

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:** Project Access of Durham County
- b. **Employer/Taxpayer Identification Number (EIN/TIN):** 26-1925378
- c. **Unique Entity Identifier:** ZZX2JAGEJT71

d. Address

Street 1: 4206 N. Roxboro St Suite 100
Street 2:
City: Durham
County: Durham
State: North Carolina
Country: United States
Zip / Postal Code: 27704

e. Organizational Unit (optional)

Department Name:
Division Name:

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

Prefix: Ms.
First Name: Maria
Middle Name:
Last Name: Glover
Suffix:
Title: Assistant
Organizational Affiliation: Project Access of Durham County
Telephone Number: (919) 213-4077
Extension:

Fax Number: (919) 213-8234

Email: mglover@projectaccessdurham.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: DHCT PSH

16. Congressional District(s):

16a. Applicant: NC-004

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

17. Proposed Project

a. Start Date: 07/01/2024

b. End Date: 06/30/2025

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? c. Program is not covered by E.O. 12372.

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: Sally

Middle Name:

Last Name: Wilson

Suffix:

Title: Executive Director

Telephone Number: (919) 237-2356
(Format: 123-456-7890)

Fax Number: (919) 213-8234
(Format: 123-456-7890)

Email: swilson@projectaccessdurham.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: Project Access of Durham County

Prefix: Ms.

First Name: Sally

Middle Name:

Last Name: Wilson

Suffix:

Title: Executive Director

Organizational Affiliation: Project Access of Durham County

Telephone Number: (919) 237-2356

Extension:

Email: swilson@projectaccessdurham.org

City: Durham

County: Durham

State: North Carolina

Country: United States

Zip/Postal Code: 27704

2. Employer ID Number (EIN): 26-1925378

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$149,253.00

(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 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: Sally Wilson, 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: Project Access of Durham County
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: Sally

Middle Name

Last Name: Wilson

Suffix:

Title: Executive Director

Telephone Number: (919) 237-2356
(Format: 123-456-7890)

Fax Number: (919) 213-8234
(Format: 123-456-7890)

Email: swilson@projectaccessdurham.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: Project Access of Durham County

Name / Title of Authorized Official: Sally Wilson, 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: Project Access of Durham County

Street 1: 4206 N. Roxboro St Suite 100

Street 2:

City: Durham

County: Durham

State: North Carolina

Country: United States

Zip / Postal Code: 27704

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: Sally

Middle Name:

Last Name: Wilson

Suffix:

Title: Executive Director

Telephone Number: (919) 237-2356
(Format: 123-456-7890)

Fax Number: (919) 213-8234
(Format: 123-456-7890)

Email: swilson@projectaccessdurham.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: Project Access of Durham County

Prefix: Ms.

First Name: Sally

Middle Name:

Last Name: Wilson

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.

Project Access of Durham County (PADC) has operated since 2008 with a mission to improve the health of uninsured and under-served Durham County residents. We started for the purpose of connecting uninsured persons in the County with donated specialty medical care, low cost medications, and wrap around case management services. We soon learned how much housing is fundamental to one's health when clients were unable to get needed donated care without having a safe place to rest and recover, so we started an emergency shelter homeless medical respite program in 2014. Once in our medical respite program, we wanted to connect clients to ongoing medical care as well as permanent housing, so we started a Rapid Rehousing Program in 2020. We have consistently performed well on measures of success with the RRH program. Given that many of our clients are chronically homeless and have disabling conditions that necessitate longer-term support than Rapid Rehousing, we would like to add a Permanent Supportive Housing Program through this grant opportunity. We identified a great partner for this effort -- CASA, a local nonprofit which develops affordable housing and is in the process of completing construction of a 16 unit apartment building, directly across from one of the two major hospitals in the County. We have an existing contract with Duke Regional Hospital for our emergency shelter homeless medical respite program, as well as contracts with Duke University Health System for the provision of donated medical care and services. We also have a partner with Duke University School of Nursing to provide onsite nursing support at the apartment building.

