence

Suffix:

Title: Executive Director

E-mail Address: tammy@fmfnc.org

Confirm E-mail Address: tammy@fmfnc.org

Phone Number: 919-683-5878

Extension: 21

Fax Number:

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

Since 1992, Housing for New Hope (HNH) has actively served the homeless community, providing hope and a home to thousands of men, women, & children experiencing homelessness. Our work includes operating successful CoC-funded Permanent Supportive Housing, CoC- & ESG-funded Rapid Rehousing (RRH), and ESG-funded Street Outreach projects. Understanding that the unsheltered population is less likely than other homeless populations to access services within the community, HNH’s street outreach project delivers critical outreach services to people where they are living, such as on the streets, in vehicles, & in encampments. Key objectives of the project are to engage with those who may be disengaged with service providers and/or may be excluded from services due to identified system gaps, & to reduce the barriers to accessing available resources & services. The overall goal of the street outreach project is to actively locate & build rapport with people experiencing unsheltered homelessness, make initial needs assessments, offer supportive services, & assist people as they improve their health and housing outcomes. With this application, HNH seeks to expand the breadth & depth of service delivery to the unsheltered population by creating intentional collaborative partnerships with healthcare & behavioral health organizations, other street outreach programs, & by coordinating our community’s response to people living in encampments & other unsheltered environments. Key collaborations will be with Open Table Ministry (OTM) & Families Moving Forward (FMF), & they will be subrecipients on this grant.

Established in 2009, OTM seeks out & guides those experiencing homelessness to develop long-term health & wholeness by building ongoing relationships, meeting practical personal needs, making connections to community resources, & bridging critical gaps in the social services system. OTM is intentional about building strong relationships with and serving the unsheltered population in Durham. In 2021, OTM was awarded ESG-CV funds to operate a seasonal congregate shelter, & in 2022 OTM was awarded ESG-funding to operate a Street Outreach project. OTM’s Street Outreach project offers a weekly "Free Store" that provides identification document assistance & essential items for the unsheltered, & offers weekly Office Hours to conduct intakes and provide case management focused on achieving housing goals.

FMF provides temporary emergency shelter, RRH, case management, skills education, & connection to community resources to help parents & children thrive in stable homes. FMF currently utilizes ESG funding to aid utility costs for its emergency shelter and provide supportive services to shelter guests. Additionally, during the height of the COVID pandemic, FMF used ESG-CV funds to pay for food, shelter, and supportive services for families.

2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

As the recipient of several Federal, State, and local funding grants as well as financial awards from many foundations, HNH has 30 years of experience with leveraging funds. HNH currently operates six HUD CoC grants, two State ESG-funded grants, three grants funded by the City of Durham, a State ESG-CV grant, and private sector awards from Blue Cross Blue Shield of North Carolina, Fox Family Foundation and the Oak Foundation round out the various funding streams HNH leverages to address the numerous needs of homelessness in the Durham Continuum of Care (CoC). The financial support from the private sector helps HNH provide a comprehensive array of supportive services, filling in gaps that exist in government funding for homeless programs by providing resources for housing stabilization activities not covered by CoC or ESG programs.

OTM has experience in leveraging Federal, State, local, and private sector funds. In 2022, OTM received various funding to support the unsheltered population through various homeless services – primarily through their Street Outreach project and Emergency Winter Shelter (both congregate and non-congregate). As part of the Durham CoC, OTM places a strong emphasis on collaboration and using community partners to lengthen the reach of funds received. OTM used ESG-CV funding to operate an Emergency Cold Weather program, where congregate shelter was offered from January 1 – March 31, 2022. OTM’s Free Store is an entirely privately funded outreach event that serves over 500 unique individuals, distributes over 17,000 items, & operates with the support of over 1,700 volunteer hours. The Free Store highlights the collaborative nature of OTM’s work and their ability to leverage funds – using private funds to connect individuals with other nonprofit organizations (Fresh Start Durham, which provides showers and haircuts), mainstream social services providers like HNH and other homeless providers, mobile Food Stamp case workers, health care services (flu shots and health screenings through Community Paramedics), and other services that support the holistic health of the unsheltered community.

