

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: 09/25/2023

4. Applicant Identifier:

a. 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: Families Moving Forward
- b. Employer/Taxpayer Identification Number (EIN/TIN): 56-1633998
- c. Unique Entity Identifier: GEG9C11Q5JM7

d. Address

Street 1: 300 N. Queen St.
Street 2:
City: Durham
County: Durham
State: North Carolina
Country: United States
Zip / Postal Code: 27701

e. Organizational Unit (optional)

Department Name:
Division Name:

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

Prefix: Mr.
First Name: Joe
Middle Name:
Last Name: Daly
Suffix:
Title: Development Director
Organizational Affiliation: Families Moving Forward
Telephone Number: (919) 683-5878
Extension:

Fax Number: (919) 682-2509
Email: joe@fmfnc.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-6700-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: DV Bonus 2023

16. Congressional District(s):

16a. Applicant: NC-004

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

17. Proposed Project

a. Start Date: 09/01/2024

b. End Date: 08/31/2025

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: Tammy

Middle Name:

Last Name: Laurence

Suffix:

Title: Executive Director

Telephone Number: (919) 683-5878
(Format: 123-456-7890)

Fax Number: (919) 682-2509
(Format: 123-456-7890)

Email: tammy@fmfnc.org

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

Date Signed: 09/25/2023

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2501-0017 (exp. 1/31/2026)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Families Moving Forward

Prefix: Ms.

First Name: Tammy

Middle Name:

Last Name: Laurence

Suffix:

Title: Executive Director

Organizational Affiliation: Families Moving Forward

Telephone Number: (919) 683-5878

Extension: 21

Email: tammy@fmfnc.org

City: Durham

County: Durham

State: North Carolina

Country: United States

Zip/Postal Code: 27701

2. Employer ID Number (EIN): 56-1633998

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$213,219.00

(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
NA	NA	\$0.00	NA

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

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? 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 non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.

X

Name / Title of Authorized Official: Tammy Laurence, Executive Director

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

Date Signed: 09/25/2023

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Families Moving Forward
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.	<p>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>
b.	<p>Establishing an on-going drug-free awareness program to inform employees —</p> <ul style="list-style-type: none"> (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.
c.	<p>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>
d.	<p>Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will —</p> <ul style="list-style-type: none"> (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;
e.	<p>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;</p>
f.	<p>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 —</p> <ul style="list-style-type: none"> (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;
g.	<p>Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</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: Ms.

First Name: Tammy

Middle Name

Last Name: Laurence

Suffix:

Title: Executive Director

Telephone Number: (919) 683-5878
(Format: 123-456-7890)

Fax Number: (919) 682-2509
(Format: 123-456-7890)

Email: tammy@fmfnc.org

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

Date Signed: 09/25/2023

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: Families Moving Forward

Name / Title of Authorized Official: Tammy Laurence, Executive Director

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

Date Signed: 09/25/2023

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: Families Moving Forward

Street 1: 300 N. Queen St.

Street 2:

City: Durham

County: Durham

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.

Authorized Representative

Prefix: Ms.

First Name: Tammy

Middle Name:

Last Name: Laurence

Suffix:

Title: Executive Director

Telephone Number: (919) 683-5878
(Format: 123-456-7890)

Fax Number: (919) 682-2509
(Format: 123-456-7890)

Email: tammy@fmfnc.org

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

Date Signed: 09/25/2023

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: Families Moving Forward

Prefix: Ms.

First Name: Tammy

Middle Name:

Last Name: Laurence

Suffix:

Title: Executive Director

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

Date Signed: 09/25/2023

1L. SF-424D

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

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: \$0

Organization	Type	Sub-Award Amount
This list contains no items		

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.

FMF has extensive experience in the utilization of government funding at the federal, state, and local levels. FMF utilized SAMHSA funding to implement the ABC-infant and ABC-toddler DCIT for children experiencing homelessness for children in FMF's emergency shelter and for those children who left the shelter for permanent housing for up to 12 months. Additionally with these funds FMF provided developmental and socio-economic screening for children and depression screening for all parents and to ensure the READY-funded EBTS (ABC and PCIT) are available to all families at the shelter and up to 18 months after leaving shelter.

FMF effectively uses NC ESG funding to aid utility costs for its emergency shelter. 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 Rapid ReHousing 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. FMF ARPA-R Phase 39 is used to aid families experiencing homelessness at in the emergency shelter for emergency-related costs for families. 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.