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

PADC operates with \$1.2 million budget that includes local government funding, as well as private foundation dollars. While we have not managed federal funds before, we do manage multiple local government contracts in addition to hospital and health system contracts, for our 15 year history. We started our emergency shelter medical respite program with a small grant from the County, which we used to conduct a pilot. With the results from the pilot, we were awarded an innovations grant from a national foundation to expand our efforts. With a state foundation grant, we added a housing specialist to the team. We leveraged these experiences and funds to contract with the health system and the City.

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

PADC is 501-c-3 nonprofit governed by Board of Directors. There is Board Treasurer and finance committee. The Executive Director oversees all grants and finances and contracts with an accounting company to provide advanced bookkeeping and monthly reconciliations, audit prep, and financial reports. An office assistant pays bills and makes deposits for segregation of duties. The agency contracts for annual audited financial statements and preparation of 990. PADC utilizes QuickBooks, a Chart of Accounts, and financial guidelines that assure funds are spent for grant purposes.

**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: DHCT PSH

4. Project Status: Standard

5. Component Type: PH

5a. Select the type of PH project: PSH

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

9. Will this project include replacement reserves in the Operating budget? 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.

Project Access of Durham County (PADC) administers Durham Homeless Care Transitions, which includes an emergency shelter medical respite project and Rapid Rehousing Program. Our target population is single adults with chronic disabling health conditions, often needing permanent supportive housing. We will partner with CASA, a nonprofit affordable housing provider in Durham and nearby cities. They will have a 16 apartment building near Duke Regional Hospital. CASA is making available 10 of these apartments to PADC for referrals and permanent placements of chronically homeless clients prioritized by Coordinated Entry. In return, PADC will provide leasing dollars and on-going supportive services to these tenants to ensure they remain safely and permanently housed. CASA designed the building, currently under construction, in collaboration with PADC, and the community includes on-site laundry, a community room for meetings and space for on-site supportive service staff to work with tenants. PADC will accept referrals through Coordinated Entry and provide weekly services and supports for clients to maintain housing -- including connection to health care, on-site nursing support, income, benefits, and supportive relationships. PADC has a Clinical Director, RN Case Manager, Community Health Worker and Housing Specialist. The staff works closely with partners to support clients in application for disability benefits, employment, health insurance, food stamps, identifying documents and bank accounts, as well as skills building to maintain home and relationships. Clients will also be assisted with move-on strategies through housing choice vouchers, public housing units, and other opportunities. As a regular participant in the prioritization process, PADC is well aware of the shortage of PSH units in the County.

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	60			
Begin program participant enrollment	90			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	120			
Leased or rental assistance units or structure, and supportive services near 100% capacity	210			
Closing on purchase of land, structure(s), or execution of structure lease				

Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.

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

Other: Physical and Chronic Illness

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? Yes

6a. Explain how and why the project will implement this requirement.

Agency is partnering with CASA, Inc. to place clients in 16-unit apartment building (Bryan Place). If clients do not want to live at Bryan Place, there are other PSH options.

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

100% Dedicated or DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

8. Is this project 100% Dedicated or 100% Dedicated DedicatedPLUS?

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible No
renewal project?

4A. Supportive Services for Participants

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

PADC participates in Coordinated Entry and will only accept referrals through the housing prioritization process. PADC employs a Housing Specialist who will work with individuals on obtaining or maintaining income, obtain identifying documents and set up bank accounts or payees, and provide life skills training on being renter and paying bills. Housing Specialist will check in regularly with clients to identify and resolve any issues. Participants will be housed in one of 10 units designated for this program in an apartment building built and owned by CASA, a local nonprofit affordable housing provider. PADC follows a Housing First model that does not have service participation requirements or preconditions.

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.

PADC connects uninsured persons with primary care through the local federally qualified health center and with specialty care through its donated care program. Mental health, substance use and intellectual and development disabilities services are available for persons who are uninsured or have Medicaid through Alliance Health. For persons potentially eligible but not enrolled in Medicaid or health insurance plans through federal marketplace, PADC partners with Department of Social Services, the Federally Qualified Health Center, and local Affordable Care Act brokers. PADC partners with trained SOAR worker for SSI/SSDI applications, and with lawyer for SSI/SSDI application appeals. PADC partners with Vocational Rehab and StepUp (nonprofit) for employment opportunities. PADC assures all eligible clients receive food stamps and/or connects with nonprofits for food. PADC also partners with a medical student group that helps with moves and furniture for homeless persons.