FMF has extensive experience in the utilization of government funding at Federal, State, and local levels. FMF utilized SAMHSA funding to implement projects to serve children experiencing homelessness residing in FMF’s emergency shelter & for children who left the shelter for permanent housing for up to 18 months. Also, with these funds FMF provided developmental & socio-economic screening for children and depression screening for all parents. FMF receives City of Durham CDBG funds to provide case management for families experiencing homelessness in its emergency shelter, and also utilizes City of Durham funding for its RRH program. FMF has effectively used FEMA funds for costs of safety supplies such as masks, sanitizer, gloves and other items needed to prevent the spread of COVID-19.

3. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.

HNH's Finance Team consists of our Finance Director, Finance Manager, Accountant, and Compliance Manager who share financial management responsibilities and follow established financial SOPs and generally accepted accounting principles. HNH uses the Blackbaud and Financial Edge software to keep track of grant expenses, allowing finance staff, program managers, and grant funders to review financial statements monthly and on an as-needed basis. The Finance Team tracks monthly activities against the year-to-date remaining balance in the grant. The Finance Director prepares revenue statements, expense reports, and provides overall budget management for all of HNH's programs and meets monthly with HNH's Board of Directors Finance Committee. The Finance Manager manages the day-to-day financial operations for the agency and helps prepare monthly invoices and requisitions to grant funders. The Compliance Manager is responsible for overall grant oversight and monitoring programs' adherence to contract terms and performance expectations. HNH completes a Federal Single Audit on an annual basis and incorporates feedback accordingly to ensure HNH uses financial best practices.

OTM contracts with the accounting firm Mig Murphy Siström CPA, to complete bookkeeping and process the accounting for the organization's financial management. Each month, OTM's executive leadership team works with Mig Murphy Siström, CPA to ensure that transactions, receipts, and supporting documentation is submitted. The team of accountants provide the team with balance sheets and reports that follow widely accepted generally accounting practices to OTM's Board. OTM's Board of Directors has formed and continues to maintain the organization's Financial Policies and Procedures (attached), which outlines an ethical and proper use of funds. At quarterly meetings, the Board of Directors reviews the most updated financial statements provided by Mig Murphy Siström, CPA – all of which allows OTM to ensure the proper dispersal and accounting for federal funds.

FMF adheres to its Financial Operations Policy, has an independent audit annually, and follows generally accepted accounting principles. FMF staff positions that maintain financial oversight are the Director of Finance and Administration (who is an accountant), the Executive Director, and a remote accountant/bookkeeper. The Board of Directors are provided with monthly Balance Sheets, Profit & Loss statements, and a Treasurer's report. FMF has a finance committee chaired by a board member who is elected by the Board to serve as the organization's Treasurer.

**4. Are there any unresolved HUD monitoring or
OIG audit findings for any HUD grants (including
ESG) under your organization?** No

3A. Project Detail

1. CoC Number and Name: NC-502 - Durham City & County CoC

2. CoC Collaborative Applicant Name: City of Durham

3. Project Name: Unsheltered CoC Street Outreach

4. Project Status: Standard

5. Is this project applying for the Unsheltered Homelessness Set Aside or Rural Set Aside? Unsheltered Homelessness Set Aside