At FMF, government funding is viewed as a critical component to the leveraging of multiple funding streams in order to achieve measurable results in reducing the number of families experiencing homelessness. FMF follows governmental requirements and/or recommendations to set up all of its programs, and uses funds from grantors, donors, and special events to invest in the projects that receive federal, state, and/or local government support. One example of how the leveraging of funds between public/private partnerships is with the implementation of the RRH program. FMF used its strategic investment funds comprised of donations and special events to invest in the RRH program that includes local grant funds from the City of Durham. FMF understands the increased impact of projects that include both government and private dollars.

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

FMF's financial operations is governed by its Board-approved Financial Operations Manual. The manual is followed by FMF's executive director, finance and administration director, accountant, and all FMF staff. FMF financial practices include daily operations, funding requests, payment of invoices, GAAP accounting practices and more. More specifically, there are checks and balances in all aspects of financial operations from how the mail is opened, and deposits of revenue are made to ensuring that all income and expenses are specific to appropriate and mandated requirements. The accountant and finance director uses Quickbooks for all accounting and FMF is audited annually by an independent accounting.

**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: DV Bonus 2023

- 4. Project Status: Standard

- 5. Component Type: PH

- 5a. Select the type of PH project: RRH

- 6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

- 7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No

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

- 10. Is this project applying for Rural costs on screen 6A? No

3B. Project Description

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

Families Moving Forward (FMF) is the product of a successful merger of Genesis Home and Interfaith Hospitality Network, and has been serving families experiencing homelessness for more than 30 years. FMF operates an emergency shelter and began implementing a rapid rehousing program in June of 2022 in order to build on its extensive success in working with local landlords to effectively place families in stable housing. The Rapid Rehousing program places not only families from our shelter, but also unsheltered families living on the street into permanent housing. FMF is considered a leader in not only successfully placing families into stable housing, but also in providing supportive services for up to 18 months after families move into housing. These supportive services include, but are not limited to helping families reach and maintain financial stability, continue with behavioral health services, find employment, achieve job security, and receive educational and emotional assessments for children. At FMF, we strive to rapidly rehouse families as quickly as possible and work to eliminate generational poverty by providing the services children experiencing homelessness need to thrive and succeed. Throughout the many years of serving families experiencing homelessness, FMF has served scores of adult survivors of domestic violence. There are multiple and complex needs of domestic violence survivors as a result of the violence they have experienced, and may require additional services that require FMF to work with its community partners who are trained in treating victims of domestic abuse. In order to best serve these families the Rapid ReHousing program will enable FMF (while continuing to work with community partners) to move these families into safe housing quickly, and enable the Rapid ReHousing Mentor (RRHM) to identify and address needs specific to the families' needs, and in addition to working with survivors to develop a workable financial plan and housing plan to also create a safety plan. All plans will be reviewed bi-weekly at FMF Family Empowerment Team meetings, and with the survivors.

This project will enable at least 24 survivors of domestic and/or sexual abuse and their children to achieve housing success by providing all or some of the following services: Housing Relocation and Stabilization Services; Rental Application Fees, Security Deposits; Last Month's Rent, Utility Deposits; Utility Payments; Up to Six Months Utility Arrears; Moving Costs; Housing Search and Placement; Rapid ReHousing Stabilization Mentor; Direct, low barrier, contracted mental health services with clinicians already under contract with FMF; and any additional supportive services identified within the scope of this project. This estimate of at least 24 and up to 30 clients is based on an estimated cost of ~\$1,200/month in rent for 12 months of subsidy for 12 individual 2-bedroom tenant-based rental units. FMF will provide supportive services for up to 12 months as continued casework, and through continued partnerships with community partners trained in domestic and sexual abuse.

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	90			
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 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"/>
		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. Housing First

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will the project enroll program participants who have the following barriers?
 Select all that apply.

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

5c. Will the project prevent program participant termination for the following reasons? Select all that apply.

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

5d. Will the project follow a "Housing First" approach? Yes
 (Click 'Save' to update)

6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? No

7. Will more than 16 persons live in a single structure? No

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project? Yes

Enter the PIN (first 6 characters of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2023 upon which this project proposes to expand.

