

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 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 navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. 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, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/24/2019

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:	
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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: (000) 000-0000

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-6300-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 Coordinated Entry

16. Congressional District(s):

a. Applicant: NC-001, NC-004

b. Project: NC-001, AL-004

(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2020

b. End Date: 12/31/2021

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Ms.

First Name: Kathy

Middle Name:

Last Name: Hodges

Suffix:

Title: Deputy Director

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

Fax Number: (000) 000-0000
(Format: 123-456-7890)

Email: khodges@durhamcrisisresponse.org

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

Date Signed: 09/24/2019

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: Durham Crisis Response Center

Prefix: Ms.

First Name: Kathy

Middle Name:

Last Name: Hodges

Suffix:

Title: Deputy 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: \$141,011.00

(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 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: Kathy Hodges, Deputy Director

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

Date Signed: 09/24/2019

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 certify that the information provided on this form and in any accompanying

X

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.



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: Deputy Director

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

Fax Number: (000) 000-0000
(Format: 123-456-7890)

Email: khodges@durhamcrisisresponse.org

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

Date Signed: 09/24/2019

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, Deputy Director

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

Date Signed: 09/24/2019

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: Deputy Director

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

Fax Number: (000) 000-0000
(Format: 123-456-7890)

Email: khodges@durhamcrisisresponse.org

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

Date Signed: 09/24/2019

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$0

Organization	Type	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 more than 25 family units 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. In 2018, DCRC applied for and was awarded funding to add rapid rehousing services to these services, and anticipates starting those services soon. This application will support these services by providing assistance with coordinated entry and supportive services project. For 40 years, Durham Crisis Response Center has operated a 24-hour help line for victims of domestic violence. The help line is often the first contact the victim has with the agency and is begins the referral process for our confidential shelter, and receives more than 2000 calls each year. DCRC staff has experience helping callers identify their emergency housing needs and matching victims with shelter services both within and outside the Durham Community, based on shelter availability and needs of the victim and their family. This may include short-term motel stay, assistance with transportation, and case management to help the victim get to a safe housing situation. Additionally, DCRC has extensive experience managing a range of 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 three 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 nets nearly \$100,000 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 three years, DCRC’s federal funding level has required a single audit that has been conducted by an outside audit firm.

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 Coordinated Entry

3. Project Status: Standard

4. Component Type: SSO

5. Does this project use one or more properties that have been conveyed through the Title V process? No

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA). No

7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?

3B. Project Description

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

This project will support the development of an effective systemic support to homelessness, focused on victims of domestic violence (DV), dating violence or stalking by coordinating services with the Continuum of Care (COC) to ensure fair access and trauma-informed care in implementing coordinated entry and overseeing coordinated entry for DCRC. The local COC has restructured the process for coordinated entry to include universal screening for domestic violence and has designated DCRC as the hub for serving those identified through the screening. This project will ensure that DCRC is able to provide specialized coordinated entry services for survivors, whether they reach out to the coordinated entry or directly to DCRC. Project staff will coordinate with Durham’s Coordinated Entry program (CE Central) and offer individualized safety planning as part of planning and support for victims. They will ensure data entry and compilation for reporting. They will ensure that CE Central is kept informed about shelter space availability. The project will provide two CE advocates to assist in answering the helpline, to conduct standardized assessment, prioritization and referral while tailoring these services to address the unique safety and trauma needs of survivors supporting callers. They will provide assistance in accessing services, such as food, transportation and emergency hotel placements. They will also provide short-term case management and assist victims with obtaining benefits from mainstream services. Advocates will provide support to CE Central with at least 20 hours/week scheduled on-site to assist with domestic violence inquiries received there and provide training and technical assistance to their staff on the specialized needs of homeless domestic violence victims to ensure that their safety needs are recognized and that appropriate confidentiality and security measures are in place for victims seeking safe shelter, whether through DCRC or CE Central. Advocates will also attend the COC by name list meetings and participate in the COC planning to improve permanent housing prioritization and referral processes to ensure that those processes are informed by best practices in services to victims of domestic violence. They will ensure that partners have appropriate training and support to provide safe and empowering services for victims. Due to limited capacity at our confidential shelter, the helpline is often unable provide admission to our shelter. This happened for 463 households in the year ending June 30, 2019. For each of them, DCRC staff worked with the survivor to find an alternative resolution. This process can take hours to assist one family. This project will provide the resources and advocacy to these families, and the increase in numbers expected as DCRC takes on the hub role for victims experiencing homelessness identified through CE Central.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple

structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	60			
Participant enrollment in project begins?	90			
Participants begin to occupy leased units or structure(s), and supportive services begin?	90			
Leased or rental assistance units or structure, and supportive services near 100% capacity?				
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

*** 3. Please identify the project's specific population focus.**

(Select ALL that apply)

Chronic Homeless	<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"/>

4. Please select the type of SSO project: Coordinated Entry

4a. Will the coordinated entry process funded in part by this grant cover the CoC's entire geographic area? Yes

4b. Will the coordinated entry process funded Yes

in part by this grant be easily accessible?