6. Component Type: SSO

6a. Select the type of SSO Project: SSO-Street Outreach

7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database? No

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No

3B. Project Description

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

The Unsheltered CoC Street Outreach project will combine & expand the efforts of HNH's & OTM's existing street outreach efforts to conduct regular outreach to Durham's unsheltered population. The project will conduct coordinated entry intakes for all unsheltered people engaged through street outreach who have not completed a coordinated entry intake in the past 30 days & who do not have an open case with Entry Point Durham (coordinated entry). Intakes will involve solution-focused open-ended conversations aimed to help participants identify housing options & address barriers to rapidly exit them from homelessness if a viable housing intervention can be immediately established. For participants unable to be immediately connected to a permanent housing resource, project staff will refer them to emergency shelter using problem-solving & behavior change strategies to support shelter entry. SOAR-trained project staff will help participants assess options to increase benefits income, prepare benefits applications, provide follow-up on benefits-related issues, & communicate with SSA & North Carolina Disability Determination Services on participants' behalf. The project will maintain a central referral line that accepts unsheltered outreach referral messages from concerned citizens and City & County CoC service providers as the primary resource for those seeking assistance responding to unsheltered homelessness in Durham. OTM's Free Store will serve as an additional access point for homeless services in Durham as it is often the first point of contact for many individuals experiencing homelessness who are new to the community.

Based on HNH's current street outreach performance, an estimated 55% of clients engaged by the outreach team will exit unsheltered homelessness to a viable housing option without the need of an emergency shelter stay. This will be accomplished by project staff referring unsheltered participants directly to RRH and PSH programs, as well as referrals to the Durham Housing Authority.

As neither HNH's nor OTM's street outreach projects provide medical or behavioral health services, the project will utilize partnerships and connections with other CoC agencies to facilitate participant access to emergency health & behavioral health services. Upon assessing a participant's need for emergency health or emergency mental health services, the project will refer & transport clients to partnering agencies such as the Lincoln Community Healthcare Clinic for the Homeless, Project Access of Durham County, & Alliance Health – which is the managed care organization for Durham County.

For unsheltered families, FMF will provide financial empowerment opportunities, workforce development, behavioral health mentoring, and parent & child assessments with referrals to appropriate resources. These families will also continue to receive these services for up to 18 months after they have been placed into housing.

1a. Describe how the proposed project is consistent with the plan described by the CoC in response to Section VII.B.4 of this NOFA?

The scope of the Unsheltered CoC Street Outreach project is consistent with and supports the plan of the Durham CoC to address the needs of the unsheltered population in our community. By serving as an extension of the current coordinated entry process, this project will be a mobile front door to services available for people experiencing unsheltered homelessness. Street outreach engagement will include relationship building with unsheltered households, connection to mainstream social services, referrals to physical and mental health professionals, and referrals to appropriate housing interventions, e.g., RRH, Permanent Supportive Housing (PSH), and Housing Choice Vouchers (HCVs). Collaborative partnerships with medical and behavioral health agencies will increase the impact of street outreach efforts by ensuring access to care and services aimed at treating immediate needs while providing recommendations for long-term care that will improve health and housing outcomes.

Project staff will participate in weekly By-Name List meetings for PSH and RRH, make referrals to PSH and RRH programs, and provide ongoing support to unsheltered households when they move into emergency shelter and/or permanent housing. The project aims to assist 40 unsheltered households access permanent housing during each year of the 3-year period of this funding opportunity.

Additionally, all project staff will be SOAR-trained, but the project will have 2 FTE SOAR Specialists that will be 100% dedicated to assisting unsheltered people (and those that get housed) apply for and obtain SSI and/or SSDI benefits.

Lastly, the project will have mobile SNAP case workers, vaccinations and health screenings via Community Paramedics, connect unsheltered individuals with other nonprofit organizations that provide hygienic services like showers and haircuts, and other services that support the holistic health of the unsheltered community.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

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
Begin hiring staff or expending funds	30			
Begin program participant enrollment	30			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	30			

Leased or rental assistance units or structure, and supportive services near 100% capacity				
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.

(Select ALL that apply)

N/A - Project Serves All Subpopulations	<input checked="" type="checkbox"/>	Domestic Violence	<input 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"/>
		Chronic Homeless	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? Yes

5. As an SSO non-CE project answer the following questions:

5a. Describe how the street outreach project will develop a strategy for providing supportive services to those with the highest service needs, including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.