1a. Eligible Renewal Grant PIN: NC0504

1b. Eligible Renewal Grant Project Name: DV Bonus Expansion 2023

2. Will this expansion project increase the number of program participants? Yes

2a.	Currently Approved Renewal Numbers (from "Stand-alone Renewal" project application)	
	Number of persons (From renewal application Screen 5A)	12
	Number of units (From renewal application Screen 4B)	12
	Number of beds (From renewal application Screen 4B)	42
2b.	New Requested Numbers to Add (from this "Stand-alone New" project application)	
	Number of additional persons (From this new application Screen 5A)	12
	Number of additional units (From this new application Screen 4B)	12
	Number of additional beds (From this new application Screen 4B)	42

3. Will this expansion project provide additional supportive services to program participants? Yes

3a. Indicate how the project will provide additional supportive services to program participants.
 (Check one or both boxes)

Increase number of or expand supportive services provided	<input type="checkbox"/>
Increase frequency or intensity of supportive services	<input type="checkbox"/>

4. Will this expansion project bring existing facilities up to government health or safety standards? No

4A. Supportive Services for Participants

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

FMF's emergency shelter program instituted a 2-track system in May of 2022 for identifying and supporting families to rapidly exit emergency shelter. Track one is considered a Fast Track and families who are placed on the "fast track" are families who enter shelter with some of the following: employment, employable skills, landlord support letters, checking account, and other tangibles that can help with moving into permanent housing fairly quickly. Families on track two, are identified as no income, little to no employable skills or employment leads, poor credit histories, and chronic homelessness. These families receive supportive services aimed at helping them to secure housing, but recognizing that it will take longer to move the families into permanent housing. FMF works closely with families on both tracks to ensure that families are moved into housing as quickly as possible with as much support as possible. Additionally, when there is an opening, families referred directly to this RRH project from Entry Point Durham or the CoC prioritization referral process will be contacted within 72 hours to schedule an intake appointment. FMF will use State ESG and FMF-specific documents to verify eligibility, complete initial and interim assessments, and ensure that housing and habitability requirements are met. As part of the CoC Coordinated Entry intake and assessment process, families are screened using The HARK self-reported screening tool. After a family has been referred for shelter, services or support if they may disclose that they are DV survivors. When it is learned throughout client engagement and case management support that a client identifies as a survivor but had not previously shared this the RRH Mentor Advocate will complete an Interim assessment in HMIS to document and follow CoC processes to update the By-Name-List for prioritization. Only DV survivors will be served in this project. DV survivors are identified at intake (both in shelter and RRH). Once a DV survivor is identified, the RRH Case Mentor meets with the survivor to create a safety plan, housing plan, and financial plan; and immediately connect the client with identified supportive services needed to ensure quick, safe, and maintainable housing. FMF will work with identified landlords to aid in the successful placement of survivors with safety in mind. Additionally, Program staff support client choice and assist clients in finding housing options that are the type of housing the client desires and in the areas that the clients identify. Staff will also support the client as safety plans are created to help ensure safety. RRH staff will work with the families to identify housing options through their ongoing relationships with landlords, property managers, and housing location staff of other CoC agencies. The RRH team will help families identify units they can afford to promote the probability that families will continue to afford their units once the subsidy has expired. The RRH staff will continue to work with the families on their financial and housing stabilization plans through regular meetings with FMF Family Empowerment Team and with the family on a weekly basis. Continued support will be provided to families for up to 12 months after moving into permanent housing.

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.

At FMF coordination and integration activities for families begin at client intake. FMF has built a robust network of mainstream community partners over the years, and communication is daily and ongoing. When a survivor is accepted into the FMF RRH program he/she meets with his/her Intake Coordinator (IC) to identify causes leading to the family's state of homelessness and barriers to regaining housing security. The IC will begin to identify community partners who will be contacted to provide coordination in addressing needs that led to the family to experiencing homelessness or barriers to the family securing and stabilizing housing security. The IC will then meet with the family, and the RRH Mentor Advocate (RRHMA) to help the family prepare a financial plan and a housing retention and stabilization plan. The RRHMA will begin contacting community partners that can aid families in reaching their financial and or housing plans. The RRHMA helps families to complete necessary paperwork, schedule and attend appointments, seek job skills and/or training, and apply for jobs, look for housing, and apply for all eligible resources. While discussing the family's plan to obtain or increase income and their employment goals, FMF staff provides information about the Work First program to families and supports them through the application process if the head of household is interested and thinks they are eligible. FMF and Goodwill Industries of Eastern North Carolina partnered to create a workforce development program and all households served by FMF have the opportunity to participate in this apprenticeship program. Additionally, FMF works closely with Urban Ministries of Durham's workforce development team so that all families experiencing homelessness receive similar services and support. FMF partners regularly with Dress for Success, StepUp Durham, NCWorks and NextGen, and Durham Technical Community College. FMF and Goodwill Industries of Eastern NC have partnered and developed the Accelerated Career Training Program. This program offers families served by FMF opportunities to attend the 6-session trainings to build their skills that will aid them in landing a job in the retail industry. The RRHMA attends the weekly FME Family Empowerment Team meetings (FET) to review case files of the families with other programming, and IC staff to ensure that all avenues are afforded to families to enhance financial and housing stabilization. The RRHMA also meets with families weekly to ensure that they are staying on track for obtaining their housing and financial goals.