4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

Intake locations for CE Central are known publicly. The plan for new coordinated entry will be rolled out in September 2019. A broad public awareness campaign will follow, to include information on accessing domestic violence services, including: publishing information on the City and County websites; videos on how-to access services, which will be published online and distributed to community organizations; trainings to be provided to key community partners to help people with access; and information provided to 2-1-1 and included on the new NCCares360 site, so that anyone experiencing homelessness is directed to CE Central. In addition to collaborating with the outreach efforts of CE Central, DCRC will continue to use its various outreach strategies. DCRC uses various advertisement strategies for the helpline. DCRC's helpline number is on all the agency's brochures, business cards, and other materials. It is distributed by law enforcement, social services, hospitals, homeless service providers, CE Central, health care providers and other human services agencies in the community. The number is provided on tear-off tabs that are placed in various locations throughout the community. DCRC's outreach coordinator and other outreach staff provide information through providing information tables at various events and locations, displays, presentations and a wide range of outreach events. DCRC's website, with complete contact information, is made widely available. DCRC also has an active social media presence to help the community learn about services.

4d. Does the coordinated entry process use a comprehensive, standardized assessment process? Yes

4e. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services.

Persons contacting CE Central are assessed for homeless and domestic violence, using a modified version of the HARK (Humiliation, Afraid, Rape, Kick), among other instruments. All CE Central staff are trained in safety planning, confidentiality, and special needs of survivors. When domestic violence is identified, CE Central will offer the victim a referral to DCRC and DCRC will serve as the hub for providing referrals and resources to victims. Additionally, victims may contact DCRC directly for services, ensuring that there is no "wrong door" for accessing homelessness services. After homelessness and domestic violence are confirmed, alternatives for safe housing, including diversion are explored. CE advocates will continue to work to find safe accommodations through: evaluating the possibility of the victim remaining safely at home with a protective order or other legal assistance; identification of a family member/friend to provide housing, including arranging transportation if needed; referral to a local homeless shelter; referral to another shelter in surrounding counties, including ongoing transportation, case management and

support if needed; and referral, transportation and transfer to a shelter within or outside NC. The process is guided by the victim, who is working with the advocate on identifying and pursuing options. Advocates are trained in helping the victim identify viable options and in the procedures for making referrals to these service providers. The referral is most often made through the DCRC advocate first contacting the service provider to ascertain the availability of services on a particular date. If services are available, the DCRC advocate will follow the directions of the service provider for next steps. Ensuring confidentiality throughout this process is critical, and no identifying information is released without the express consent of the victim. Further assessment is conducted after admission to the shelter and permanent housing is prioritized based on vulnerability score, length of time homeless, and chronicity. The CE advocates will attend the monthly by name list meetings, to ensure all survivors in the COC have access to the DCRC's 2018 COC rapid rehousing project and to help survivors working directly with DCRC access other COC permanent housing resources as needed. CE advocates will also be trained to provide active listening to victims to understand what victims identify as their needs. They are equipped with a community resource manual that identifies the resources most used by victims of domestic violence, dating violence and stalking, with a special emphasis on emergency housing resources that are available for victims throughout NC.

4f. If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following five groups: Chronically Homeless, Individuals, Families, Youth, and Persons At Risk of Homelessness? Yes

4g. This Coordinated Entry project will refer persons experiencing homelessness to projects that specifically coordinates and integrates mainstream health, social services, and employment programs to project participants for which they may be eligible?

3C. Project Expansion Information

- 1. Is this New project application requesting a “Project Expansion” of an eligible renewal project of the same component type?** No

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021? Yes

2. What type of CoC funding is this project applying for in the 2019 CoC Competition? DV Bonus

Only RRH, SSO and JOINT component types can apply for this funding

3. Does this project propose to allocate funds according to an indirect cost rate? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

a. Please complete the indirect cost rate schedule below

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
DOJ	10%	n/a

b. Has this rate been approved by your cognizant agency? No

c. Do you plan to use the 10% de minimis rate? Yes

4. Select a grant term: 1 Year

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

Supportive Services

6. If awarded, will this project require an initial grant term greater than 12 months? Yes

6a. Select the number of months required for the initial grant term: 18 months

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	Director of Crisis Services @ .05 FTE plus benefits and materials	\$4,000
2. Assistance with Moving Costs		
3. Case Management	Helpline advocates @ 1.5 FTE plus benefits, mileage (1000 mi @ .58/mi) and supplies @ \$100/mo)	\$81,454
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	Food for clients @ 250/mo	\$3,000
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services	Helpline advocates @ .5 FTE plus benefits, Mileage (1000 mi x .58), cell phone @ \$50 mo., supplies, materials and promotional items @ \$500/ mo	\$33,738
14. Substance Abuse Treatment Services		
15. Transportation	Transportation for clients @ \$500 per month to get clients to shelter and services	\$6,000
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$128,192
Grant Term		1 Year
Total Request for Grant Term		\$128,192

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:	\$35,253
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$35,253

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	VOCA funding	10/01/2018	\$35,253

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:** VOCA funding
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 10/01/2018
- 6. Value of Written Commitment:** \$35,253

6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$128,192	1 Year	\$128,192
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$128,192
8. Admin (Up to 10%)			\$12,819
9. Total Assistance Plus Admin Requested			\$141,011
10. Cash Match			\$35,253
11. In-Kind Match			\$0
12. Total Match			\$35,253
13. Total Budget			\$176,264

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: 09/24/2019

Title: Deputy Director

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).

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.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/17/2019
1E. SF-424 Compliance	08/09/2019
1F. SF-424 Declaration	08/09/2019

1G. HUD 2880	08/09/2019
1H. HUD 50070	08/09/2019
1I. Cert. Lobbying	08/09/2019
1J. SF-LLL	08/09/2019
2A. Subrecipients	No Input Required
2B. Experience	09/24/2019
3A. Project Detail	08/09/2019
3B. Description	09/24/2019
3C. Expansion	08/09/2019
6A. Funding Request	08/09/2019
6F. Supp Srvcs Budget	08/12/2019
6I. Match	08/12/2019
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7D. Certification	08/11/2019