Understanding that those experiencing unsheltered homelessness are less likely than other homeless populations to access services within the community, the project will deliver critical outreach services to people where they are living, such as on the streets, in vehicles, and in encampments. Primary objectives of the project are to engage with those who may be disengaged with service providers and/or may be excluded from services due to identified system gaps, and to reduce the barriers to accessing available housing interventions and health-related resources and services. The overall goal of the project is to actively locate and build rapport with people experiencing unsheltered homelessness, make initial needs assessments, offer supportive services, and assist people as they improve their health and housing outcomes.

Serving as the mobile front door to coordinated entry, the project will coordinate with the Durham Community Safety Department's Holistic Empathetic Assistance Response Team (HEART). Comprised of licensed mental health clinicians, peer support specialists and EMTs, HEART provides trauma-informed care for non-violent behavioral and mental health needs, including calls involving the needs of unsheltered people, with the goal of reducing law enforcement encounters and unnecessary emergency room use by transporting people to the appropriate community-based care. To bring services directly to where high-needs unsheltered people are living, outreach efforts will include representation from the Durham Department of Social Services that can advise on available emergency financial assistance and expedite enrollment in SNAPs and TANF programs.

Durham's Homeless Management Information System (HMIS) requires participants to enter an open sharing agreement which enables community organizations to communicate effectively and avoid duplication of services with other community partners. Project Staff will use HMIS for real-time data entry on all client-staff interactions to further document clients' experience of homelessness and review clients' previous interactions with the homeless response system. For clients without an existing HMIS client record, real-time data entry allows an immediate record to be created so that the person's history of homelessness can begin being documented.

5b. Describe how project refers program participants to projects that specifically coordinates and integrates mainstream health, social services, and employment programs for which they may be eligible?

Embracing the principles of the Housing First model, the project will not require participants to address behavioral health or substance use issues before they can access housing. Project staff will participate in weekly Durham CoC By-Name List meetings for available PSH and RRH slots and will refer program participants to the appropriate housing intervention. Project staff will use assessments to discover the immediate, short-, and long-term needs of a person and utilize the assessment results and a person-centered case management strategy to identify the most appropriate intervention for the individual or household. Each observation and interaction accumulate to provide an informed perspective about the individual/household, their strengths, and their needs. Assessments will be completed depending on the participant's capacity or willingness/interest to engage with staff. Once a housing plan is established, a multi-disciplinary team service plan will be created to support the household's stabilization. The multi-disciplinary team will encompass representatives from housing agencies, workforce development programs, case managers, peer support specialists, and medical and behavioral healthcare agencies as needed.

Both HNH & FMF operate RRH projects. Families enrolled in FMF's RRH project will receive targeted casework focused on creating & implementing finance plans, increasing housing stability, and workforce training. HNH's RRH project utilizes progressive-engagement approaches to financial assistance and supportive services, seeking to provide just enough assistance to help households achieve and maintain housing stability. HNH utilizes strong collaborative partnerships with other Durham CoC service providers to provide wrap-around supportive services to RRH enrolled households.

HNH also operates scattered-site and project-based PSH projects. PSH project supportive services include case management that focuses on solution-oriented, open-ended conversations aimed to help participants create goals for increased housing stability and improving overall health and wellness outcomes. Using a person-centered approach to goal planning, project staff foster meaningful change and promote long-term housing stability by offering optional supportive services. With input from participants, project staff establish household goals, assess employment and earned income ability, and ensure connections to health insurance and mainstream benefits.

The Unsheltered CoC Street Outreach project's design includes street outreach that incorporates connecting unsheltered participants to mainstream services once rapport and trust have been built. Outreach engagement includes identification documentation assistance and completing initial needs assessments. During weekly outreach events at OTM's Free Store, representatives from the Durham County Paramedics and the HEART team complete assessments and make necessary community referrals.

4A. Supportive Services for Participants

1. Describe how program participants will be assisted to obtain and remain in permanent housing.

As part of best practices in Street Outreach engagement services, project staff will conduct initial needs and housing barriers assessments and make immediate referrals based on their best professional judgment. Committed to upholding the Housing First approach, project staff will use solution-focused open-ended conversations aimed to help participants identify housing options and address barriers to rapidly exit them from homelessness if a viable housing intervention can be immediately established. Depending on participants' needs, the project will make referrals to Permanent Supportive Housing or Rapid Rehousing programs and/or provide assistance with applications for Housing Choice Vouchers made available by the Durham Housing Authority.