**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	Bi-weekly
Assistance with Moving Costs	Applicant	Annually
Case Management	Applicant	Weekly

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

Partner	As needed
Partner	As needed
Partner	As needed
Partner	As needed
Applicant	As needed
Partner	As needed
Partner	As needed
Partner	As needed
Partner	As needed
Partner	As needed
Partner	As needed
Partner	As needed
Applicant	Annually

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. No

4B. Housing Type and Location

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

Total Units: 24

Total Beds: 48

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Clustered apartments	---	24	48	

4B. Housing Type and Location Detail

1. **Housing Type:** Clustered apartments

2. **Indicate the maximum number of units and beds available for program participants at the selected housing site.**

a. **Units:** 24

b. **Beds:** 48

3. Address

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

Street 1: 300 N Queen St

Street 2:

City: Durham

State: North Carolina

ZIP Code: 27701

***4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

370828 Durham

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	24			24
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24	20			20
Persons ages 18-24	4			4
Accompanied Children under age 18	60			60
Unaccompanied Children under age 18				0
Total Persons	84	0	0	84

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	10						20			
Persons ages 18-24	2						4			
Children under age 18	30						60			
Total Persons	42	0	0	0	0	0	84	0	0	0

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										
Persons ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

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	0	0	0

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2025? Yes

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

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

4. Select a grant term: 1 Year



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

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

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? No
(13 to 18 months)

6E. Rental Assistance Budget

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

Total Annual Assistance Request:	\$172,656
Grant Term:	1 Year
Total Request for Grant Term:	\$172,656
Total Units:	12

The number of beds for which funding has been requested in the Rental Assistance budget is 24.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NC - Durham-Chapel Hill, NC HUD Metro...	12	\$172,656

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

Type of Rental Assistance: TRA

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	\$768	x	12		=	\$0
0 Bedroom		x	\$1,024	x	12		=	\$0
1 Bedroom		x	\$1,030	x	12		=	\$0

2 Bedrooms	12	x	\$1,199	x	12	=	\$172,656
3 Bedrooms		x	\$1,546	x	12	=	\$0
4 Bedrooms		x	\$1,812	x	12	=	\$0
5 Bedrooms		x	\$2,084	x	12	=	\$0
6 Bedrooms		x	\$2,356	x	12	=	\$0
7 Bedrooms		x	\$2,627	x	12	=	\$0
8 Bedrooms		x	\$2,899	x	12	=	\$0
9 Bedrooms		x	\$3,171	x	12	=	\$0
Total Units and Annual Assistance Requested	12						\$172,656
Grant Term							1 Year
Total Request for Grant Term							\$172,656

Click the 'Save' button to automatically calculate totals.

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		
2. Assistance with Moving Costs	FMF will provide moving assistance to all 12 families if they need it.	\$6,986
3. Case Management	75% salary for RRH Stabilization Mentor. This position will provide case management to facilitate housing stability for participants to maintain stable housing throughout the RRH project.	\$30,377
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits	\$200 for 16 families will be provided for utility deposits	\$3,200
17. Operating Costs		
Total Annual Assistance Requested		\$40,563
Grant Term		1 Year
Total Request for Grant Term		\$40,563

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

New in FY2023, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:

- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.