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	Quarterly
Assistance with Moving Costs		Partner	As needed
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
Applicant	As needed
Partner	As needed
Applicant	Monthly
Partner	As needed
Partner	As needed
Partner	As needed
Partner	As needed
Applicant	As needed
Partner	As needed

Identify whether the project will include the following activities:

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

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: 10

Total Beds: 10

Total Dedicated CH Beds: 10

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Clustered apartments	---	10	10	10

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: 10

b. Beds: 10

3. How many beds in "2b. Beds" are dedicated to persons experiencing chronic homelessness? 10

This includes both the "dedicated" and "prioritized" beds.

4. Address:

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

Street 1: 2801 N Duke St

Street 2:

City: Durham

State: North Carolina

ZIP Code: 27704

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

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	0	10	0	10

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	0	10		10
Persons ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	10	0	10

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										
Persons ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

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		0		2	1	2		4	1	
Persons ages 18-24										
Total Persons	0	0	0	2	1	2	0	4	1	0

Click Save to automatically calculate totals

Persons in Households with Only Children

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

Acquisition/Rehabilitation/New Construction	<input type="checkbox"/>
Leased Units	<input checked="" type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input 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? (13 to 18 months) No

6C. Leased Units

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:	\$100,800
Grant Term:	1 Year
Total Request for Grant Term:	\$100,800
Total Units:	10

The number of beds for which funding has been requested in the Leased Units budget is 10.

FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
NC - Durham-Chape...	10	\$100,800	\$100,800

Leased Units Budget Detail

Instructions:

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 rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: 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 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

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 with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is 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>

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

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

Leased Units Annual Budget

Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months	=	Total request (Applicant)
SRO		x	\$768		x	12	=	\$0
0 Bedroom		x	\$1,024		x	12	=	\$0
1 Bedroom	10	x	\$1,030	\$840	x	12	=	\$100,800
2 Bedroom		x	\$1,199		x	12	=	\$0
3 Bedroom		x	\$1,546		x	12	=	\$0
4 Bedroom		x	\$1,812		x	12	=	\$0
5 Bedroom		x	\$2,084		x	12	=	\$0
6 Bedroom		x	\$2,356		x	12	=	\$0
7 Bedroom		x	\$2,627		x	12	=	\$0
8 Bedroom		x	\$2,899		x	12	=	\$0
9 Bedroom		x	\$3,171		x	12	=	\$0
Total units and annual assistance requested:	10							\$100,800
Grant term:								1 Year
Total request for grant term:								\$100,800

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	RN @ \$50/hour x 4 hours X 10 clients	\$2,000
2. Assistance with Moving Costs		\$0
3. Case Management	RN @ \$50/hour x 30 hours x 10 client,	\$15,000
4. Child Care		\$0
5. Education Services		\$0
6. Employment Assistance		\$0
7. Food		\$0
8. Housing/Counseling Services	Case Mgr @ \$25/hr x 40 hrs x 10 clients	\$10,000
9. Legal Services		\$0
10. Life Skills	Case Mgr @ \$25/hr x 40 hrs x 10 clients	\$10,000
11. Mental Health Services		\$0
12. Outpatient Health Services		\$0
13. Outreach Services		\$0
14. Substance Abuse Treatment Services		\$0
15. Transportation	\$50/month x 10 clients	\$6,000
16. Utility Deposits		\$0
17. Operating Costs		
Total Annual Assistance Requested		\$43,000
Grant Term		1 Year
Total Request for Grant Term		\$43,000

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:	\$12,150
Total Amount of In-Kind Commitments:	\$28,071
Total Amount of All Commitments:	\$40,221

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

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

Type	Source	Name of Source	Amount of Commitments
Cash	Private	Project Access of...	\$12,150
In-Kind	Private	Duke University S...	\$13,200
In-Kind	Private	Alliance Health	\$14,871

Sources of Match Detail

- 1. Type of Match commitment: Cash
- 2. Source: Private
- 3. Name of Source: Project Access of Durham County
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$12,150