Using a person-centered approach to goal planning, project staff will maintain frequent contact with program participants during the housing referral and application process to provide a consistent presence in the participant's life and to provide a "warm transfer" to the permanent housing case manager, if the viable housing option includes case management. Project staff foster meaningful change promoting participants' long-term housing stability with optional supportive services by coordinating the appropriate parties of the multi-disciplinary team with the permanent housing program case manager. This coordination ensures the participant's smooth transition from unsheltered homelessness to permanent housing and that the necessary support services are in place to help the participant achieve long-term housing stability. If the participant's viable housing option does not include case management, for example, a Durham Housing Authority unit, project staff will maintain weekly contact with the participant to address housing stabilization needs and will coordinate the efforts of the multi-disciplinary team as needed.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

The Unsheltered CoC Street Outreach project will be an extension of Durham’s current coordinated entry process by being a mobile front door to services available for people experiencing unsheltered homelessness. Focused on bringing services to the unsheltered right where they are, the project’s outreach efforts will use open-ended solution-focused conversations intended to help participants assess their own strengths, resources, and options to obtain and/or increase income that will result in a successful exit from homelessness. During these conversations, project staff will inform participants of upcoming job training opportunities and job fairs and make referrals to the North Carolina Department of Health and Human Services Vocational Rehabilitation services if the participant has a disability. Additionally, through a partnership OTM has with Step Up Durham, a local non-profit that provides free employment training services to those with challenges to gainful employment, project staff will refer participants to their organization for employment/job training opportunities. Also, through OTM’s private funding sources, financial assistance is available to participants needing items to begin employment opportunities, such as clothing/uniforms and steel-toed boots or non-slip shoes for construction jobs.

Project Staff trained in the SOAR application process will help participants assess options to increase benefits income, prepare benefits applications, provide follow-up on benefits-related issues, & communicate with SSA & North Carolina Disability Determination Services on participants’ behalf. The project will provide transportation to make sure participants attend scheduled benefits appointments. At OTM’s weekly Free Store outreach events, representatives from the Durham Department of Social Services SNAPS program are present to help individuals obtain benefits such as food assistance and TANF.

Lastly, utilizing OTM’s close relationships with local healthcare providers and FQHCs – including Project Access, Lincoln Healthcare Clinic for the Homeless, Durham County Community Paramedics and the Samaritan Health Center, Free Store outreach events will have providers on-site to build rapport with participants, offer vaccines, and conduct health screenings. Additionally, if participants do not have health insurance, project staff will assist with applications to Medicaid and Medicare.

**3. For all supportive services available to program 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	Non-Partner	As needed
Case Management	Applicant	Weekly
Child Care	Non-Partner	As needed
Education Services	Subrecipient	Weekly
Employment Assistance and Job Training	Subrecipient	Weekly
Food	Subrecipient	Weekly
Housing Search and Counseling Services	Non-Partner	As needed
Legal Services	Non-Partner	As needed

Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Non-Partner	As needed
Non-Partner	Weekly
Non-Partner	Weekly
Applicant	Daily
Non-Partner	As needed
Applicant	Weekly
Non-Partner	As needed

Identify whether the project will include the following activities:

- 4. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? **Yes**
- 5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? **Yes**
- 6. Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency? **Yes**
- 6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? **Yes**

5A. Program Participants - Households

Households Table

Number of Households

Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
10	65		75

Characteristics
Persons over age 24
Persons ages 18-24
Accompanied Children under age 18
Unaccompanied Children under age 18
Total Persons

Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
10	65		75
			0
10			10
			0
20	65	0	85

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24				2				2	2	4
Persons ages 18-24										
Children under age 18									3	7
Total Persons	0	0	0	2	0	0	0	2	5	11