Enter the estimated amount(s) you are requesting for this project’s Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

Eligible Costs	Annual Assistance Requested
Estimated budget amount for VAWA Emergency Transfer Facilitation:	
Estimated budget amount for VAWA Confidentiality Requirements:	

CoC VAWA BLI Total:	\$0
Grant Term	1 Year
Total Request for Grant Term	\$0

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:	\$58,630
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$58,630

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Name of Source	Amount of Commitments
Cash	Private	Foundations and d...	\$28,630
Cash	Government	City of Durham	\$30,000

Sources of Match Detail

1. Type of Match commitment: Cash
2. Source: Private
3. Name of Source: Foundations and donations
(Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: \$28,630

Sources of Match Detail

1. Type of Match commitment: Cash
2. Source: Government
3. Name of Source: City of Durham
(Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: \$30,000

6J. Summary Budget

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

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			\$0
1b. Rehabilitation (Screen 6B)			\$0
1c. New Construction (Screen 6B)			\$0
2a. Leased Units (Screen 6C)	\$0	1 Year	\$0
2b. Leased Structures (Screen 6D)	\$0	1 Year	\$0
3. Rental Assistance (Screen 6E)	\$172,656	1 Year	\$172,656
4. Supportive Services (Screen 6F)	\$40,563	1 Year	\$40,563
5. Operating (Screen 6G)	\$0	1 Year	\$0
6. HMIS (Screen 6H)	\$0	1 Year	\$0
 7. VAWA	\$0	1 Year	\$0
8. Rural (Only for HUD CoC Program approved rural areas)	\$0	1 Year	\$0
9. Sub-total of CoC Program Costs Requested			\$213,219
10. Admin (Up to 10% of Sub-total in #9)			
11. HUD funded Sub-total + Admin. Requested			\$213,219
12. Cash Match (From Screen 6I)			\$58,630
13. In-Kind Match (From Screen 6I)			\$0
14. Total Match (From Screen 6I)			\$58,630
15. Total Project Budget for this grant, including Match			\$271,849

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	Housing Leverage ...	09/25/2023
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Housing Leverage Documentation

Attachment Details

Document Description:

7D. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Tammy Laurence

Date: 09/25/2023

Title: Executive Director

Applicant Organization: Families Moving Forward

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **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, 1014; 31 U.S.C. §3729, 3802).

X

8B. Submission Summary

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

Page	Last Updated
New Project Application FY2023	Page 50 09/26/2023

1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	09/19/2023
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/20/2023
1E. SF-424 Compliance	09/19/2023
1F. SF-424 Declaration	09/19/2023
1G. HUD 2880	09/19/2023
1H. HUD 50070	09/19/2023
1I. Cert. Lobbying	09/19/2023
1J. SF-LLL	09/19/2023
IK. SF-424B	09/19/2023
1L. SF-424D	09/19/2023
2A. Subrecipients	No Input Required
2B. Experience	09/19/2023
3A. Project Detail	09/19/2023
3B. Description	09/20/2023
3C. Expansion	09/20/2023
4A. Services	09/20/2023
4B. Housing Type	09/19/2023
5A. Households	09/20/2023
5B. Subpopulations	No Input Required
6A. Funding Request	09/19/2023
6E. Rental Assistance	09/22/2023
6F. Supp Srvcs Budget	09/22/2023
VAWA Budget	No Input Required
6I. Match	09/22/2023
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/25/2023
7D. Certification	09/19/2023

NC-502

Durham Continuum of Care
Housing Leverage
Commitment



COMMUNITY DEVELOPMENT
CITY OF DURHAM

September 15, 2023

Ms. Tammy Laurence, Executive Director
Families Moving Forward
300 N. Queen Street
Durham, N.C. 27701

Dear Ms. Laurence:

The Community Development Department of the City of Durham, NC, is happy to provide this letter of commitment to provide \$30,000 to Families Moving Forward's Domestic Violence Bonus Expansion project application in the 2023 U.S. Department of Housing and Urban Development (HUD) Continuum of Care Homeless Grants Competition.

We estimate that these funds will provide housing subsidies for three units of the twelve rapid rehousing units that Families Moving Forward is applying for in this competition, assuming that project participants also are contributing thirty percent of their income towards their housing costs.

Should this project be awarded funds by HUD, these funds will be available to the project on October 1, 2024, and the City of Durham will enter into a contract with Families Moving Forward for the provision of these funds in advance of the project's start date.

The source of these funds will be local government funds, e.g. the City of Durham's Dedicated Housing Fund.

Sincerely,

Reginald J. Johnson
Director, Community Development Department