Sources of Match Detail

- 1. Type of Match commitment: In-Kind
- 2. Source: Private
- 3. Name of Source: Duke University School of Nursing
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$13,200

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

Sources of Match Detail

- 1. Type of Match commitment: In-Kind
- 2. Source: Private
- 3. Name of Source: Alliance Health
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$14,871

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

6J. Summary Budget

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

Eligible Costs (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)	\$100,800	1 Year	\$100,800
2b. Leased Structures (Screen 6D)	\$0	1 Year	\$0
3. Rental Assistance (Screen 6E)	\$0	1 Year	\$0
4. Supportive Services (Screen 6F)	\$43,000	1 Year	\$43,000
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			\$143,800
10. Admin (Up to 10% of Sub-total in #9)			\$5,453
11. HUD funded Sub-total + Admin. Requested			\$149,253
12. Cash Match (From Screen 6I)			\$12,150
13. In-Kind Match (From Screen 6I)			\$28,071
14. Total Match (From Screen 6I)			\$40,221
15. Total Project Budget for this grant, including Match			\$189,474

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	Cash Support	09/25/2023
3) Other Attachment(s)	No	Housing Leverage ...	09/21/2023

Attachment Details

Document Description:

Attachment Details

Document Description: Cash Support

Attachment Details

Document Description: Housing Leverage Commitment

7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	In Kind Support	09/25/2023

Attachment Details

Document Description: In Kind Support

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: Sally Wilson

Date: 09/25/2023

Title: Executive Director

Applicant Organization: Project Access of Durham County

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.

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	09/20/2023
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/20/2023
1E. SF-424 Compliance	09/20/2023
1F. SF-424 Declaration	09/20/2023
1G. HUD 2880	09/20/2023
1H. HUD 50070	09/20/2023
1I. Cert. Lobbying	09/20/2023
1J. SF-LLL	09/20/2023
1K. SF-424B	09/20/2023
1L. SF-424D	09/20/2023
2A. Subrecipients	No Input Required
2B. Experience	09/21/2023
3A. Project Detail	09/20/2023
3B. Description	09/21/2023
3C. Expansion	09/20/2023
4A. Services	09/21/2023
4B. Housing Type	09/20/2023
5A. Households	09/20/2023
5B. Subpopulations	No Input Required
6A. Funding Request	09/20/2023
6C. Leased Units	09/20/2023
6F. Supp Srvcs Budget	09/20/2023
VAWA Budget	No Input Required
6I. Match	09/23/2023

6J. Summary Budget	No Input Required
7A. Attachment(s)	09/25/2023
7A. In-Kind MOU Attachment	09/25/2023
7D. Certification	09/20/2023

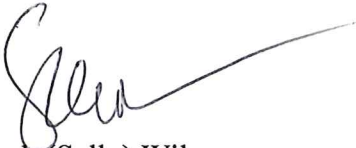
August 18, 2023

To:

Secretary Marcia Fudge
U.S. Dept. of Housing & Urban Development
Washington, DC 20410-0001

Project Access of Durham County will provide cash support of \$12,150 for the Durham Homeless Care Transitions Permanent Supportive Housing project.

Sincerely,



Sarah (Sally) Wilson
Executive Director



August 18, 2023

Sally Wilson
Project Access of Durham County

Dear Sally:

Please allow this letter to serve as a formal letter of commitment. In the event that PADC is awarded a PSH Bonus Project in the 2023 CoC competition, CASA commits to providing access to 10 of our Bryan Place apartments for referrals and placements of PADC clients. These one-bedroom, one-bath apartments are part of Bryan Place, a 16-unit apartment community currently under construction in Durham. CASA further commits, as the owner and manager of Bryan Place, to providing ongoing property management services for these residents, including 24-7 on-call emergency maintenance, routine unit safety inspections, and crisis support if needed through CASA's Behavioral Health Intervention Team. All CASA housing is operated with a Housing First approach.

Bryan Place is 100% funded with non-CoC or ESG funding sources. It is being developed with financial assistance from the City of Durham's Affordable Housing Bond, North Carolina Housing Finance Agency's Supportive Housing Development Program, traditional bank debt as well as philanthropic support from the Cannon Foundation, PacWest Bank, and other community partners.