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	5			25		20		10	10	5
Persons ages 18-24										
Total Persons	5	0	0	25	0	20	0	10	10	5

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

Describe the "Persons Not Represented by a Listed Subpopulation" referred to above:

By entering a value in the "Persons Not Represented by a Listed Subpopulation", the intention is to demonstrate that this project may serve non-disabled adults and children.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2024? Yes

2. What type of funding is this project applying for in this Special Unsheltered and Rural Homelessness CoC Program Competition? Unsheltered

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

4. Select a grant term: 3 Years

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

Leased Structures	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>



6F. Supportive Services Budget

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs	0.10 FTE Case Manager to conduct an annual assessment of the service needs of the program participants and make appropriate adjustments to service delivery.	\$6,000
2. Assistance with Moving Costs		
3. Case Management	1.0 FTE Project Lead, 1.0 FTE Lead Case Manager, 3.0 Case Managers	\$300,000
4. Child Care		
5. Education Services	Assessment & testing of parents and children; provision of books, supplies, and instructional material; counseling; and referral to community resources for 5 families.	\$5,000
6. Employment Assistance	Services that assist individuals in securing employment, acquiring learning skills, and/or increasing earning potential, & the cost of providing reasonable stipends to 25 program participants in employment assistance and job training programs.	\$2,500
7. Food	25 grocery gift cards @ \$100	\$2,500
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services	2.0 FTE SOAR Specialists, 1.0 FTE Lead Engagement Specialist, 3.0 FTE Engagement Specialists	\$306,400
14. Substance Abuse Treatment Services		
15. Transportation	The costs of program participant's travel in 2 vehicles owned by the recipient to and from medical care, employment, child care, or other services; the cost of gas, insurance, taxes, and maintenance for the vehicle, & the cost of public transportation tickets	\$5,000
16. Utility Deposits		
17. Operating Costs		
18. (Rural Set Aside ONLY) Section 491 Eligible Activities		
Total Annual Assistance Requested		\$627,400
Grant Term		3 Years
Total Request for Grant Term		\$1,882,200

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 this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

Total Amount of Cash Commitments:	\$362,567
Total Amount of In-Kind Commitments:	\$153,000
Total Amount of All Commitments:	\$515,567

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? 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.

Type	Source	Name of Source	Amount of Commitments
Cash	Private	Housing for New Hope	\$362,567
In-Kind	Private	Open Table Minist...	\$153,000

Sources of Match Detail

1. Type of Match commitment: Cash
2. Source: Private
3. Name of Source: Housing for New Hope
(Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: \$362,567

Sources of Match Detail

1. Type of Match commitment: In-Kind
2. Source: Private
3. Name of Source: Open Table Ministry and Housing for New Hope
(Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: \$153,000

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

6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
2a. Leased Units	\$0	3 Years	\$0
2b. Leased Structures	\$0	3 Years	\$0
3. Rental Assistance	\$0	3 Years	\$0
4. Supportive Services	\$627,400	3 Years	\$1,882,200
5. Operating	\$0	3 Years	\$0
6. HMIS	\$0	3 Years	\$0
7. Sub-total Costs Requested			\$1,882,200
8. Admin (Up to 10%)			\$180,066
9. Total Assistance Plus Admin Requested			\$2,062,266
10. Cash Match			\$362,567
11. In-Kind Match			\$153,000
12. Total Match			\$515,567
13. Total Budget			\$2,577,833

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	HNH 501(c)3 Letter	08/24/2022
3) Other Attachment(s)	No	2022 Supplemental...	10/17/2022
2) Other Attachment(s)	No	OTM's & FMF's 501...	10/17/2022

Attachment Details

Document Description: HNH 501(c)3 Letter

Attachment Details

Document Description: 2022 Supplemental NOFO Cash Match Letter

Attachment Details

Document Description: OTM's & FMF's 501(c)3 Letters

7A. In-Kind MOU Attachment

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

Attachment Details

Document Description:

Unsheltered Homelessness Set Aside Project Application FY2022	Page 50	10/17/2022
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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: Russell Pierce

Date: 10/17/2022

Title: Executive Director

Applicant Organization: Housing for New Hope, 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 statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.

I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

8B. Submission Summary

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

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
Unsheltered Homelessness Set Aside Project Application FY2022	Page 54 10/17/2022

1B. SF-424 Legal Applicant	10/15/2022
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	10/17/2022
1E. SF-424 Compliance	10/15/2022
1F. SF-424 Declaration	10/15/2022
1G. HUD 2880	10/15/2022
1H. HUD 50070	10/15/2022
1I. Cert. Lobbying	10/15/2022
1J. SF-LLL	10/15/2022
IK. SF-424B	10/15/2022
1L. SF-424D	10/15/2022
2A. Subrecipients	10/15/2022
2B. Experience	10/17/2022
3A. Project Detail	10/15/2022
3B. Description	10/17/2022
4A. Services	10/17/2022
5A. Households	10/17/2022
5B. Subpopulations	10/15/2022
6A. Funding Request	10/15/2022
6F. Supp Srvcs Budget	10/17/2022
6I. Match	10/17/2022
6J. Summary Budget	No Input Required
7A. Attachment(s)	10/17/2022
7A. In-Kind MOU Attachment	No Input Required
7D. Certification	10/15/2022

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
401 W. PEACHTREE ST. NW
ATLANTA, GA 30365

DEPARTMENT OF THE TREASURY

8

Date:

FEB 14 1994

HOUSING FOR NEW HOPE INC
602 HOLLOWAY STREET
DURHAM, NC 27701

Employer Identification Numbers:
58-2089068
Case Numbers:
584020024
Contact Person:
ROBERTA VAN METER
Contact Telephone Numbers:
(404) 331-0185
Accounting Period Endings:
August 31
Foundation Status Classification:
509(a)(1)
Advance Ruling Period Begins:
October 8, 1993
Advance Ruling Period Ends:
August 31, 1998
Addendum Applies:
Yes

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that we

Letter 1045 (D0/CG)

HOUSING FOR NEW HOPE INC

will no longer treat you as a publicly supported organization; grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that we had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date he or she acquired such knowledge.

If you change your sources of support, your purposes, character, or method of operation, please let us know so we can consider the effect of the change on your exempt status and foundation status. If you amend your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, let us know all changes in your name or address.

As of January 1, 1984, you are liable for social securities taxes under the Federal Insurance Contributions Act on amounts of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Internal Revenue Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Internal Revenue Code. Requests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Donors may deduct contributions to you only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, gives guidelines regarding when taxpayers may deduct payments for admission to, or other participation in, fundraising activities for charity.

You are not required to file Form 990, Return of Organization Exempt From Income Tax, if your gross receipts each year are normally \$25,000 or less. If you receive a Form 990 package in the mail, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If you are required to file a return you must file it by the 15th day of the fifth month after the end of your annual accounting period. We charge a penalty of \$10 a day when a return is filed late, unless there is reasonable

-3-

HOUSING FOR NEW HOPE INC

cause for the delay. However, the maximum penalty we charge cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. We may also charge this penalty if a return is not complete. So, please be sure your return is complete before you file it.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

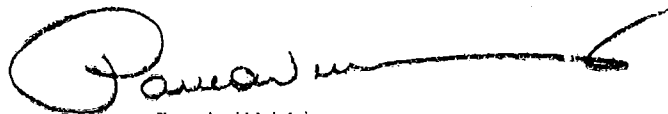
You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, we will assign a number to you and advise you of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we said in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help us resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



Paul Williams
District Director

Enclosure(s):
Addendum
Form 872-C

HOUSING FOR NEW HOPE INC

You are required to make your annual return available for public inspection for three years after the return is due. You are also required to make available a copy of your exemption application, and supporting documents, and this exemption letter. Failure to make these documents available for public inspection may subject you to a penalty of \$10 per day for each day there is failure to comply (up to a maximum of \$5,000 in the case of an annual return). See Internal Revenue Service Notice 88-120, 1988-2 C.B. 454, for additional information.