CASA is grateful to be partnering with PADC and with the Durham CoC on this exciting project.

Please contact me with questions at 540-220-1582 or jbrandes@casanc.org

Sincerely,

Jess Brandes
Senior Director, Real Estate Development



Duke University School of Nursing

Community Health Improvement Partnership Program

August 21, 2023

Sally Wilson, Executive Director
Project Access of Durham County
4206 N. Roxboro St., Ste. 100
Durham, North Carolina 27704

Dear Ms. Wilson:

It is with great enthusiasm that I write this letter of support on behalf of the Duke University School of Nursing (DUSON) Community Health Improvement Partnership Program (D-CHIPP) as you apply to the 2023 HUD CoC Homeless Grants Competition. Project Access of Durham County (PADC) has long been a community health leader in Durham. PADC has a proven track record with homeless medical respite and transitional care as well as rapid rehousing.

For the past decade, DUSON has enjoyed a successful bi-lateral relationship with PADC, and more recently, CASA. We have clinical affiliation agreements with both organizations which allow DUSON students, with supervision of a clinical instructor, to provide prevention, wellness, and health education activities. We understand if funded, this grant will extend permanent supportive housing (PSH) services to Bryan Place residents. PSH is a much-needed service, and we applaud both organizations for their contributions to this end.

If funded, the Bryan Place apartments can serve as a clinical site for DUSON pre-licensure students. These students can provide clinical screenings, referral, and health education and promotion activities. In addition, our Mobile Prevention and Care Team (M-PACT) nurse practitioner (NP) and M-PACT Scholars students can provide more extensive services including NP-level assessment and care. *The monetary value of these described services and interactions includes a nurse practitioner @ \$7,200/year (\$300/hour for 2 hours, 1x/month for 12 months), nursing instructor/faculty @ \$2,500/semester x 2 semesters + \$1,000 screening supplies and health education materials totaling \$13,200/year.*

Therefore, I express my wholehearted support for your proposal to the 2023 HUD COC Homeless Grants Competition. We look forward to collaborating with PADC and CASA on this vitally important project.

Sincerely,



Donna J. Biederman, DrPH, MN, RN, CPH, FAAN
Associate Clinical Professor, Duke University School of Nursing, Director, D-CHIPP
Associate Professor Track IV – Duke Dept. of Community and Family Medicine



919-651-8401
AllianceHealthPlan.org



September 18, 2023

Secretary Marcia Fudge, J.D.
U.S. Department of Housing and Urban Development
451 7th Street S.W.
Washington, D.C. 20410-0001

RE: Memorandum of Agreement for City of Durham Continuum of Care

Dear Secretary Fudge:

This letter serves as a Memorandum of Agreement to receive Continuum of Care (CoC) funding through the U.S. Department of Housing and Urban Development (HUD).

If the project is awarded CoC funds, the agency listed in the table below would provide permanent supportive housing to individuals in Durham County who are experiencing homelessness. Our commitment is for one year of basic mental health services beginning on July 1, 2024 or for the period corresponding to the implementation period stipulated in the project's contract with HUD.

If the Durham CoC is awarded this funding, the agency anticipates providing services to clients participating in the programs as described below. Please note in the table (cited below) that we have quantified and estimated a cash value equivalent for the services that we would provide to project participants. This estimation is not a promise of services, but an estimate of value for leveraging purposes of the services that project participants may receive over the course of a typical year.

Agency (Grant)	Services	Estimated Cash Value
Project Access of Durham County (Durham Homeless Care Transitions-Permanent Supportive Housing)	10 participants authorized for Basis Mental Health Services (i.e., outpatient therapy, medication management, etc.) through Alliance Health	
	<ul style="list-style-type: none"> 8 participants X 24 visits = 192 visits @ \$55.98 	\$10,748.16
	10 participants x 22 medication appointments = 220 visits @ \$18.74	\$4,122.80
	Total:	\$14,870.96

We extend our appreciation to HUD for the work being accomplished in our community supporting people who are experiencing homelessness.

Sincerely,
DocuSigned by:

Ann Oshel

688E30FC25E74BD...
Ann Oshel

Sr. VP, Community Health and Well-Being