If your organization conducts fund-raising events such as benefit dinners, auctions, membership drives, etc., where something of value is received in return for contributions, you can help your donors avoid difficulties with their income tax returns by assisting them in determining the proper tax treatment of their contributions. To do this you should, in advance of the event, determine the fair market value of the benefit received and state it in your fund-raising materials such as solicitations, tickets, and receipts in such a way that your donors can determine how much is deductible and how much is not. To assist you in this, the Service has issued Publication 1391, *Deductibility of Payments Made to Charities Conducting Fund-Raising Events*. You may obtain copies of Publication 1391 from your local IRS Office. Guidelines for deductible amounts are also set forth in Revenue Ruling 67-246, 1967-2 C.B. 104 and Revenue Procedure 90-12, 1990-1 C.B. 471 and Revenue Procedure 92-49, 1992-26 I.R.B. 18.

OGDEN UT 84201-0038

In reply refer to: 0438186857
July 20, 2012 LTR 4168C 0
58-2089068 000000 00
00034818
BODC: TE

HOUSING FOR NEW HOPE INC
18 W COLONY PL
DURHAM NC 27705-5582



020267

Employer Identification Number: 58-2089068
Person to Contact: Deb Bridgewater
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your July 11, 2012, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in FEBUARY 1994.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: FEB 26 2010

OPEN TABLE MINISTRY INC
PO BOX 51363
DURHAM, NC 27717-1363

Employer Identification Number:
27-0977564
DLN:
17053005361030
Contact Person:
MARY M SHEER ID# 31255
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
October 5, 2009
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

-2-

OPEN TABLE MINISTRY INC

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,


Robert Choi

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR

C - 1130
ATLANTA, GA 30301

DEPARTMENT OF THE TREASURY

#9

Date: SEP 29 1993

GENESIS HOME
300 NORTH QUEEN STREET
DURHAM, NC 27701

Employer Identification Number:
54-1633998
Case Number:
583246013
Contact Persons:
JAMES ST. JULIEN
Contact Telephone Number:
(404) 381-0171
Our Letter Dated:
April 7, 1988
Addendum Applies:
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

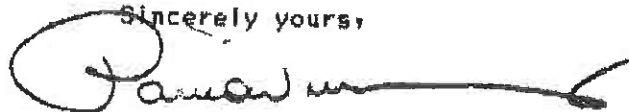
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

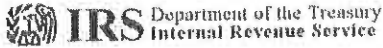
Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



Paul Williams
District Director



Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0029

In reply refer to: 4077591934
Feb. 02, 2016 LTR 4168C 0
56-1633998 000000 00

00026871
BODC: TE

FAMILIES MOVING FORWARD
% RYAN FEHRMAN
300 N QUEEN ST
DURHAM NC 27701-3446



023738

Employer ID Number: 56-1633998
Form 990 required: YES

Dear Taxpayer:

This is in response to your request dated Jan. 07, 2016, regarding
A NAME CHANGE

We issued you a determination letter in APRIL 1989, recognizing
you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)
(3).

Our records also indicate you're not a private foundation as defined
under IRC Section 509(a) because you're described in IRC Sections
509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC
Section 170. You're also qualified to receive tax deductible bequests,
legacies, devises, transfers, or gifts under IRC Sections 2055, 2106,
and 2522.

In the heading of this letter, we indicated whether you must file an
annual information return. If a return is required, you must file Form
990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after
the end of your annual accounting period. IRC Section 6033(j) provides
that, if you don't file a required annual information return or notice
for three consecutive years, your exempt status will be automatically
revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or
call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m.,
local time, Monday through Friday (Alaska and Hawaii follow Pacific
Time).

4077591934
Feb. 02, 2016 LTR 4168C 0
56-1633998 000000 00
00026872

FAMILIES MOVING FORWARD
% RYAN FEHRMAN
300 N QUEEN ST
DURHAM NC 27701-3446

Sincerely yours,



Jeffrey I. Cooper
Director, EO Rulings & Agreement